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**WOMEN, WORK AND WELL-BEING: AN EVALUATION OF
WOMEN'S MANAGEMENT OF OCCUPATIONAL PRESSURE**

VOLUME 1

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**THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY**

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DEPARTMENT OF PSYCHOLOGY

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DEDICATION

This thesis is dedicated to the memory of my mother Jean McAlonan and my aunt Margaret Sands.

DECLARATION

I grant powers of discretion to the City University librarian to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to the normal conditions of acknowledgement.

Eileen McAlonan

ABSTRACT

The purpose of the present study was to examine the relationship between women's coping activities and their mental and physical health. A large group of women managers (n = 302) were surveyed to assess their experience of occupational and domestic pressure and stress-related symptoms. Based on this data two groups, a "distressed" (i.e. "High Stress": high pressure/high distress) and a "non-distressed" group (i.e. "Low Stress": high pressure/low distress), were identified. Using a semi-structured interview and questionnaires, "High Stress" and "Low Stress" managers were again assessed with respect to (i) coping repertoire, i.e. range and type of coping strategies; (ii) coping style, described within an approach-avoidance model; (iii) self-control/learned resourcefulness and (iv) gender-role orientation. Participants' experience of work and family stressors was also explored. The importance of an emotion-focused coping approach was observed in relation to both physical and psychological health outcome. A non-traditional gender orientation and a high level of self-control or resourcefulness was also found to be significant in the maintenance of psychological, though not physical, health. Coping style, coping range and the use of problem-focused strategies showed no association with participants' mental or physical health. Additionally, the stressor factors, Domestic Responsibilities and Relationship with the Line Manager, were observed to be associated with both mental and physical health such that higher reported levels of either of these pressures was predictive of greater mental and physical distress. These findings were discussed in relation to the particular pressures encountered by women managers in a traditionally male organisation. It was proposed that given the intractable nature of the wider organisational challenges likely to be encountered by working women, an emotion-focused approach may be an appropriate and, therefore, adaptive coping response.

Chapter 1: Introduction

During the last three decades, one of the most significant developments in women's lives has been their increasing participation in the labour market, particularly in areas thought previously to be male preserves (Alimo-Metcalfe 1992; Cassidy and Warren 1991; Dale 1987; Davidson 1991; McCloughlin 1991).

However, although career and lifestyle choices are apparently expanding, the pattern of participation in the workforce, and the cultural and structural obstacles encountered there, represent a significant challenge for women in work (Davidson and Cooper 1984; Gregory 1990; Morrison and Von Glinow 1990; Kanter 1977; Kremmer et al 1996; Yoder 1991).

In 1981, Davidson and Cooper proposed not only that women might soon be joining the growing number of men reporting stress related illness (Cooper 1980), but also, because of the particular demands of their newly adopted lifestyles, that their well-being may be more seriously at risk (see also Cooke and Rousseau 1984; Cooper and Lewis and Cooper 1988; Greenglass 1987; Nelson and Quick 1985). More recent analyses of women's occupational experiences suggest that little has changed that might predict a lessening of these pressures (e.g. Alimo-Metcalfe 1992; Greenglass 1995; Kremmer et al 1996; Morrison and Von Glinow 1990).

The stress-strain equation is not, however, solely defined by the individual's exposure to environmental stressors (Parkes 1990; Shinn, Rosario, Morch and Chestnut 1984). Vingerhoets and Van Heck (1990), for example, note that there is significant evidence to suggest that differential levels of well-being are attributable both to divergent perceptions of environmental pressures and to the choice of coping strategies employed. Similarly, in accounting for the variable nature of the stress-strain link, Parkes (1990) suggests that it is only through the exploration of the mediating or moderating impact of individual differences, particularly the coping response, that we will adequately understand the relationship between stressors and psychophysiological strain.

The literature on women's experience of occupational stress has, however, tended to pursue the analysis of the "stressor" element of the "stress-strain" equation, while neglecting an evaluation of the coping response. In the broader coping literature some attention has been given to gender differences in coping (e.g. Billings and Moos 1981; Hamilton and Fagot 1988; Parkes 1990; Pearlin and Schooler 1978; Shinn, Rosario, Morch and Chestnut 1984; Vingerhoets and Van Heck 1993) and, in the role occupancy field, an attempt has been made to describe and evaluate differential patterns of coping activity in the context of the management of inter-role conflict. The findings, however, continue to be inconsistent (e.g. Parkes 1990; Vingerhoets and Van Heck 1993) and, particularly from the perspective of the women manager, are largely dislocated from what Kaplan et al (1983) have referred to as the "stressful circumstances"; that is, from the context in which the pressures arise. In this sense the applicability of the research is clearly limited. More specifically, studies have tended to

lack generalisability as a result of limited subject selection, and, according to Banyard and Graham-Bermann (1993), they have been largely “gender blind” in their focus on sex difference rather than the psycho-social “significance” of gender (Greenglass 1995). Finally, and perhaps most importantly, the concept of coping efficacy has been poorly managed. That is, our understanding of the significance of coping characteristics is greatly limited both by an unhelpful pursuit of the sex-difference paradigm and through a failure to incorporate well-defined, robust outcome measures in evaluating the impact of coping activity.

The present study emerged out of a desire, firstly, to understand the nature of the challenges currently encountered by women in paid work and, secondly, to identify effective ways of helping these women counter the negative impact of these challenges. Within the context of the limitations of the literature, the study sought to achieve this aim, and thus contribute to the existing body of research, by: (i) the application of a non-comparative, *intra* rather than *inter*-group analysis of women’s coping activity (Matuszek et al 1995); (ii) the integration of qualitative and quantitative techniques, including the development of an interview framework for the assessment of coping activity based on experiences of the population under study rather than on those represented by “imported”, pre-conceived coping or pressure constructs (Banyard and Graham-Bermann 1993); (iii) the inclusion of well-established and separate measures of mental and physical health functioning as a means of assessing the specific nature of coping outcome; (iv) the integration of the concepts of coping repertoire, style and resources in order to ensure a multi-levelled analysis of potential coping activity (Greenglass

1995); and (v) by employing the pressure variables generated from the structured interview procedure, firstly, to act as a defined and relevant stimulus for the discussion of coping behaviour (e.g. Carver and Scheier 1994) and, secondly, to ensure that the effect of the coping context was acknowledged in the analysis of the impact of the coping response (e.g. Suls and Fletcher 1985).

This description of the study is organised into eleven chapters which expand and develop the themes introduced in this outline. Chapter 2 considers women's experience of the current labour market, both in terms of the pattern of their participation and the various challenges and opportunities resulting from their increasing involvement in paid work. Chapter 3 presents a comprehensive framework of the coping response, introducing the concepts of the coping repertoire, coping style and coping resources and highlighting the significance of what Suls and Fletcher (1985) call the "boundary" or situational conditions in predicting the impact of the coping response. Chapter 4 focuses on the specifics of women's coping, considering the relevance of the question of a sex-difference framework to the analysis of coping behaviour and exploring the findings from the sex-role literature. Chapter 4 also introduces the concept of gender-role orientation and social support, within the context of coping resources, and discusses the particular significance of environmental constraints on women's choice of coping behaviour. Finally, emerging from this discussion, this chapter outlines a rationale for the current study and presents the research questions. Chapter 5, firstly, provides an overview of the structure of the study and, secondly, offers a detailed account of the materials and methods used to carry out

the first phase of research, the results of which are reported and discussed in chapter 6. Chapter 7 introduces the second phase of research and provides an account of the study procedure, particularly the selection and recruitment of participants. Also, to ensure greater clarity in the presentation of the results of this phase, the characteristics of the Phase II participants are described here. Since the development and analysis of the structured interview was extensive, the interview and questionnaire materials are presented separately in chapters 8 and 9, respectively. Phase II results are then reported in chapter 10. Finally, chapter 11 discusses the study findings in the context of the literature presented in the earlier chapters, and concludes by drawing together the main themes emerging from this research.

Chapter 2: Women and Work: Women's Participation in the Labour Market

2.1 Introduction

Since the early seventies there has been an enormous shift in the labour market throughout Western Europe, Australia and the USA (Alimo-Metcalf 1992; Cassidy and Warren 1991; Dale 1987; Davidson 1991). In Britain, the most conspicuous element of this change has been the greater participation of women (Alimo-Metcalf and Wedderburn-Tate 1991; Hennig and Jardim 1979; McCloughlin 1991), particularly married women (Hiller and Philiber 1986)¹.

The movement which has produced these changes in the pattern of paid employment, owes much, for its momentum, to the economic and political climate of the sixties (Davidson 1984; Alimo-Metcalf 1992). The buoyant economy, and the pervasive ethos of personal and political development of this period, laid the foundations for an era of significant psycho-social expansion and experimentation, particularly in the lives of women (Matthews and Rodin 1989). The eventual Equal Opportunities legislation of the early 70's added impetus to the previous decade's developments, providing the legal apparatus to support these advances (Terborg 1977). Finally, the lifestyle choices of the sixties and seventies, produced not only a generation of young women anxious to engage with the world of work, but also a general shortage of young people available for that

¹ Alimo-Metcalf and Wedderburn-Tate (1991) note that married women made up two-thirds of the growth in the labour force between 1983 and 1987.

work (McLoughlin 1991). It has been this configuration of socio-economic factors which has propelled women into the labour market with what McLoughlin (1991) describes as more economic and political “clout”, and, in greater numbers, than ever before.

2.2 The Participation of Women in the Workplace

In the post-war period of the 1950's some 12% of wives with pre-school children were employed outside the home, and most of these in low status, low income jobs. By 1980, 50% of married women were in paid employment (Biachi and Spain 1983 cited in Hiller and Philliber 1986), and by 1989 women made up 44% of the labour force (Scarr, Phillips and McCartney 1989). Projections into 2001 suggest that this figure will increase to 50%, accounting for some 90% of the increase in the work force (Alimo-Metcalfe and Wedderburn-Tate 1992; Davidson 1991).

Women's changing role cannot simply be described in terms of workplace participation (Dale 1987). Changes in paid employment have equally had a momentous impact on their domestic role (Davidson 1991; Matthews and Rodin 1989). Although, as Terborg (1977) notes, there is little evidence to suggest a significant relinquishing of traditional female responsibilities (see also Gray, Lovejoy, Piotrowski and Bond 1990; Hoschild 1989; Lewis and Cooper 1988; Pleck 1985; Stein 1984) there has been some erosion in the pattern of adult female life.

Compared to their counterparts of the 50's , women in the West are having fewer children², are more likely to have them later, and are certainly more inclined and more able to plan their pregnancies (David and Baldwin 1979; Greenglass 1988; Greenglass and Burke 1988; Greenglass, Burke and Ondrack 1990; McDonald and Korabik 1991). They are also more likely to be single, or divorced; and to pursue careers in professions thought, traditionally, to be male preserves (Cassidy and Warren 1991; Davidson 1991). One such profession, which has seen an enormous influx of women, is management.

The proportion of managers in Britain who are women has risen steadily in the last twenty years (Equal Opportunities Review 1995). In 1994 the percentage fell, for the first time in this period, to 9.5% from 10.2% in 1993 (Equal Opportunities Review). This decline provoked concerns that the advances made by women were about to be lost, and speculation that women were giving up on the workplace. The Equal Opportunities Review noted, however, that the upward trend re-established itself in 1995, with the proportion of women in management estimated at 10.7%.

Ostensibly, overall occupational trends would appear to reflect increasing expansion and development opportunities for women. The impact of equal

² In the United States in 1953, the average number of children per family was 3.7, today this has dropped to 1.8. In 1970, women over the age of 30 accounted for 4% of all first births, while in 1986 this figure had risen to 15% (US Census quoted by Ross 1990).

opportunities legislation together with current demographic pressures³ (Alimo-Metcalf and Wedderburn-Tate 1992; Davidson 1991; McLoughlin 1991) and the apparent movement away from restrictive sex-role expectations (Astin 1984), would suggest that women could expect to have the same employment prospects and roughly the same pattern of employment as their male counterparts. Currently, however, two major problems exist for women in paid work. Firstly, they are clearly under-represented at senior levels of management, and secondly, they are segregated in terms of the type of organisation in which they can expect to work, and the function they can expect to fulfil within that organisation.

2.2.1 The Glass Ceiling

Although women currently represent almost 50% of the work force, they are still enormously under-represented at higher levels of management and are mainly found in part-time, low status, low paid, and low interest jobs (Alimo-Metcalf 1992; Cassidy, Warren 1991; Davidson 1991; Davidson and Cooper 1987; Davidson and Cooper 1992; Dipboye 1987; Heilman 1983; Morrison and Von Glinow 1990; Riger and Galligan 1980). The Equal Opportunities Commission reports a persistent "gender earnings gap" (Equal Opportunities Review, 62, 1995), with the average female manager earning almost £5,000 less than her male counterpart. Additionally, it would appear that women need to be better qualified than their male colleagues to secure the same level of seniority. Twenty-five

³ Davidson (1991): By 1995 there will be an estimated 1.2 million reduction in school leavers, creating a significant shortfall in the 16 - 24 year old bracket now referred to as the "demographic time bomb".

percent of all women employees of working age with a degree or another equivalent qualification above A-level, are managers, compared to 38% of men with this level of educational attainment. Similarly, only 13 % of women with an A-Level or equivalent as their highest qualification were managers, compared to 21% of men (Labour Force Survey, March 1995). Alimo-Metcalfe and Wedderburn-Tate (1991) describe this picture of poor representation as the “ubiquitous pattern” of British industry, where women invariably occupy lower level management positions, and men take up the bulk of the executive and boardroom posts (Hirsch and Jackson 1990; Davidson and Cooper 1984; Davidson 1991). The barriers to seniority which women appear to encounter have come to be known as the “glass ceiling”, implying a barrier so subtle as to appear transparent, yet so strong that it prevents women and minorities from moving up the management hierarchy.

The under-representation of women in senior positions led the Hansard Society to establish a Commission to “identify barriers to the appointment of women to senior occupational positions, and to other positions of power and influence, and to make recommendations as to how these barriers could be overcome” (The Hansard Society 1990: p. 17). The resulting report graphically illustrates this phenomenon of restricted progress.

The authors note that women accounted for only 5% of members of the Institute of Directors (Marketing Business 1990: cited in *Women at the Top*, Hansard 1990); 22% of publishing directors; 10% of heads of BBC regions; 7% of senior

managers in industry; 5% of under secretaries in the civil service; 3% of professors and 2% of university vice-chancellors and principals. Singling out academia for special mention the report noted that "It is wholly unacceptable that Britain's universities should remain bastions of male power and privilege." (p 68). The trade union organisations were also criticised. Even in COHSE, despite the preponderance of female membership (79%), women accounted for fewer than one in five executive members. The report concluded that in the UK the barriers to equality for women are "general and pervasive" (Alimo-Metcalfe and Wedderburn-Tate 1991).

This situation is well illustrated by a case study of women in the law. In 1991, Danielle Ross reported on the experience of women in this traditionally male profession. Ross noted that while over 50% of admitted solicitors are now women, it continues to be the case that few reach partnership as rapidly or as frequently as their male counterparts and that more women than men historically leave the profession each year (Ross 1991)⁴. Annual statistics published by the Law Society each year show that smaller percentages of women achieve partnership status than their male colleagues for each year of admission. Also more women remain at assistant level than men. While Ross concludes that for firms to maintain their competitive edge in an increasingly challenging market they must look to the needs of their female employees, the descriptions of the existing barriers to women in the law would suggest that much remains to be done.

⁴ Davidson (1991) notes that 33% of women compared to 12% of men have ceased to practice after ten years despite the fact that . in the late 80's more women than men passed the final solicitor's examinations and received higher-class degrees than their male colleagues.

Although the glass ceiling might be more explicable within the traditionally male dominated legal profession, it might be expected that in predominantly female occupations, women would be free to progress within the full range of managerial positions available. Alimo-Metcalf outlines the situation in the Health Service (Alimo-Metcalf 1991)⁵. She notes that despite the fact that 79% of NHS staff are female, there continues to be a segregation of women at lower levels, and a disproportionate representation of men in senior positions (Alimo-Metcalf and Wedderburn-Tate 1992; Hirsh and Jackson 1990).

Nurses represent over 50% of all health service employees - the largest professional group in the NHS - and are responsible for delivering more than 90% of the health care provided. Although historically, and certainly numerically, nursing is a profession associated with women, establishing seniority is still comparatively difficult for them, as indeed is establishing job security (Beardshaw 1990). Davies and Rosser (1986) found that in terms of career development, women lag considerably behind men, even allowing for career breaks (Alimo-Metcalf 1991; Carmen, Russo and Miller 1981; Ussher 1990). Remarkably, Davies and Rosser (1986), were forced to conclude their study by describing the NHS as a "climate hostile to women". (p59).

⁵ In the NHS 80% of the 1,150,000 employees are women. Thirty percent of the non-executive members of health authorities are women. Out of 14 chairmen of regional health authorities, 1 was a woman. Out of 57 chairmen of trust hospitals, 3 are women.

2.2.2 Participation by Occupation and Function

It would seem that women continue to be clustered at the base of the organisational pyramid, while men rise to the top. A further process of segregation can be observed in women's pattern of employment (Davidson 1991; Alban-Metcalf and Nicholson 1984). This segregation takes two forms. Firstly, women are more often located in service rather than manufacturing and related industries, and in education and training, government, and professional services (Alimo-Metcalf 1991; Cassidy, and Warren 1991). And secondly, within organisations, women are more likely to occupy particular roles within training, office administration, and personnel functions (Alban-Metcalf and Nicholson 1984; Nicholson and West 1988). It is argued that not only does this "gender segregation" pattern restrict the experience and development opportunities for women (e.g. Astin 1984) but also that there is substantial evidence to suggest that this inequality in job placement can determine the pace of progression and the eventual career pattern of the individual within the organisation (e.g. Alimo-Metcalf 1992; Ashridge 1980; Hunt 1981; Corby 1982, 1983; Spencer and Podmore 1987; Terborg and Ilgen 1975).

2.3 Women's Experience of the Workplace

Implicit in the numerical analysis of women's workplace participation is the understanding that this circumscribed pattern of employment describes an environment which is highly challenging for its female recruits. The occupational

literature illustrates the nature of these challenges in a description of the workplace as a resistant and alien culture for women (e.g. Alimo-Metcalfe 1992; Baker 1991; Davidson 1991; Davies and Rosser 1986; Kanter 1977; Sheppard 1989; Yoder 1990). The nature of this resistance is described in terms of persistent gender stereotypes and powerful implicit and explicit structural obstacles (Alimo-Metcalfe 1992; Baker 1991; Dale 1987; Davidson and Cooper 1987; Fagenson 1990; Gregory 1990; Handy 1988; Morrison and Von Glinow 1990).

At the heart of women's working lives are the gender stereotypes that assert that, compared to their male counterparts, women are not only less able but are also less committed employees (Baker 1991; Davis and Watson 1982; Dubno 1985; Gutek and Cohen 1987; Heilman 1983; Kanter 1977; Larwood et al 1984; Morrison and Von Glinow 1990; Nieva and Gutek 1981; Powell 1988). While accumulated research data clearly suggest that both in terms of motivation and aptitude women are, in fact, highly similar to their male colleagues (e.g. Baker 1991; Boulgarides 1984; Brenner 1982; Donnell and Hall 1980), the perception of men and women as fundamentally different in terms of motivation, personality profile and skill repertoire, continues to be upheld (Alimo-Metcalfe 1992; Davidson and Cooper 1981; Dipboye 1987; Dobbins and Platz 1986; Harlan and Weiss 1981; Liden 1985; Morrison et al 1990; Noe 1988b; Powell 1988; Riger and Galligan 1980; Ritchie and Moses 1983; White, Crino and DeSanctis 1981).

The day-to-day implications of these stereotypes are far reaching including, for example, limited access to the developmental opportunities embedded in organisational recruitment, job placement, mentoring and appraisal practices (Alimo-Metcalfe 1992; Davidson and Cooper 1981; Iles and Robertson 1988; Mainiero 1986; Spencer and Podmore 1987; Terborg and Ilgen 1975); the exclusion, isolation and performance pressure of “tokenism” (Kanter 1977; Yoder 1991); and the precariousness of balancing what Sheppard (1989) describes as being “feminine enough” with being “businesslike enough” (p 146) in an effort to blend effectively into a determinedly masculine culture.

Astin (1984) adds a further pool of potential stressors in highlighting the parallel pressures of domestic obligations. Dale (1987) underscores this point in her discussion of occupational inequality. She quotes Crompton (1986) in noting that greater equality for women at work requires a recognition of the role that women play in servicing the needs of men within the home (Chodorow 1978; Russo 1976). In the late seventies Terborg (1977) observed how women could not, or would not, escape from their domestic responsibilities regardless of the strides they have taken in their career development (Belsky, Spanier and Rovine 1983; Elliot, Rugg, Watson and Brough 1985; Entwistle and Doering 1980; La Rossa 1981; Lewis and Cooper 1988). More recently, however, Covin and Brush (1991) similarly observed that women continue to bear primary responsibility for caregiving at home despite their employment status or the presence of children (Barnett and Baruch 1987; Berk 1985; Gutek, Nakamura and Nieva 1981; Scarr, Phillips and McCartney 1989; Shelton and Firestone 1988). Dale (1987)

concludes that the only way equality will be achieved for women is at the expense of men not just in terms of the greater competition for the same finite number of jobs, but in forcing them to take responsibility for at least some part of their domestic life (Scarr, Phillips and McCartney 1989)⁶.

2.4 Summary

While women are engaging in the labour force in greater numbers than ever before, they are doing so within a highly circumscribed pattern. In terms of career development, they are unable to achieve significant representation at senior level or, indeed, significant job security at almost all levels. And although they are progressing faster than their counterparts in previous decades, women still fail to match the rate of progress of their male colleagues (Dipboye 1987).

Beyond this statistical breakdown, women's experience of the workplace is characterised both by constraint and challenge, much of which emerges from the resilience of gender stereotypes. Women continue to be misrepresented as less than adequate candidates for career development and progression (Alimo-Metcalf 1992; Astin 1984). They are often isolated numerically and psychologically (Kanter 1977; Yoder 1990). Their support system does not often include those with organisational influence, and they are required to learn the language of an alternative culture in order to be allowed access to that culture

⁶ "If one adds to home care and motherhood full-time employment in the labour force, a mother's job requires 50% more hours than that of working fathers and single people without children" Nock et al 1987; p1402)

(Baker 1991; Burke 1984; 1987; Cassidy and Warren 1991; Gutek and Cohen 1987; Sheppard 1989). Finally, they continue to manage the practical and emotional demands of family life, for which they are often expected to assume almost sole responsibility (Cooke and Rousseau 1984; Cooper and Lewis 1988; Davidson and Cooper 1984; Nelson and Quick 1985; Pietromonaco, Mannheim and Schiffrin 1984). While the position of women in the work place is now more assured than ever, the escalation of these multiple role pressures raises questions about the impact of employment on women's health and well-being.

3.1 Introduction

In the early eighties, Davidson and Cooper (1981; 1984) developed a model of occupational stress in women managers which explored the nature of the stressors encountered by women in paid work. In 1979, Marshall and Cooper had already described the demands and pressures associated with the management role, and highlighted the profession as a “high stress” occupation for men. The Davidson and Cooper (1981) model went further, in proposing that not only would women soon be reporting similar stress-related illness to that of men (Cooper 1980), but that because of the multiple demands of their newly extended roles, their well-being may be more seriously at risk (Barnett and Marshall 1991; Davidson and Cooper 1984; Frankenhaeuser 1991; Hall and Hall 1980; Jick and Mitz 1985; Kessler and McRae 1981; Long and Porter 1984; Nelson and Quick 1985).

In Davidson and Cooper’s (1981) original formulation, women’s occupational pressures were discussed using a framework borrowed from the broader occupational literature, and describing six major sources of occupational pressure⁷. As an adjunct to these, the home/social environment and individual differences, such as Type A behaviour, were included. Stress symptoms were conceived as emerging from exposure to these organisational and extra-

⁷ These sources of occupational pressure were: 1. factors intrinsic to the job; 2. role in the organisation; 3. the “token woman”; 4. career development; 5. organisational structure and climate; and 6. relationships at work. (p 118)

organisational stressors, and the significance given to women's reports of pressure and stress symptoms was evaluated in relation to the level of pressure and symptomatology described by men. Davidson and Cooper (1986) concluded that "...the total female sample report 50% more combined high stressors and high stress outcomes..... in comparison to those reported by the total male sample Hence one could suggest that women managers are experiencing twice the overall level of occupational stress compared to men in management" (p 318).

As the field has expanded, these factors have become incorporated into a broader psycho-social debate on women's experience of occupational stress, including a gender analysis of the work environment (e.g. Fagenson 1990; Greenglass 1995; Hearn, Sheppard, Tancred-Sheriff and Burrell 1989; Morrison and Von Glinow 1990; Yoder 1991) and an exploration of multiple role management from the role occupancy literature (e.g. Baruch and Barnett 1986; Barnett, Davidson and Marshall 1991; King and King 1990; Long and Porter 1984; Verbrugge 1983; 1987; Weisman and Klerman 1977).

The framework for this debate has been an "interactive" or "transactional" model of the "stress-strain" relationship in which stress is conceptualised as the interaction between the appraisal of demand, alternatively referred to as "stressors" or "pressures"; the coping reaction; and a psycho-physiological outcome, usually referred to as the stress response⁸ (Lazarus and Folkman 1984;

⁸ A great deal of confusion has arisen in the stress literature as a result of the indiscriminate use of key terms such as "pressure" and "stress" both of which are used at best vaguely, at worst

McGrath 1970). Central to this model is not only a process of perception and evaluation of demand, but also an adaptational, defensive and individual response to threat (Cooper and Edwards 1988; Lazarus 1966; Lazarus and Folkman 1984; McGrath 1976). This defensive or coping response has assumed enormous significance in understanding the psycho-physiological impact of environmental demand (e.g. Parkes 1990).

Much of the literature on women's occupational stress, however, has focused on what might be called the "stressor" element of the equation and enormous efforts have been made to catalogue the demands of women's working lives, rather than to describe efforts made to cope with these demands (Banyard and Graham-Bermann 1993). As a result, there is a sense that the "stressor" debate has not only reached saturation point but that, because of the reflexive nature of stress, the repeated rehearsing of the "pressure" scenario may be playing into women's already embattled sense of well-being (Pollock 1988). More significantly, however, while delineating the parameters of women's workplace experiences has been essential, the neglect of an evaluation of coping effort represents a serious limitation in any "stress-strain" equation. Parkes (1990) addresses this issue when

interchangeably (e.g. Pollock 1988). Selye (1936 cited in Mason 1975) and Cannon (1914: cited in Mason 1975) initially used the term "stress" to refer to non-specific physiological responses to noxious stimuli, however, as the concept evolved Mason (1975) notes how Selye (1950) himself lapsed into a more "conventional" use of the term "stress" as stimuli or sources of demand/threat. In his last volume of the *Annual Reports on Stress* (1955/56) Selye appears to finally confirm his original definition of "stress" as a physiological response to any demand. In the intervening years this definition has developed only with respect to the progressively inclusive range of potential stressors allowed within the concept. For the purposes of the current study Selye's concept of stress as a response is employed. To improve clarity, however, these responses, described here in terms of physical, psychological and behavioural symptoms, are referred to as the "stress response". Alternatively the "evocative agents" (Mason 1975) or sources of demand are described both as "stressors" or sources of pressure.

she notes that we cannot hope to fully understand the impact of environmental stressors on the individual's health and well-being until we have understood the mediating or moderating impact of their personal resources and coping responses. Equally, since it would appear that women encounter, and will continue to encounter, a great many challenges in their working lives, it is important that we understand how these challenges can best be managed (e.g. Banyard and Graham-Bermann 1993; Matuszec et al 1995). As a first step in this process, however, we must understand more about the nature of the coping response.

3.2 The Nature of Coping: The Coping Response

Despite the diversity of definitions and models in the coping literature there is general agreement that the term coping describes the "...constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." (Lazarus and Folkman 1984; p141). Pearlin and Schooler put this more simply as "...the things people do to avoid being harmed by life-strains." (1978; p 2).

The concept of coping emerges from a broad literature which has as its focus the process of adaptation. From a physiological perspective, coping is defined as an adaptive biological response aimed at reducing psycho-physiological disturbance (e.g. Miller 1980; Orlist 1981: cited in Lazarus and Folkman 1981). Within ego psychology, alternatively, coping defines a regulatory device aimed at managing

what Lazarus and Folkman (1984) refer to as the “person-environment” interaction (e.g. Menninger 1963; Valliant 1977: cited in Lazarus and Folkman 1984). In both traditions there is a harking back to the maintenance of equilibrium and homeostasis which is central to the concept of stress.

Reflecting this “balance” model Edwards and Cooper (1988) note that, within the stress process, “coping is typically positioned between the individual’s appraisal of stress and health-related outcomes” (p17). That is, the appraisal of a situation as stressful cues the person to produce a defensive response, and the nature and quality of that response moderates the strain reaction (Parkes 1990). The assessment of coping efficacy, then, is commonly based on an evaluation of the extent to which coping mechanisms alter the relationship between perceived pressures and psycho-physiological sequelae. Pearlin and Schooler (1978) note that “By this criterion the effective coper is one who is under severe strains but feels no stress” (p 17), and stress related symptoms become a marker of the effectiveness of coping effort (Greenglass, Burke and Ondrack 1990; Vingerhoets and Van Heck 1990).

The reduction or control of the adverse consequences of stress can be achieved in a number of ways (McCrae 1984). Within the literature these efforts have been discussed, for example, in terms of their focus or function; as part of a higher-order, stable, orientation to the problem; and, more simply, as the individual strategies which define the person’s coping repertoire. While, as Billings and Moos (1984) have noted, the methods employed to sample coping have been

diverse, and the efforts to classify coping responses have largely defied consensus, Lazarus's (1966) description of coping by focus or function, that is by its intended purpose rather than impact, is central to this literature (Folkman 1984; Greenglass 1995).

3.2.1 The Function of Coping

Lazarus and Folkman (1984) note that in its psychoanalytic context coping is, by definition, effective, in that it is equated with mature functioning (e.g. Menninger 1963). Folkman (1984) argues, however, that in making coping synonymous with efficacy the possibility of effort without result is denied and the analysis of this effort is seriously restricted. In the Lazarus and Folkman (1984) model, therefore, the emphasis is differently positioned, in that coping is defined by its purpose as opposed to its effect, and this purpose, described as the coping *function* or *focus*, is conceptualised as being either "problem" oriented, referring to the management of the problem that is causing the distress, or "emotion" oriented, describing the regulation of emotions or distress arising from the problem (Fleming, Baum and Singer 1984).

Adapting the Lazarus (1966) model, Pearlin and Schooler (1978) adopt a similarly functional perspective, using three rather than two potential functions (see also Billings and Moos 1984). These are: (i) changing the "...situation out of which the strainful experience arises" (p 6); (ii) "cognitively neutralizing" (p 6)

the environmental threat by controlling the meaning of the stressful experience; and (iii) managing the emotions engendered by the event or events without actually trying to alter the problem. While the last set of responses closely parallels Lazarus and Folkman's (1984) concept of "emotion-focused" coping, the efforts towards cognitive reframing and environmental change constitute a "problem-focus".

From a "role occupancy" perspective, Hall (1972) introduced an alternative functionally defined framework based on the Levinson (1959: cited in Elman and Gilbert 1984) model of role process (Elman and Gilbert 1984). Levinson (1959) conceives role as being operationally defined on three levels. Hall's coping categories complement this analysis in describing role management in terms of "Structural Role Redefinition (SRR)", "Personal Role Redefinition (PRR)" and "Reactive Role Behaviour" (RRB). Structural role redefinition refers to efforts to manage demands which are structurally imposed. For example, in the marital role, a women may re-negotiate demands implied by her partner; in the parental role she may organise childcare support and in her work role she may negotiate a flexible work pattern. The defining feature of this category is the focus on externally, or structurally imposed, role demands (Elman and Gilbert 1984). Personal Role Redefinition, conversely, involves a re-evaluation of personal role priorities as a means of managing potential conflicting role demands. For example, the individual may manage the parent-worker conflict by altering the relative personal significance of these roles (Elman and Gilbert 1984; Thoits 1992). The defining feature of this category is the focus on re-defining personally,

as opposed to structurally or externally, imposed demands (Amatea and Fong-Beyette 1987). Finally, and in contrast to the two “re-definition” categories, Reactive Role Behaviour focuses on improving or increasing coping behaviour to manage role demands more effectively. For example, the person may attempt to become more efficient, more organised, or simply work longer hours as a means of meeting existing role demands. Elman and Gilbert (1984) and Amatea and Fong-Beyette (1987) suggest that these strategies are closely aligned to Lazarus and Folkman’s (1984) problem-focused coping in that they are all aimed at changing or managing demand rather than managing an associated emotional response.

3.2.2 Coping Style

If the first level definition of coping is by its function or focus, a further classification can be made by what might be referred to as a coping style (Fleming, Baum and Singer 1984); that is, by grouping individual strategies within an enduring trait, approach, or orientation. In the coping literature the approach/avoidance or active/passive dimensions are central to the definition of coping style, not least because of their links with ego-psychology. (Billings and Moos 1981; 1984; Suls and Fletcher 1985).

Roth and Cohen (1986) describe these constructs as “shorthand terms for the cognitive and emotional activity that is oriented either towards or away from threat.” (p813). Within this framework the person is seen as employing

predominantly “approach” or “avoidance” strategies to moderate the impact of demand, so that while the focus or function may be either problem resolution or the management of associated emotion, that focus can be expressed through either an active or passive approach or avoidance orientation (Amatea and Fong-Beyette 1987; Billings and Moos 1981; Endler and Parker 1990).

Roth and Cohen (1986) describe the avoidant pole of this dimension as consisting of strategies which, like emotion focused coping, “....seem useful in that they may reduce stress and prevent anxiety from becoming crippling”. In contrast, an approach orientation implies, in Roth and Cohen’s words, “appropriate action and/or the possibility for noticing and taking advantage of changes in a situation that might make it more controllable.” (1986; p 813).

The approach-avoidance “school” has generated a body of research primarily aimed at evaluating the relative effectiveness of these strategies based on a more stable trait analysis. Thus, the person is assessed as having either an “approach” or “avoidance” disposition; what Miller and Mangan (1983) would call a “monitor” or “blunter”, or what Mullen and Suls (1985) would categorise as a “rejection” or “attention” orientation. Other versions of the approach-avoidance dimension are repressor-sensitizer (Bell and Byrne 1978: cited in Cohen 1987); non-vigilant-vigilant (Averill and Rosenn 1972: cited in Cohen 1987); and avoidance-vigilance (Cohen and Lazarus 1973: cited in Cohen 1987).

3.2.3 The Coping Repertoire

Fleming, Baum and Singer (1984) suggest a further refinement of coping through the analysis of specific coping behaviours that are available to the individual as part of a coping repertoire (Matheny, Aycock, Pugh, Curlette and Cannella 1986). They argue that while focus and style tell us something about the individual's "stance" in the management of pressure, the concept of repertoire allows a description of the individual behaviours by which a passive or active orientation, or a problem or emotion-focus, is operationalised. For example, faced with a distressing situation, the individual may institute an emotion-focused approach by, for example, soliciting support or using relaxation techniques. In another stressful encounter, an emotion-focused approach may be employed through the use of distraction. In a proposed taxonomy of these behaviours, Matheny et al (1986) describe a range of specific techniques such as cognitive restructuring; problem solving; tension reduction; social skills; self-disclosure/catharsis; structuring; seeking information; stress monitoring; assertive responses; avoidance/withdrawal; suppression/denial and self-medication. Fleming, Baum and Singer (1984) suggest that in some instances, these behaviours can take on a higher order grouping, as, for example, in the description of the "Type A" personality (Glass 1977). The importance of the inclusion of these "building blocks" in the analysis of coping behaviour, however, is in the descriptive flexibility they allow and, by implication, the descriptive innovations which they can support.

3.3 The Coping Context

It has been suggested that in acknowledging the co-existence of a potential coping focus, style and repertoire, we can begin to account for the variability and range of coping responses and, by implication, coping outcome (Amatea and Fong -Beyette 1987; Amatea and Fong 1991; Fleming, Baum and Singer 1984). Equally, the concept of a repertoire of strategies, in conjunction with focus and style, introduces the possibility of flexibility and resourcefulness which, in themselves, are important coping tools (Pearlin and Schooler 1978; Roth and Cohen 1986).

Coping does not, however, occur in a personal or contextual vacuum. Rather it is operationalised by an individual in response to a specific circumstance or set of circumstances (Kessler and Mcleod 1984; Pearlin and Schooler 1978; Roth and Cohen 1986). Any analysis of coping efficacy must, therefore, take account of the characteristics of the person and their situation (Greenglass 1995; Parkes 1990).

3.3.1 Individual Coping Resources

It is argued that if the constellation of coping focus, style and repertoire shape the stress-strain equation, then a further significant variable in this relationship must be the personal characteristics and resources which both constrain and facilitate the coping response (e.g. Etzion 1984; Ganster et al 1986; Kobasa 1979; 1982; Parkes 1989;1990).

On the level of psychological constraints, Lazarus and Folkman (1984) cite the personal “agendas” which are a product of the person’s unique developmental history and socialisation and which can, on a conscious or unconscious level, both limit and facilitate coping efforts (Eisler and Skidmore 1987; Gillespie and Eisler 1992). As an illustration of these agendas, Lazarus and Folkman offer the example of Horner’s (1972) “fear of success” scenario⁹ by which women may be restricted in their coping effort by an ambivalence about a successful outcome.

From a sociological perspective, Pearlin (1989) argues for “the analytic use of basic information about people’s social and institutional affiliations and statuses” (p 241) in the study of stress and coping. These factors include the demographic differences of class, race and ethnicity, gender and age, which Pearlin suggests are more often “controlled” rather than explored in psychological research. Using gender as an example he notes that an individual’s gender will, to an extent, determine (i) the type of stressors that are encountered (see also Greenglass 1995; Kessler and McLeod 1985); (ii) the differential impact of these stressors (Kessler, McLeod and Wethington 1985; Thoits 1991; 1992); (iii) the diverse resources that will be brought to bear in managing these demands (Eisler and Skidmore 1987; Gillespie and Eisler 1992; Pearlin and Schooler 1978; Vingerhoets and Van

⁹ Horner (1972) describes “fear of success” as “ a disposition to become anxious about achievement success, because they [women] expect negative consequences (such as social rejection and/or feelings of being unfeminine) as a result of succeeding” (p 159). She goes on to note that “the most highly competent and otherwise achievement motivated young women, when faced with a conflict between their feminine image and expressing their abilities and interests, adjust their behaviors to their internalized sex-role stereotypes” (p 173).

Heck 1990), and (iv) the pattern of symptom manifestation (Davidson and Cooper 1986; Kessler et al 1985).

From the perspective of personal resources, the literature encompasses an extensive list of potential coping resources which impact on the “stress-strain” relationship. These are wide ranging and include psychological characteristics such as self-esteem (e.g. Kobasa 1979; Holohan and Moos 1985) personal control (e.g. Karasek 1979; Kasl 1989; Parkes 1990; 1991); hardiness (e.g. Kobasa, Maddi and Courington 1981); optimistic outlook (e.g. Scheirer, Weintaub and Carver 1986); self-control (e.g. Rosenbaum 1983); gender-role orientation (e.g. Brown and Manela 1978; Felton, Brown, Lehman and Liberatos 1980; in Patterson and McCubbin 1984; Shaw 1982); and intelligence (e.g. Antonovsky and Bernstein 1977). Health-related factors are also quoted as coping resources, for example “wellness” (e.g. Hendrix et al 1985) and exercise (e.g. Kobasa, Maddi and Puccetti 1982). Finally, from a more psycho-social perspective, the significance of social support has been established as a significant moderator or buffer in the “stress-strain” relationship (e.g. Etzion 1984; Ganster, Fusilier and Mayes 1986; Glowinkowski and Cooper 1985; Greenglass, Burke and Ondrack 1990; House 1981).

The significance of these personal characteristic and resource variables is that they operate as the platform from which coping behaviours, whether defined in terms of coping function, coping style or coping repertoire, are expressed. In this sense they essentially shape the potential coping response.

3.3.2 The “Stressful Circumstances”

While the literature on individual differences demonstrates the importance of personal characteristics in understanding the coping response, the significance of environmental conditions in shaping coping behaviour is also underlined. Parkes (1991), for example, highlights the importance of the “congruence” between the person’s control beliefs and the actual potential for the exercise of control as being critical in the experience of stress symptoms (see also Roth and Cohen 1986; Miller and Mangan 1983). Ganster et al (1986) also note that the impact of social support cannot be assessed in isolation but must be reviewed in the context of the characteristics of the person, the situation and the type of support offered. Similarly, Pearlin and Schooler (1978) suggest that in discussions on coping, particularly on the efficacy of coping styles, we must dispense with simplistic concepts of intrinsically “good” and “bad” coping activity, and look to the situational “appropriateness” of the response as a predictor of impact (see also Scheier, Weintaub and Carver 1986).

From an approach-avoidance perspective Suls and Fletcher (1985) underscore the significance of this discussion in their observation of the importance of “boundary” or situational conditions in determining the impact of a coping response (see also Billings and Moos, 1981; McCrae 1984). Similarly, echoing Edward and Edward’s (1988) comments on the dynamic and unfolding nature of the coping process, Roth and Cohen (1986) note that effective coping behaviour must be adaptive to an emerging environment.

A number of authors go further in suggesting that while it is important to be aware of the significance of situational constraints in determining both coping choice and coping outcome, we must also recognise the possibility of the kind of environment which is resistant to individual effort. This would be an environment which requires a higher order of "collective" coping since the circumstances may defy an individual response (Dill, Feld, Martin, Beukema and Belle 1980; Parkes 1990; Pearlin 1989; Pearlin, Menaghan, Liberman and Mullen 1981; Shinn, Rosario, Morch and Chestnut 1984). In their study on stress and burnout in the human services, for example, Shinn, Rosario, Morch and Chestnut (1984) observed the importance of a collective effort in the management of occupational demand. They noted that their study confirmed Mechanic's (1974) observation that job stressors may be among the problems which "are not amenable to individual solutions, but depend on highly organized co-operative efforts that transcend those of any individual ...no matter how well developed his (*sic*) personal resources." (p. 34).

Finally, Pearlin and Schooler (1978), expand the discussion of organisational or bureaucratic constraints to include the broader socio-political context, suggesting that "coping failures... do not necessarily reflect the shortcomings of the individual: in a real sense they represent the failure of social systems in which individuals are enmeshed." (p18).

3.4 Summary

Parkes (1990) suggests that despite the methodological limitations of some aspects of the stress literature, the empirical findings from longitudinal studies have established a causal link between the perception of work related strains and mental and physical well-being, both in relation to short-term outcomes and long-term health impairment (Jackson 1983; Karasek 1979; 1989; Parkes 1982). However, the processes represented in this link lack the predictability usually expected in a well-established theoretical model. She argues that the limitations of this association may be accounted for by a comprehensive list of individual differences, one of the most significant of which is the coping response. In this chapter the descriptive elements of the coping response have been summarised as coping function or focus, coping style, and coping repertoire, all of which, it is argued, are shaped and constrained, firstly, by individual resources and secondly, by characteristics of the stressful environment. The significance of these personal and situational constraints have been underlined. From the individual perspective, the person's coping response is shaped by his or her private agendas, by social statuses such as gender, age or class, and by a series of personal resources, such as social support, gender role and a sense of efficacy or control. And, from a situational perspective, the coping response, and indeed the impact of this response, is shaped by the "conditions" (Suls and Fletcher 1985) of the environment, firstly in terms of the type of problem to be solved, and secondly in terms of the opportunities for intervention.

4.1 Introduction

This chapter first presents a review and critique of the existing literature on women's coping activity and, secondly, describes the purpose and focus of the current study. An attempt is made to integrate the findings from these diverse literatures within the constructs of coping presented in the preceding chapter. A summary of studies relating to the *coping response*, particularly the use of problem or emotion-focused strategies, but including an analysis of coping style, is presented first. This review reflects the literature's treatment of these aspects of women's coping behaviour in that they are discussed within a sex-difference framework. From the perspective of what has been referred to above (section 3.3) as the *coping context*, social support and gender-role orientation are discussed in terms of their impact as individual resources. Finally, and, again from the perspective of the coping context, the significance of situational constraints to women's management of demand is examined.

4.2 The Coping Response: Do Women Cope Differently From Men?

It is only in the last fifteen to twenty years that women's visibility in industry, particularly at managerial level, has become sufficient to attract the attention of research in the occupational field. If we consider that until the early eighties women were still routinely excluded, without comment, from studies of

occupational stress and coping (e.g. Kobasa 1982), it is not surprising, then, that as research developed to include women, it did so within a comparative, sex-difference, framework. The sex-difference paradigm, however, is problematic in its application to women's coping, largely because of the rather simplistic assumptions about the differences in how men and women behave but also because of the inherent values associated with these differences (Cassidy and Warren 1991; Banyard and Graham-Bermann 1993).

Hamilton and Fagot (1988) argue that central to this body of work is the assumption that women respond to demand by reliance on expressive or emotion-focused coping strategies, while men are thought to prefer an instrumental or problem-focused approach¹⁰. However, as the literature has expanded, a number of studies have challenged this assumption (Parkes 1990).

Tanck and Robins (1978), for example, in their study of college students' management of academic pressure found that, contrary to the "expressive-instrumental" prediction, the most common coping responses, that is, "analysing the source of stress, taking direct action, and seeking company", were employed to a similar degree by men and women. Similarly, Hamilton and Fagot (1988), also with a student population, failed to observe gender differences in the use of problem-focused behaviour. They concluded that "...the ability to use both instrumental and expressive modes of coping seems important for both men and

¹⁰ These authors suggest that this assumption is based on the popular concepts of agency and communion and instrumentality and expressiveness (Bakan 1966; Parson and Bales 1955)

women in daily living, and both modes are differentially applied to stressful events.” (p 822).

Lazarus and Folkman (1980), in this instance with a non-student population of a very different age range (45-64 years), also failed to observe gender differences in the use of emotion-focused coping, and found a propensity for men to use a problem-focused approach more than women *only* in highly circumscribed situations. Similarly, Parkes (1990) reported no gender difference in direct coping between male and female postgraduates, although men were observed to use “suppression”, a form of self-control, more than women. Finally, McDonald and Korabik (1991) observed that both male and female managers reported taking direct action to solve work-related problems, and Long (1990) observed no gender differences in managers’ use of instrumental coping, including internal control and preventative strategies (see also Parasaman and Cleek 1984; Shinn, Rosario, Morch and Chestnut 1984; Vitaliano, Russo, Carr, Maiuro and Becker 1985). In a review of the status of research on gender and stress, Greenglass (1995) concludes that “when education, occupation, and/or position are controlled for, few gender differences are found in problem-solving coping” (p 126), a comment highly reminiscent of the findings on sex-differences in managerial ability (e.g. Brenner 1982; Donnell and Hall 1980),

Absence of supporting evidence for gender differences in coping is not, however, universal. Astor-Dubin and Hammen (1984), for example, found that while women employed both cognitive and interpersonal strategies in dealing with

stressful circumstances, men mainly restricted themselves to cognitive approaches. Similarly, Vingerhoets and Van Heck (1990) found that while men preferred “problem-focused coping strategies, planned and rational actions, positive thinking, personal growth and humour, day dreaming and fantasies”, women preferred “emotion-focused coping solutions, self-blame, expression of emotions/seeking of social support, and wishful thinking/ emotionality.” (p 215). Equally, from the approach-avoidance literature, Billings and Moos (1981), confirmed Pearlin and Schooler’s (1978) findings that women were more likely than men to use avoidance coping.

Parkes (1990) argues that the existing findings on sex differences require clarification, mainly because of the obvious inconsistency of results. Vingerhoets and Van Heck (1990) also suggest that the picture that emerges is somewhat “blurred” as a result of, among other things, inconsistency in the measurement techniques and terminology employed in coping research. Interestingly, however, having established that there is little conclusive evidence for the perpetuation of a concept of inherent gender differences in coping, there remains a reluctance to dispense with this idea.

In reporting the results from the Lazarus and Folkman (1980) study of mid-life coping, for example, Stone and Neale (1984), disregarding the finer points of the study, report simply that “men prefer instrumental coping and women prefer emotion-focused coping” (p898). Similarly, despite acknowledging the inconclusive nature of the literature on coping differences, Vingerhoets and Van

Heck (1990) go on to conclude, rather confidently, that “women appear to have a stronger tendency to passive emotion-focused coping, including the expression of emotion and the seeking of social support. In contrast, men seem to prefer problem-focused coping and are less inclined to accept and wait passively” (p 127). Apart from the inconsistency of findings, both the tone of Vingerhoets and Van Heck’s comments and the selectivity of Stone and Neale’s reporting, reflect a fundamental problem with this literature.

The Vingerhoets and Van Heck (1990) assertion that women prefer to “accept and wait passively” is a highly value laden conclusion. Consider too their rationale for a model of sex differences in coping, based on a proposed link between coping style and personality. They suggest that “neurotic, socially inadequate, rigid and hostile individuals, and to a lesser extent persons with high self-sufficiency scores, tend toward covert, emotion-focused activities, while dominant and optimistic persons with high self-esteem are more inclined to use problem-oriented coping styles.” (p126). Since, they argue, women are more likely to possess the former personality characteristics, and men the latter, the observation of a differential coping style, conducive with gender stereotypes, is predicted.

The Vingerhoets and Van Heck (1990) model illustrates a process whereby a sex-difference focus facilitates a value context which, it is argued, threatens the authenticity of the research (Kahn and Yoder 1989). A gender difference model is rarely value free (Cassidy and Warren 1991; Carmen, Russo and Miller 1981). Cassidy and Warren (1991) argue that as a starting point we must acknowledge

that not only are women perceived as different but, in our society, they have a different worth according to cultural norms which value masculine characteristics over feminine characteristics (Cassidy and Warren 1991; Gornick 1972; Gutek and Cohen 1987; Morrison and Von Glinow 1990; Sheppard 1989; Yoder 1991). By this socio-political sleight of hand, traits or behaviours traditionally associated with a female profile are, by definition, less valued (e.g. Broverman, Vogel, Clarkson and Rosenkrantz 1970). We can observe this process in operation, for example, in Yoder's (1991) re-working of Kanter's (1977) concept of tokenism. Yoder (1991) argues that the mechanisms by which women's experience of organisational isolation, role encapsulation and heightened visibility are driven are not merely defined by the ratio of men to women but are part of an evaluation process applied only to marginalised groups; that is those occupying social categories which are of a lower status relative to the majority group, such as women in a predominantly male organisation (Alexander and Thoits 1985; Dworkin, Chafetz, and Dworkin 1986). For example, whereas women in minority positions experience the negative consequences of tokenism there is an argument that men actually benefit from a minority position (e.g. Davies and Rosser 1986). In the coping literature the same kind of devaluing by association appears to occur, thus rendering any coping strategy representative of a "female" response pattern less effective by definition.

Banyard and Graham-Bermann (1993) develop this observation, suggesting that these value judgements are consolidated in the pursuit of "good" and "bad" coping. Irrespective of the concept of "appropriateness" (Suls and Fletcher 1985)

which has been described in Chapter 3 (section 3.3.2), women's assumed preference for emotion-focused and/or avoidant strategies are subsumed into what is described as the lower end of the coping hierarchy (Banyard and Graham-Bermann 1993). They note, for example, how Lazarus and Folkman (1980), without the benefit of outcome measures, report their findings in such a way that the few gender differences observed were interpreted as evidence that men are more effective copers than women. Commenting on the finding "that men used more problem-focused coping than women in situations that had to be accepted.", they propose that men are more tenacious in their coping style. Lazarus and Folkman (1980) posit that "Perhaps men persevere in problem-focused coping longer than women before deciding that nothing can be done; and even when nothing can be done, men may be disposed to think about the problem more than women." (p 235). It is interesting to note how men are construed as "persevering" when the persistent application of an approach that is ineffective, or inappropriate to the demand, might otherwise be seen as an ineffectual or inefficient strategy.

Matuszek, Nelson and Quick (1995) add to this debate by suggesting that the stress literature's preoccupation with intergroup, particularly male vs female, differences, ignores the importance of individual *intra*-group differences, and, therefore, overlooks significant data on the specifics of the individual coping response (see also Banyard and Graham-Bermann 1993; Greenglass 1995; Thoits 1992).

Finally, it is argued, that in the adoption of a “sex-difference” approach to women’s coping, researchers have side-stepped what must be the central concern of this literature, that is, understanding the parameters and mechanisms by which women might minimise the negative impact of stressors (Banyard and Graham-Bermann 1993; Greenglass 1995; Matuzsek, Nelson and Quick 1995). Much of the existing literature asks *how* women and men cope, rather than, *how well* they cope. In this approach to women’s coping, a concept of efficacy, defined in terms of health outcome, is largely neglected, and certainly the possibility that outcome might be defined differently for men and women is largely ignored (see, for example, Banyard and Graham-Bermann’s (1993) discussion of relational coping). Moreover, Greenglass (1995) adds an interesting codicil to this discussion of efficacy. She notes that if an analysis of efficacy is based, as is commonly the case, on differential levels of reported strain (e.g. Pearlin and Schooler 1978; Vingerhoets and Van Heck 1990), since women and men are socialised into different patterns of symptom reporting, then the baseline measure of distress may not be strictly comparable¹¹.

An alternative framework for the analysis of women’s coping response is offered in the role occupancy literature where the exploration of women’s coping is described as part of a discussion on women’s management of multiple roles. The exploration of the coping response within this framework largely renders the pursuit of gender differences redundant in that the focus of the research is not

¹¹ Hamilton and Fagot (1988) also note that the differential significance and therefore recollection of involvement in relational coping was limited in their male subjects. Consequently, they suggest, the apparent instrumental-expressive dichotomy may be linked to some extent to a “differential recall of female-specific events” (p 822).

comparative (e.g. Hall 1972, Elman and Gilbert 1984; Amatea and Fong-Beyette 1987). It is suggested that in this way some of the pitfalls of framing the gender and distress question within a “difference” paradigm are avoided (Matuszek, Nelson and Quick 1995). Moreover, having abandoned the distractions of male-female comparisons, the role occupancy approach facilitates a more detailed exploration of women’s work and home lives.

4.3 The Management of Multiple Roles

The emergence and popularisation of role theory has produced an extensive literature on the management of role obligations (King and King 1990). Within this model it is proposed that since women invariably manage many roles (e.g. Terborg 1977; Lewis and Cooper 1988), and since their newly adopted occupational roles are more “stretching” because they are non-traditional (Barnett and Marshall 1991; Long and Porter 1984), women will almost certainly suffer the negative impact of role conflict and/or overload (Beutell and Greenhaus 1982; Cooke and Rousseau 1984; Gutek, Nakamura and Nieva 1981; Lewis and Cooper 1988; Repetti et al 1989). A significant element in the development of this research field has been the emerging debate on women’s coping activity in relation to multiple role obligations.

From this perspective, Hall (1972), using the coping function framework outlined in Chapter 3 (section 3.2.1), proposed a hierarchy of effectiveness ranging from Structural Role Redefinition, thought to be the most effective response set,

through Personal Role Redefinition strategies, to the least effective response set, Increased Role Behaviour. Hall proposed that Structural Role Redefinition and Personal Role Redefinition were superior to Reactive Role Behaviour since the latter placed all the responsibility for coping onto the person, rather than re-ordering the role. He drew a further distinction between Structural and Personal Role Redefinition, suggesting that the former responses were superior since they involved a modification of an unacceptable environmental demand rather than simply an accommodation of personal expectations.

Contrary to Hall's predictions, however, the effectiveness of one type of role management in comparison to another, has not been consistently supported (Amatea and Fong-Beyette 1987). Although Hall (1972) found that efforts to alter the role structurally were associated with effective coping, Harrison and Minor (1978) and Gilbert et al (1981) reported no relationship between choice of coping strategy and perceived effectiveness in managing role conflict. Further, Elman and Gilbert (1984) found that certain reactive role behaviour strategies correlated with reported effectiveness in dealing with a work vs parenting role conflict, while certain structural and personal role redefinition strategies did not. Finally, Gray (1983) found that particular strategies of role redefinition, for example, modifying personal standards and negotiating role demands with others, and particular reactive role behaviours, such as organising one's activities carefully, were associated with performance satisfaction, whereas other role redefinition strategies (e.g. eliminating entire roles) and reactive role strategies (e.g. having no conscious strategy) were related to performance dissatisfaction.

Researchers' response to this inconsistency of results has been to reassess the categorisation of coping strategies and to expand Hall's original formulation. Amatea and Fong-Beyette (1987) suggested that Hall's formulation of inter-role coping ignores the Lazarus and Folkman (1984) concept of emotion-focused coping since it employs only problem-focused categories. Elman and Gilbert (1984) addressed this issue by incorporating two emotion-focused strategies, "Cognitive Restructuring" (e.g. "It could be a lot worse"; "This is a natural feeling/reaction for working parents") and "Tension Management" (e.g. changes in eating, sleeping or exercise patterns and/or expression of feelings about the situation). They found that, contrary to the Hall (1972) model, Increased Role Behaviour and Cognitive Restructuring, together with personal and situational resources (i.e. self-esteem, career engagement, spouse and social support) were associated with lower role conflict and greater coping effectiveness. They qualified this conclusion, however, by suggesting that the findings may have resulted from situational constraints in that re-negotiating role requirements may not actually be feasible for professional women, although it is perhaps the most desirable option.

Amatea and Fong-Beyette (1987) suggested a further extension to the coping model encompassing not simply "focus" (i.e. problem or emotion) but also what the authors referred to as "mode", that is, an assessment of the coping style or orientation (i.e. approach or avoidance/active or passive). Their study found that women were more likely to use problem-focused rather than emotion-focused

strategies - without exception. The choice of a particular strategy, however, was found to be linked to the coping situation in that passive/problem-focused responses were more likely to be used in managing the conflict between the marital versus work role, whereas active/problem-focused coping was used in managing the parent versus work role conflict. Highest levels of satisfaction were reported by women using active coping responses that involved others (i.e. social support and external role redefinition), while lowest satisfaction ratings were associated with the use of the passive problem-focused strategy of reactive role behaviour. Confirming the need for a notion of "appropriateness" as opposed to "superiority" in coping response (Fletcher and Suls 1985; McCrae 1984; Pearlin and Schooler 1978), Amatea and Fong-Beyette (1987) concluded that "...it may not be possible to define certain types of coping as consistently "positive" or "negative" (p 251).

Although the role occupancy perspective avoids some of the methodological pitfalls of the "sex-difference" approach, there remains a need for clarification of research findings, particularly in terms of the significance of the choice of coping strategy in relation to coping outcome. In the literature on sex-differences, efficacy is extrapolated from a proposed positive association between an active, instrumental coping strategy and well-being, so that the choice of coping behaviour in itself defines effectiveness (see e.g. Billings and Moos 1981). In the role occupancy literature, alternatively, effectiveness is more often based on the person's own assessment (e.g. Beutall and Greenhaus 1983; Elman and Gilbert 1984). In the Elman and Gilbert (1984) study, for example, subjects are simply

asked "How effective do you think you are at managing the conflict between your parental and professional roles?" (p 321). In a similar vein to the sex-difference research, coping impact is not assessed in relation to coping outcome in terms of the reduction or control of stress symptoms. The omission of an outcome measure produces a very limited analysis of coping efficacy.

Overall, the findings from both the sex-difference and role occupancy literatures need clarification. The sex-difference model starts with the intention of delineating gender-differences in the coping response and produces, in Vingerhoets and Van Heck's (1990) words, somewhat "blurred" conclusions. However, although the role-occupancy approach avoids the problematic "sex-difference" paradigm (Greenglass 1995), the results of studies based on this perspective are equally inconclusive.

4.4 The Coping Context I: Individual Coping Resources

Within the model of coping outlined in Chapter 3, it was suggested that while the constellation of behaviours or strategies which constitute the coping response are significant in predicting outcome, the personal resources of the individual are important as a "platform" for the implementation of these behaviours (Holohan and Moos 1986; Parkes 1990). If we take, as a simple example, the person's health status, it is clear that an individual in good health will be more able to take advantage of his or her coping repertoire in terms of problem solving or planning than someone who is ill. With respect to psychological resources, a range of

characteristics including self-esteem (e.g. Kobasa 1979; Holohan and Moos 1985); hardiness (e.g. Kobasa, Maddi and Kahn 1982); and an optimistic outlook (e.g. Scheirer, Weintaub and Carver 1986) are thought to be significant in facilitating the coping response. Equally, personal "agendas" such as that illustrated by the "fear of success" scenario (Horner 1972 - cited by Lazarus and Folkman 1984), and social statuses, such as gender, age and race (e.g. Pearlin 1989), are considered significant in the management of environmental demand. However, within the discussions of women's coping resources, the analysis of social support and gender-role orientation, predominate.

Ganster, Fusilier and Mayes (1986) describe social support as the primary psycho-social factor hypothesised to mitigate the impact of demands of occupational and domestic pressures. Described by House (1981) as a resource which provides the individual with a combination of "emotional concern, instrumental aid, information and appraisal" (cited in Etzion 1984; p 616) it is generally thought to moderate the relationship between pressure and the stress response¹².

Findings relating to the use and impact of social support are, however, inconclusive (Etzion 1984; Ganster et al 1986; Korabik and Von Kampen 1995). For example, Greenglass, Burke and Ondrack (1990) cite three reviews of the area which are supportive of the stress buffering hypothesis (House 1981; Kessler

¹² The term "moderate" causes some confusion in the stress literature. Ganster et al (1986) describe this effect as a buffering, noting that "Social support is hypothesized to interact with stressors such that the relation between stress and strain is stronger for persons with low levels of social support than for those with high levels of support" (p 102)

1982; Thoits 1982) and three further reviews which reject this hypothesis (Aneshensel and Stone 1983; Gore 1981; Lin, Simeone and Kuo 1979). Ganster et al (1986) suggest that the inconclusiveness in the literature can be explained, at least partially, by methodological problems including the imprecise and variable use of definitions of social support, variability in stressor and/or outcome measures and a prevalence of predominantly small, usually unrepresentative, samples. Korabik and Von Kampen (1995) underline the particular difficulties with, for example, the ubiquitous student population. They suggest that since the impact of coping strategies, including support, have been shown to be highly specific (e.g. Etzion 1984), results often apply only to similar populations. For example, findings from a student cohort do not easily translate to a managerial group.

In the midst of this apparently unsatisfactory debate, however, one principle has become clear. That is, while social support can be said to have an impact on the relationship between the experience of pressure and the stress response, the nature of that effect requires careful analysis.

Firstly, there is clearly differential use of this resource. Women are much more likely to use interpersonal support networks both in the workplace and at home, than are men (e.g. Greenglass et al 1990; Norcross, Di Climente and Prochaska 1986). Secondly, the source of the support is important in predicting its impact. Etzion (1984) found that although the relationship between work-related pressure and burnout was moderated by social support, the source of this support was

different for men and women. That is, for men the relationship between pressure and outcome was observed to be moderated by supportive work relationships, while for women this association was moderated by the support of family and friends (see also Billings and Moos 1982; Holohan and Moos 1985). Thirdly, Greenglass (1995) proposes that social support functions not only as an effective coping resource in itself, but that it can also act as the basis from which other useful strategies are constructed. Greenglass (1993) observed, for example, that for women workplace support from a supervisor was positively associated with the use of what she describes as preventative and instrumental coping, while support from family and friends was found to discourage women from a reliance on palliative strategies such as wishful thinking and self-blame. For men, alternatively, workplace support was associated with coping strategies, but only in the sense that support from a supervisor was found to predict preventative coping. Greenglass (1995) concludes that women are better able to benefit from support in terms of being able to enjoy the direct effect of, for example, sharing concerns and seeking advice (Solomon and Rothblum 1986: cited in Greenglass 1995), but also, to use support in constructing other useful coping forms and reducing their reliance on less productive responses. Finally, Korabik and Von Kampen (1995) introduce a further level of analysis into the equation. Responding to the impetus in the literature to understand the significance of gender over biological sex (e.g. Cherry and Deaux 1978; Maracek 1989; Gutek, Searle and Klepa 1991; Thoits 1991) they include in their analysis of social support an assessment of gender-role orientation. Although their findings are tentative as a

result of the sample size, they highlight the need to move beyond obvious categorisations in order to understand the nature of coping.

Beyond the social support debate, the significance of gender-role orientation has been widely explored in terms of its significance in shaping how women cope. Since the development of Bem's (1974) "orthogonal" account of sex-role, and particularly with the inception of the concept of the non sex-typed or androgynous individual, i.e. a person with high masculine and high feminine characteristics¹³, there has been a mushrooming of studies on the relationship between gender role and what is broadly referred to as "adjustment" (Worell 1978). Androgyny has been examined in relation to interpersonal behaviour, self-esteem, pathology and what Worell (1978) refers to as "life-style coping". The trend in these studies has been to suggest that since androgyny is associated with flexibility, the androgynous person is likely to be more adaptive, and less prone to pathology, than their more restricted, sex-typed counterparts (e.g. Chambless and Mason 1986; Fodor 1974; Olson-Long 1986; Schab-Bakman, Appelt and Rist 1981; Whitley 1983). From the perspective of individual characteristics or resources, this premise forms the basis for much of the discussion on gender-orientation and coping.

¹³ In her discussion of gender-roles, Bem (1979) describes "two idealised group of individuals" - "those "sex-typed" individuals who restrict their behavior in accordance with cultural definitions of sex-appropriate behavior, and those "androgynous" individuals who do not" (p 1047).

It has been suggested that the moderating impact of gender role¹⁴ rests in the association between masculinity and instrumentality (Spence and Helmreich 1978). Boss (1980), for example, noted that androgyny was related to a women's ability to take on an instrumental role. Within an analysis of coping that is strategy focused, the assumption has been that an instrumental approach is, almost by definition, more effective. It follows, therefore, that since masculinity is associated with instrumentality, that men, and women with a masculine orientation, will be more effective copers than sex-typed women. It is not necessary to reiterate the limitations of both the "context-free" coping model, or the sex-difference approach, but it is important to stress that instrumentality cannot be a marker of effective coping in a coping model where efficacy is defined within the requirements of the situation.

Patterson and McCubbin (1984) develop this point in suggesting that the buffering effect of sex-role orientation relies not simply on the possession of an instrumental style, but on the flexibility afforded by a lack of rigidity in identity (Bem 1974; Maracek 1989; Worrell 1978). In their study of the management of marital separation in military wives, for example, Patterson and McCubbin (1984) explored the significance of gender-role orientation on coping efficacy. They found that, as predicted, an androgynous orientation was significantly associated with four of the five coping patterns identified as helpful to wives managing separation - interestingly the fifth category - developing self-esteem and self reliance appeared to be related to masculinity rather than androgyny. Since an

¹⁴ For the purposes of this discussion gender-orientation and gender-role are used interchangeably.

association was observed between an androgynous orientation and the use of a balanced coping strategy, Patterson and McCubbin (1984) suggested that the significance of the androgynous orientation is located not in the association with one particular strategy, but in the potential for flexibility inherent in this more inclusive gender identity.

From a slightly different perspective, researchers such as Brown and Manela (1978) have suggested that the possession of non sex-typed attitudes, in the form of an androgynous orientation, guide women to develop a sense of autonomy and independence that facilitates an adaptive response to stress. In an extension of this thesis, Patterson and McCubbin (1984) emphasise the importance of gender-role orientation in the evaluation of social roles in terms of what might be described as a hierarchy of salience (Amatea et al 1986; Kessler and McLeod 1984; Stryker 1980; Stryker and Serpe 1982; Thoits 1983; 1991; 1992). For example, a “sex-typed” women whose sense of identity derives from her nurturant role, especially in relation to her family, may perceive separation from her husband as particularly stressful in that it pushes her into a non-traditional role (Patterson and McCubbin 1984). Pearlin (1989) further illustrates the importance of this concept of “significance” in his discussion of a study of Mexican-American women by Krause and Markides (1985: cited in Pearlin 1989) who found that husbands helping with *housework*, but not childcare, increased the beneficial impact of employment on women’s health. These findings, Pearlin notes, are in contrast to those of Kessler and McCrae (1982) who found that husband’s helping with *childcare*, but not housework was what mattered. Krause and Markides (1985)

attributed the contrasting findings to cultural differences in the centrality and importance of the maternal role.

In their analysis of the significance of personal constraints in coping, Lazarus and Folkman (1984) similarly highlighted the importance of internalised societal values and beliefs that proscribe specific patterns of response as in, for example, Horner's concept of "fear of success" (Horner 1972). Horner suggested that women's desire for achievement and success is constrained by a fear that they will be sanctioned as a result of this success. In the early sixties, Maccoby (1963) had already posited that "... a girl who maintains the qualities of independence and active striving which are necessary for intellectual mastery, defies the convention of sex appropriate behaviour and must pay a price in anxiety" (cited in Horner 1972; p158). The essence of these "ambivalence" models is the fear of social sanction in the execution of non-traditional roles (e.g. Cherry and Deaux 1978). The concern both to be accepted, and to avoid censure, is illustrated in Gillespie and Eisler's (1992) concept of "feminine gender role stress". In this model the consequences of a perceived failure to achieve the requirements of the female role are described, including the development of "feminine gender role coping behaviour" and an avoidance of non-sex-typed behaviour such as assertiveness. Like Patterson and McCubbin (1984), they suggest that the individual is motivated to avoid the experience of gender role dissonance in the pursuit of coping activity (Maracek 1978; Stryker 1980; Tajfel 1981).

4.5 The Coping Context II: The “Stressful Circumstances”

From the perspective of personal resources, it is argued that coping effort is shaped by the constellation of individual differences which the person brings to bear on the management of environmental demand. Conversely, from what might be described as a structural perspective, it is proposed that the coping response is also affected by environmental “conditions” which shape and determine coping outcomes. Within the broader coping literature, the significance of situational conditions, often discussed in terms of the opportunity for personal control, is now clearly established (e.g. Billings and Moos 1981; Karasek 1979; 1989; McCrae 1984; Parkes 1989; Suls and Fletcher 1985; Warr 1987). It is argued that this has particular relevance in the discussion of women’s coping effort, firstly, with respect to the norms, values, and rules implicit in organisational culture (e.g. Alimo-Metcalfe 1992; Baker 1991; Morrison and Von Glinow 1990), and secondly in terms of explicit or “extrinsic” limits on women’s organisational influence (Handy 1988; Warr 1987; Willis 1977) both of which markedly limit women’s assessment of their opportunity for personal control.

In terms of cultural norms, Maracek (1978) proposed that coping activity is related to the individual’s perception that his or her behaviour is socially approved. In describing the educational system, Oakley (1982) developed the term “hidden curriculum” to describe “those aspects of learning in schools that are unofficial, or unintentional, or undeclared consequences of the way teaching and learning are organised and performed”, in a way that is detrimental to girls

(Meighan 1979, p102: cited in Oakley 1982)¹⁵. Similarly in the workplace, Baker (1991) argues that the language, rites and rituals of the organisation, which form the company culture, are equally pervasive, persistent and influential in constraining and shaping the efforts of employees, and in effectively excluding minorities from power. Much has been written about the impact of this exclusive culture on the progress of women managers (e.g. Alimo-Metcalfe 1992; Baker 1991; Hennig and Jardim 1977; Sheppard 1989). Alimo-Metcalfe (1992) observes, for example, that in order to successfully penetrate this self-styled organisational culture, employees need to progress through a process of "organisational socialisation". She goes on to describe this as a process of induction "in the norms, values, standards and procedures of the organisational culture." (p204) (see also Gilligan 1978; Gornick 1972; Handy 1988). It is argued that within what is traditionally a masculine environment, women's workplace coping behaviour may be restricted by cultural barriers and role expectations that hinge on a normative concept of gender appropriateness (see e.g. Cherry and Deaux 1978; Mainiero 1986; Riger and Galligan 1980). That is, because of the propensity towards role encapsulation, and indeed women's organisational isolation described in the phenomenon of tokenism (Kanter 1977; Yoder 1991), women's coping efforts will be constrained by the norms which require gender appropriate behaviour rather than "rational", that is situationally appropriate, behaviour (Gutek and Searle 1987; 1991).

¹⁵ See also Handy's (1988) description of the relevance of the sociological concepts of "manifest vs latent functions" and "surface vs deep structures" (Willis 1977: cited in Handy 1988) in the discussion of the impact of societal and organisational context on the individual

Over and above the “latent” (see Handy 1988) influences of cultural constraints, women’s limited opportunity for organisational influence is vividly illustrated by a review of the pattern of women’s participation in the workforce (e.g. Alimo-Metcalf 1992; Baker 1990; Davidson 1991). In their report on “executive women under pressure”, Davidson and Cooper (1986), underline the significance of women’s restricted organisational control in noting that “Nearly every one of the sixteen higher pressure items categorised under “factors intrinsic to the job”, “the token woman”, “career development” and “relationships at work” were in some way associated with prejudice and sexual discrimination coupled with being the minority sex in a male-dominated occupation.... In sum, the higher pressures at work to which female managers are subjected, tend to be stressors beyond their control, i.e. external discriminatory-based pressures.” (p308).

Biener (1987) proposed that because of this experience of limited control, women’s coping efforts are, out of necessity, more often emotion-focused, rather than problem-focused. It has already been noted that in situations which offer little or no opportunity for control and which, as a result, have to be endured, a palliative rather than a problem solving strategy will be chosen (e.g. Parkes 1989). Thus, Elman and Gilbert (1984) noted that women adopt the strategies of Increased Role Behaviour and Cognitive Restructuring because they may be the only feasible options. Lykes’s (1983) further illustrates this process in her study of African American women’s management of discrimination. She found that within her subject group, those women working in predominantly White institutions tended to use a coping repertoire which included selectively ignoring experiences

of discrimination. Women working in predominantly Black institutions, conversely, relied more on directly confronting the perpetrator of the discrimination. Banyard and Graham-Bermann (1993) suggest that in the Lykes study, the key to determining the choice of coping strategy was the women's perception of power. In acknowledging the importance of the intractability of the environment, we return not only to the literature on women's limited participation in the labour market but also to Pearlin and Schooler's (1978) concept of the potential for intractability in both the organisational and societal context. Similarly, Shinn et al's (1984) concept of collective coping is brought to mind, and underscores Pearlin and Schooler's (1978) statement on the failure of social systems, as opposed to the failure of individual effort, in the prediction of coping outcome.

4.6 Conclusion: A Rationale and Framework for the Study of Women's Management of Occupational Pressure

The literature on women's coping activities is somewhat fragmented, emerging as it does from a number of disparate research themes. While common concepts of coping focus, coping style and coping resources can be identified in the various aspects of the debate, the diversity in terminology, emphasis and tone undermines the reader's attempts to achieve a comprehensive and coherent understanding of how women cope. From the role-management literature, for example, the analysis of coping function is addressed only as it relates to the demands of multiple role occupancy and, since the language of coping employed emerges directly from role

theory, the contribution to the coping debate is limited (e.g. Amatea and Fong 1987; 1991; Elman and Gilbert 1984; Hall 1972; Thoits 1992). In the literature on burnout, alternatively, while Lazarus's (1966) concepts of problem-focused and emotion-focused coping are more directly applied (e.g. Greenglass et al 1990), there is a tendency for their application to be focused within the caring professions, as opposed to industry, and to be defined almost entirely as variants of social support. Finally, in the broader occupational literature, although the concepts of active and passive coping, which underlie the Lazarus (1966) model are applied more directly, the analysis of women's use of these approaches is largely mired in the pursuit of sex-differences and is significantly limited as a result.

More specifically, at the centre of the limitations of this research effort, particularly the inconsistency of findings, is, firstly, a lack of definition, not simply in the terminology of coping, stressors, and outcome, but in the analysis of study populations. The review of the broader coping literature emphasises the specificity of the coping response. That is, coping behaviour and outcome is highly dependent on the personal characteristics of the coper and the coping context (e.g. Lazarus and Folkman 1984; Pearlin and Schooler 1978; Pearlin 1989; Suls and Fletcher 1985). As a result, it is argued, we cannot expect the pressure and coping experiences of one circumscribed group to translate straightforwardly to those of another. Although, in this respect, coping research has developed beyond the assumption that the experience of managerial women can be extrapolated from that of men, sample construction in this field continues

to arise largely from convenience, rather than design, and the comparison of findings across groups is, as a result, somewhat crude.

As an extension of this problem, the basic requirement of an adequate sample size is not always met. Ironically, this problem is nicely illustrated in Korabik and Van Kampen's (1995) study of male and female managers. In this instance much attention was paid to the definition of groups. The authors suggested that in order to achieve a valid comparison of male and female managers, they should select subjects matched on job status and seniority. In doing so, however, they limited their sample size to 35 subjects (17 male; 18 female) and, as a result, produced rather weak findings.

Beyond the problems of adequately describing and, indeed, recruiting sample populations, the lack of consistency in the use and definition of coping terms, across and within research fields, creates further confusion in this literature. The concept of stress is already greatly hampered by interchangeable, unreliable usage of terms such as "stress" and "strain". To add to this a multiplicity of coping terms, from the many different strands of coping research, further undermines any productive discussion of findings.

Further, in terms of the applicability of research findings, the neglect of the concept of coping outcome has seriously restricted the utility of research in this area. While most studies refer to the effectiveness of coping, their definition of efficacy is typically based on an assumption of the implicit value of particular

coping behaviours (e.g. Pearlin and Schooler 1978; Billings and Moos 1981; Folkman and Lazarus 1980). In much of the literature on sex differences in coping, for example, there is an assumption that since instrumentality is thought to be linked to improved well-being (Patterson and McCubbin 1984), and men are thought to employ a more instrumental approach to coping (Hamilton and Fagot 1988), then, by definition, they are more effective copers than women. Equally, within this sex-difference context, men may be more likely to be assessed as better copers than women as a result of the differential values applied to male and female behaviour (e.g. Cassidy and Warren 1990), but also because of differential reporting of stress symptoms (e.g. Greenglass 1995; Hamilton and Fagot 1988). Beyond the literature of gender comparisons, however, the problem of assumed efficacy remains either as a result of limited, that is one-dimensional, assessments of health outcome, or because the assessment of coping efficacy depends on participants' own analysis of utility rather than on an objective outcome measure (e.g. Elman and Gilbert 1984).

Finally, many of the criticisms directed at the literature on women's coping have arisen from a gender-analysis of coping effort. Banyard and Graham-Bermann (1993) have argued that much of the literature on coping is "gender-blind", in that the psycho-social significance of gender is largely ignored. Examples of the rather crude analysis of gender have already been referred to in the discussion of the evaluation of coping efficacy. However, a more insidious form of gender-blindness exists firstly in the tenacity of assumptions about passivity and ineptitude of women's coping and, secondly, in the lack of awareness of the

situational and socio-political context of women's management of demand (Banyard and Graham-Bermann 1993; Greenglass 1995).

4.7 The Current Study

The preceding review of women's participation in the labour market highlights not only the continuing challenges encountered by women in paid employment (e.g. Alimo-Metcalf 1992; Kremmer et al 1996; Davidson 1991; Davies and Rosser 1984), but also the need for a better understanding of how women might best cope with these challenges (e.g. Banyard and Graham-Bermann 1995; Greenglass 1995; Nelson and Quick 1985; Matuszek, Nelson and Quick 1995). Progressively, the stress and coping literatures have acknowledged the significance of coping characteristics in mediating the relationship between occupational pressure and the stress response (Parkes 1990). However, the analysis of women's management of workplace demand is disappointing, not only in the inconsistency of research findings, but also in the lack of dialogue between the coping and gender literatures and in the poor evaluation of coping outcome (e.g. Banyard and Graham-Bermann 1993; Greenglass 1995; Matuszek et al 1995). Equally, the lack of reference to the actual detail of women's workplace experience greatly limits the application of research findings.

The purpose of the present study was to describe coping characteristics and strategies which would be of use to women in their management of occupational

pressure; that is, to identify coping resources which are associated with sustained well-being in the face of high levels of demand (e.g. Holohan and Moos 1985; 1986; Kobasa 1979; Pearlin 1989).

In response to the methodological limitations described above, and in order to contribute to the existing literature, the study questions were addressed within a framework designed: (i) to resist the values and assumptions of what has proven to be a largely “gender-blind” literature by the extrication of the study from a comparative, sex-difference paradigm (Banyard and Graham-Bermann 1993); (ii) to avoid the assumptions of largely gender-based expectations and to improve access to individual coping experience by the use of both qualitative and quantitative techniques in the exploration and analysis of the coping response (Banyard and Graham-Bermann 1993; Nelson and Quick 1985); (iii) to assess coping efficacy in relation to a series of well-established psycho-physiological outcome measures, adopting Pearlin and Schooler’s (1978) analysis of efficacy as the “...extent to which a coping response attenuates the relationship between the life-strains people experience and the emotional stress they feel” (p 8); (iv) to avoid the limitation of an inadequate or unrepresentative sample by the recruitment of a group of women managers who were representative of the “typical” profile of women in full-time employment, as opposed to students, academics or “high flyers” (Davidson and Cooper 1984; Korabik and Van Kampen 1995); (v) to achieve a comprehensive, multi-levelled assessment of the coping response by the application of the concepts of coping repertoire, coping style and coping resources; and (vi) to employ the pressure scenarios described

within the structured interview process, to provide a focused and relevant stimulus for the discussion of coping behaviour, and facilitate an analysis of the situational context of participants' coping effort (e.g. Carver and Scheier 1994). Within this framework the following research questions were posed.

Research Question 1: Individual Coping Strategies

From an individual perspective, the basic building blocks of the coping response are the individual coping strategies which define the person's coping repertoire. These include, for example, information seeking, planning; problem-solving and re-framing. The literature on women's coping activities presents a confusing picture of the relative impact and efficacy of individual strategies largely because of the methodological distractions described above (e.g. Banyard and Graham-Bermann 1993; Greenglass 1995; Parkes 1990). The focus of the first research question was, therefore, the evaluation of the relative impact of participants' coping strategies as they relate to mental and physical health outcome. Given the inconsistency of findings in the existing literature, and the limited sampling of women's coping activity, no direct predictions were made and the relationship between individual strategies and health outcome was addressed within an exploratory framework.

Research Question 2: Coping Focus or Function: Problem-Focused and Emotion-Focused Coping

Within the broad discussion of the relative impact of coping behaviour, individual coping strategies are typically categorised in terms of their focus or function; that is, those strategies which focus on the management of the demand or stressor are categorised as “problem focused” and those strategies aimed at regulating or managing the emotions arising from that demand are described as “emotion focused” (Lazarus and Folkman 1984). The literature on the relative impact of either an emotion or problem focus has tended to suggest that, by definition, an “instrumental” problem-focus is more effective in terms of health functioning than an emotion-focused approach (e.g. Greenglass 1988). From the perspective of women’s coping, however, findings on the impact of the coping focus have been limited by their neglect of an analysis of outcome (e.g. Elman and Gilbert 1984) and by their immersion in a debate on sex-differences (Banyard and Graham-Bermann; Greenglass 1995). Further, from a gender perspective, there would seem to be a developing consensus that while a problem-focus is thought to be more effective, the nature of the stressors experienced by women may render this approach largely inadequate (e.g. Amatea and Fong-Beyette 1987; Biener 1987; Lykes 1983). This confusion and inconsistency of findings on coping focus suggests the need to address the issue of the relative efficacy of emotion and problem-focus coping in relation to health outcome. Once again, however, the lack of consensus in research findings precludes an informed prediction on the nature of the association. The second research question, therefore, considers the

relationship between coping focus or function and health functioning from an exploratory basis.

Research Question 3: Coping Style: The Approach/Avoidance Dimension

Over and above the coping behaviours or strategies employed in the management of pressure, the coping response can be defined within a more stable framework which describes a coping style or orientation. Typically an analysis of coping style is framed within the approach-avoidance dimension which defines the individual's stance in relation to demand in terms of "the cognitive and emotional activity that is oriented either towards or away from threat" (Roth and Cohen 1986; p813). Within this framework existing research broadly predicts a positive association between more active or approach coping and adaptation while avoidance coping has a negative relationship with psychological adjustment (e.g. Billings and Moos 1981; Holohan and Moos 1985; Pearlin and Schooler 1978; Kobasa 1982). In the study of women's coping style, while there is an expectation that women are likely to use avoidance strategies more often than approach strategies (e.g. Hamilton and Fagot 1988), there is little consistent support for this contention, and little information on the relative impact of coping style in terms of stress symptomatology. The third research question, therefore, addresses the relative impact of an "approach" vs an "avoidance" coping style in exploring the relationship between coping style and stress outcome.

Research Question 4: Learned Resourcefulness/Self-Control

Building on the concepts of coping repertoire and coping style, a third significant factor in determining the coping response are the personal characteristics and resources that both constrain and facilitate the individual's attempts to manage demand (Holohan and Moos 1986; Parkes 1990). Within the framework of personal resources, the literature on individual differences in coping suggests that the perception of control, particularly as it relates to self-efficacy, is significant in the management of pressure. The nature of this relationship is such that a greater sense of personal control is generally associated with lower levels of stress symptomatology (e.g. Kobasa 1982; Parkes 1989; Spector 1988). Within the equilibrium model of coping, the concept of "self-control" or "learned resourcefulness"¹⁶ (Rosenbaum 1980a;b; 1990) describes behaviours and skills which allow individuals to adapt to demand in a way that minimises the negative impact of that demand (Orr and Westman 1990). These behaviours include the reliance on: (i) self-control beliefs, similar to those described in Rotter's concept of locus of control; (ii) deferred gratification; (iii) problem solving and (iv) cognitive coping strategies. Rosenbaum (1990) suggests that while "high resourceful individuals do not differ from low resourceful individuals in their evaluation of the stressor,they do differ in their ability to reduce the interfering effects of stress reaction on ongoing behaviours" (p92). In terms of the literature on women, a number of studies have found that women experiencing high levels of personal control report fewer psychological and physical strain symptoms than

¹⁶ For the purposes of the study the terms "self-control" and "learned resourcefulness" will be used interchangeably.

women with lower levels of perceived personal control (e.g. Barnett and Baruch 1985; Fleming, Baum and Singer 1984; Parkes 1990; Verbrugge 1983). Further, the perception of control has particular relevance in the context of the limited opportunity for control afforded to women in organisations (e.g. Alimo-Metcalfe 1992; Baker 1990; Beiner 1987; Lykes 1983). Given the significance of control in the coping literature and the particular relevance of self-efficacy for women in organisations, it is hypothesised that:

Women managers with lower levels of stress symptoms will describe higher levels of Learned Resourcefulness, than their more distressed colleagues.

Research Question 5: Gender Role Orientation

Again, within the framework of coping resources, gender-role orientation is thought to have central significance in terms of shaping women's coping response (Patterson and McCubbin 1984). That is, it has been argued that within a model where coping efficacy is defined by the "appropriateness" of the coping response (Pearlin and Schooler 1978; Suls and Fletcher 1985), a personal orientation which facilitates behavioural flexibility will be associated with greater efficacy. Pearlin and Schooler (1978) note, for example, that "...the greater the scope and variety of the individual's coping repertoire, the more protection coping affords" (p 18). Since a non sex-typed gender-role orientation (i.e.; masculine or androgynous) is thought to facilitate a cognitive and behavioural flexibility denied by a sex-typed

(i.e. feminine) profile, it is argued that an androgynous orientation will be associated with lower levels of distress. It is proposed, therefore, that:

Women managers with lower levels of stress symptoms will be more likely to have a non-traditional gender-role orientation than their more distressed colleagues.

Research Question 6: The Coping Context

Suls and Fletcher (1985) and McCrae (1984), among others, have outlined the significance of situational “conditions” in determining the impact of coping strategies. In the analysis of coping efficacy, Pearlin and Schooler (1978) have argued that “coping failures do not necessarily reflect the shortcomings of the individual: in a real sense they represent the failure of social systems in which individuals are enmeshed” (p 18). Similarly, Shinn et al (1984), and Lazarus and Folkman (1984) stress the significance of the intractable nature of the organisational system in terms of the potential for limiting the individual’s efficacy. From this perspective, the *opportunity* for effective coping, as much as the *ability* to cope, is highlighted as central to the understanding of stress outcome. In the research questions above it has been proposed that individual coping characteristics will have an impact on the person’s experience of stress symptoms. It is argued, however, that the transactional nature of stress requires that we conceptualise individual and situational characteristics as coexisting and,

therefore as having a “cumulative” impact on outcome. The final research question examines the degree to which individual and situational factors jointly determine the level of distress reported by the individual.

Chapter 5: Method and Analysis Phase I: Sources of Pressure and the Stress Response

5.1 Introduction

In the review of the stress and coping literature presented above, it was suggested that one of the central frustrations of this body of research is the enormous variability in the relationship between pressure and the stress response (e.g. Parkes 1990). A number of authors have, however, proposed that it is in the analysis of this variability that we can learn most about the mechanisms underlying this association (e.g. Kobasa 1979; 1982; Holihan and Moos 1985). The potential for variation in the reaction to pressure exists in any population. That is, some individuals are observed to function happily in a demanding or challenging role, while others will become distressed or unwell in response to equivalent challenges. Kobasa (1979) suggested that it is in the analysis of the personal characteristics of those individuals who remain well in the face of high levels of demand that we can identify factors which are important in the management of that demand. Borrowing from Kobasa's framework, the present study, therefore, sought to identify the nature of the coping characteristics which differentiated women who successfully managed high levels of pressure from those who, in response to an equivalent level of pressure, reported physical and/or mental health problems. For the purposes of this analysis, these coping characteristics were defined within the framework of (i) coping function; (ii) coping style and (iii) coping resources outlined above. Further, although these factors were of primary concern in the study, attention was also given to the analysis of environmental stressors as a

further potential intervening variable. The starting point of this analysis was, however the assessment, identification and recruitment of two comparison groups. This task represents the focus of the first phase of this study.

5.2 Overview: The Structure of the Study

The study was designed to be completed in two phases. The objective of the first phase was the identification of “successful”, that is high pressure/low distress, and “unsuccessful”, that is high pressure/high distress, women managers. For the purposes of clarity these groups were designated “Low Stress” and “High Stress”, respectively. To achieve this allocation, 462 women managers employed by a single financial organisation, and working in the Greater London area, were surveyed to provide information on (i) the pressures or demands experienced as a result of their organisational and domestic roles and (ii) the stress-related physical, psychological and behavioural symptoms associated with these pressures. The primary objective of this postal survey was to assess the experience of pressure and the concomitant stress symptoms of this sample population so that respondents could be categorised “High Stress” or “Low Stress” as described above. A secondary, but nonetheless significant, element of this phase was the opportunity it provided to collect additional data on the nature of women managers’ occupational pressures and the relationship between these pressures and stress symptoms.

Overall the data collection period spanned some five months, including the circulation of an encouraging “chaser” letter and a generous “cut-off” period of two months to

ensure maximum participation. At the end of this process a final count of 302 returns had been achieved, representing a response rate of 65%. These returns were analysed according to the High Stress/Low Stress framework and the comparison groups were established in preparation for the evaluation of coping characteristics in the second phase of the study.

5.3 The Sample Population

The total Central London population of women managers employed by a large financial institution constituted the subject pool for the study ($n = 462$). In the period just prior to the study this organisation had initiated discussions and sought advice on managing the particular problems experienced by women working in a traditionally male culture. These discussions had been prompted by the observation of a consistently high unforced turnover rate among women managers. Equally, prior to and during the period of the study the sponsoring organisation had been engaged in a significant culture change process involving the rationalisation of a previously extensive management hierarchy and the introduction of an increasingly marketing focused ethos. It was felt, therefore, that this particular population would have been exposed to high levels of pressure, associated both with the "woman manager role" and the demands of organisational change and that, as a result of this pressure, would in all likelihood describe an adequate range of stress-related symptoms. Finally, it was predicted that in terms of social and professional status, the target population would provide an opportunity to recruit participants who represented a typical cross-section

of women managers and would therefore ensure good generalisability of findings (see e.g. Davidson and Cooper 1987; Korabik and Van Kampen 1995).

For reasons of confidentiality, personal information describing the characteristics of the population was limited. Details of managerial grade were available, however, and the pattern of seniority described by this data was observed to confirm the representativeness of the sample. That is, the distribution of managerial grade pursued the expected pyramid pattern with the bulk of respondents occupying lower grades (e.g. Alimo-Metcalfe and Wedderburn-Tate 1991).

The limits of confidentiality precluded an extensive evaluation of how representative responders were of the overall target group. However, a chi-square analysis indicated that at least in terms of managerial seniority there was a similar distribution of grades among responders and non-responders in that there was no significant difference between groups. That is, 66% of respondents, compared with 76% of non-responders were junior managers and 26% of respondents fell in the senior manager category compared to 22% of non-responders. Information on managerial grade was unavailable for a small percentage of each group (respondents: 7%; non-responders: 2%).

5.4 The Structure of the Survey

The focus of the first phase of the study was the construction of two comparison groups defined by differential levels of stress symptomatology associated with similar

levels of environmental pressure. To achieve this objective, an assessment battery was designed using a number of independent scales selected to provide measures of (i) *stressors*, i.e. sources of occupational and domestic pressure and (ii) *the stress response*, i.e. measures of mental and physical health problems (Matuszek, Nelson and Quick 1995). Table 5.1 summarises the structure of this assessment battery. Scales used to describe sources of pressure/stressors are displayed under the heading **Stressors** and are divided into **Sources of Pressure at Work** and **Sources of Pressure at Home**. Together these measures provided an aggregate pressure score. Scales used to assess mental and physical health are displayed under the heading **Stress Response**. Together these measures provided an aggregate stress response score. In addition to the mental and physical health scales, a behavioural checklist was incorporated for descriptive purposes. Overall, 7 separate scales were used to provide a comprehensive assessment battery (see Appendix 1 for survey format).

Table 5.1 The Structure of the Postal Survey

Stressors	Biographical Details	Stress Response
Sources of Pressure At Work	Age	Mental/Physical Health Problem
Factors Intrinsic to the Job (OSI) ¹⁷	Managerial Status	Trait Anxiety Inventory (TAI) ¹⁸
Managerial Role (OSI)	Dependent Children	Beck Depression Inventory (BDI) ¹⁹
Relationship with others (OSI)	Partner's Occupation	How Your Feel and Behave (OSI)
Career and Achievement Factors (OSI)	Place of Work	Your Physical Health (OSI)
Organisational Structure and Climate (OSI)		Behavioural Checklist
Home-Work Interface (OSI)		smoking alcohol consumption physical exercise medication
Sources of Pressure at Home		
Family Task Sharing (HDL) ²⁰		
Quality of Significant Relationship (HDL)		
Indices of Children's Health (HDL)		

¹⁷ Sub-scale of the Occupational Stress Inventory (Cooper, Sloan and Williams 1988)

¹⁸ The Trait Anxiety Inventory (Spielberger, Goruch, Lushenem Vagg and Jacobs 1983)

¹⁹ The Beck Depression Inventory (Beck, Rush, Shaw and Emery 1979)

²⁰ The Health and Daily Living Form (Moos, Cronkite, Billings and Finney 1987)

5.5 Sources of Pressure at Work: Sources of Pressure in Your Job Scale (OSI)

The OSI (Cooper, Sloan and Williams 1988) is an assessment device developed for use in organisational settings. Rees and Cooper (1991) describe it as “a diagnostic instrument which assesses seven different aspects of the stress-strain relationship”. The 7 scales produced by the OSI describe (i) sources of pressure at work; (ii) type A behaviour; (iii) locus of control; (iv) coping strategies; (v) job satisfaction and (vi) mental and (vii) physical ill-health. One of the seven OSI scales was used to assess specific aspects of pressure and a further two were used to describe mental and physical aspects of the stress response. The first of these scales, The **Sources of Pressure in Your Job** scale of the Occupational Stress Indicator [OSI] (Cooper, Sloan and Williams 1988), was chosen to provide a measure of pressures experienced in the workplace. The remaining two, the **How You Feel and Behave** and **Your Physical Health** scales, were used in the assessment of the stress response (see Fig. 5.1).

The **Sources of Pressure in Your Job** scale yields a score for each of the following sub-scales: (i) Factors Intrinsic to the Job; (ii) Managerial Role; (iii) Relationships with People in the Workplace; (iv) Career and Achievement Factors; (v) Organisational Structure and Climate; and (vi) Home/Work Interface. Each sub-scale focuses on specific aspects of working life. For example, in terms of managerial role, respondents are asked to rate the level of pressure associated with “Lack of power and influence” or “Having to adopt a “negative” role (such as sacking someone)”, while in the

contrasting arena of the “Home/Work Interface”, subjects are asked to rate pressures such as “Taking my work home” and “Pursuing a career at the expense of home life.”. Each of the total 61 items is rated using a six point scale (6 = very definitely is a source of pressure; 5 = definitely is a source of pressure; 4 = generally is a source of pressure; 3 = generally is not a source of pressure; 2 = definitely is not a source; 1 = very definitely is not a source). Individual sub-scale scores are calculated by summing the ratings for the items within each sub-scale grouping. This produces six individual sub-scale scores. A total work pressure score can also be calculated by summing ratings for all items. The maximum total score is 366 and the minimum is 61. Higher scores indicate greater levels of reported pressure.

Reliability and Validity

The OSI was designed for use in organisational settings, particularly with white collar workers (Rees and Cooper 1990) and, as such, represents a highly appropriate device for use with the present study population. Equally it presents respondents with a wide range of relevant and meaningful stressors presented in a well-structured and accessible framework. Finally, and in keeping with the interactional model underlying current thinking on stress, it incorporates the assessment of both individual and environmental characteristics.

Cooper, Sloan and Williams (1988) point to two main sources of information on the OSI's validity and reliability. Firstly, the authors report a high level of factorial validity within each section of the scale, demonstrating a satisfactory level of internal

consistency, and secondly, work on the reliability of the OSI (Cooper, Sloan and Williams 1988) indicated a moderate to high level of split-half reliability. With respect to the scales used in the current study, coefficients were found to range from .36 to .78 ($p < .01$) (Cooper et al 1988). The Mental and Physical Health scales achieved coefficients of .78 and .73, respectively. Similarly five of the six sub-scales of the Sources of Pressure in Your Job scale achieved coefficients ranging from .63 to .77. Only one sub-scale, i.e. Factors Intrinsic to the Job, falls below this general pattern, achieving a coefficient of .36. However, since this sub-scale formed an integral part of the overall Sources of Pressure in Your Job scale, it was retained as part of the assessment battery.

Since the early investigations, the OSI has been the focus of a number of validation studies (Rees and Cooper 1991). In line with the flexibility of the scale, studies have tended to focus on assessing individual sub-scales (Rees and Cooper 1991; Robertson, Cooper and Williams 1990, Cooper and Bramwell 1992, Rees and Cooper 1990; Cooper, Kirkcaldy and Brown 1994) and results have been favourable. As part of their validation study of the Job Satisfaction, Mental Health, Type A and Locus of Control sub-scales, for example, Robertson et al (1990) provide information on the construct validity of the Sources of Pressure in Your Job scale. They note that sources of pressure at work are linked, as predicted, to job satisfaction ($r = -0.25$, $p < .05$) and mental health ($r = 0.44$, $p < .001$) (Cooper and Baglioni 1988). Further, Rees and Cooper (1991), in a study of 1042 employees of a district health authority described a significant positive correlation between mental ($r = 0.16$, $p < .01$) and physical ill-health ($r = 0.20$, $p < .01$) and absenteeism, suggesting a high level of predictive validity.

5.6 Sources of Pressure at Home

Although domestic pressure is referred to in the Work-Home Interface Sub-Scale of the Sources of Pressure in Your Job scale, more detailed information on demands specific to the domestic arena was required for the present study. For the women manager, the significance of domestic pressures in the experience of stress is well recognised (Covin and Brush 1991; Dale 1987; Davidson and Cooper 1984; Davidson and Cooper 1985; Jick and Mitz 1985; Lewis and Cooper 1988; Pleck 1977; Zappert and Weinstein 1985).

To provide information on domestic pressures, four scales from the **Health and Daily Living Form** (HDL - Form B) (Moos, Cronkite, Billings and Finney 1987) were used. These scales provide a comprehensive yet compact summary of typical sources of domestic pressure, and allow for comparisons with an appropriate normative sample.

The revised adult version of the HDL, an updated version of the original Form A, has been used in the study of both psychiatric and non-psychiatric/community populations. It comprises a series of items aimed at assessing a wide range of personal, social and health-related factors including "socio-demographic and employment factors; individual health-related and social functioning; stressful life events and coping responses to such events, and both quantitative and qualitative aspects of an individual's family and social resources" (Moos et al p.3). The HDL can be administered as an interview or a questionnaire and like the OSI, provides a flexible

means of assessment. The scales used will be described separately, but since they all form part of the same instrument, their psychometric properties will be discussed together.

For the purposes of this study the scales administered were: (i) the **Family Task Sharing Scale**; (ii) the **Indices of Children's Health and Function** - comprising the sub-scales: **Children's Physical Health Problems**; **Children's Psychological Health Problems**; and **Children's Behavioural Problems** and (iii) the **Quality of Significant Relationship Scale** (see Table 5.1). These 3 scales were presented together in questionnaire form, under the title Sources of Pressure at Home (see Appendix 1).

5.6.1 The Family Task Sharing Scale (HDL)

The **Family Task Sharing Scale** focuses on the division of responsibility for domestic chores between family members. The scale consists of 13 items, each describing a domestic task (e.g. cleans the house; handles the bills). Each item is presented with a corresponding six point scale (6 = you only; 5 = you mostly; 4 = you and someone else equally; 3 = someone else mostly; 2 = someone else only; and 1 = not applicable), and participants are asked to consider how 'during the last month...the following tasks have been done in your household'. Since the questionnaire was originally designed for an American population, two alterations were made to the wording of the scale. The word 'rubbish' was substituted for the American term 'garbage', and the word 'garden' was used instead of 'yard'.

The pattern of allocation of household chores is calculated on a percentage basis, relating to the proportion of 'applicable' tasks out of a possible 13 for which the respondent has sole responsibility compared with those which are the responsibility of her partner or shared with her partner. Tasks that involve children, for example, are obviously not applicable to participants who do not have children and this is accounted for by the percentage-based rather than a "total score" calculation. Similarly tasks such as gardening are not applicable to someone without a garden and once again the percentage basis "equalises" this variability. Data on the percentage of tasks that are reported to be done solely by the respondent herself, or by her partner, are calculated from the rating categories "you only" or "mostly" and "someone else mostly" or "someone else", respectively. In order to identify the "someone else" who shares these chores, an additional item required respondents to identify this person - e.g. partner, child, other. Three overall scores were calculated as follows: (i) the percentage of tasks shared by another member of the family (i.e. the percentage of applicable tasks out of a set of 13 that the respondent reports she shares equally with someone else); (ii) the percentage of tasks performed by self (i.e. the percentage of applicable tasks out of the set of 13 that the respondent reports to have done by herself "only" or "mostly") and (iii) the percentage of tasks performed by a partner (i.e. the percentage of applicable tasks out of the set of 13 that the respondent reports to have been done "by someone else mostly" or "someone else only", when the person referred to as "someone else" is the spouse (or partner)). Scores for participants with partners were analysed separately from those without partners. Similarly, given the

small number of respondents with dependent children, data on child-related tasks were handled separately.

In addition to the HDL Family Task Sharing Scale, participants were asked to provide information on paid domestic help such as nanny, cleaner, and/or au pair. They were also asked to list any dependent relatives, other than children, currently living in their family home.

5.6.2 The Indices of Children's Health and Functioning Scale (HDL)

The **Indices of Children's Health and Functioning Scale** comprises three sub-scales - The Children's Physical Health Sub-Scale; The Children's Psychological Health Problems Sub-Scale; and The Children's Behavioural Problems Sub-Scale. The Children's Physical Health Sub-Scale is an eight item checklist of childhood physical complaints including, for example, "frequent colds and coughs"; and "asthma". Respondents are required to answer 'yes' or 'no' to each condition, depending on whether their child had experienced the problem in the last 12 months. Similarly, the Children's Psychological Health Problems Sub-Scale is a checklist of five emotionally based problems including, for example, "anxiety or tension", and "feeling sad or blue". Finally, the Children's Behavioural Problems Sub-Scale is a 3-item checklist of behavioural problems, describing "academic problems at school", "discipline problems at school" and "problems getting along with other children". For the purposes of this study the three sub-scales which make up the Indices of Children's Health and

Function were combined, presented and scored as one 16 item checklist using the format and instructions suggested by the HDL.

5.6.3 The Quality of Significant Relationship Scale (HDL)

The **Quality of Significant Relationship Scale** was also used in the assessment of the level of domestic pressure. This is a 6-item scale describing the quality of interactions in the respondent's significant relationship. Having identified a person who is important in their life, subjects are asked to assess how often they engage in six relationship activities such as having a calm discussion; disagreeing about something important; or becoming critical or disapproving of one another. Frequencies are described using a five-point scale ranging from 0 to 4 (0 = never; 1 = seldom; 2 = sometimes; 3 = fairly often; 4 = often). An overall score is achieved by the addition of the six ratings, taking into account these three reversed items (3; 4; and 6). The scoring range is 0 to 24, with higher scores suggesting a better relationship.

Reliability and Validity

Moos et al (1987) provide, information on the internal consistency of the HDL subscales based on Cronbach's alpha. Coefficients were not obtained for indices composed of fewer than four items or where the statistic was not considered appropriate (for example, where the scale score was based on "a count of essentially independent conditions" (Moos 1987, p 4) - as in the **Family Task Sharing Scale**). Consequently, information on internal consistency was available for only one of the

Moos scales employed in this study - the **Quality of Significant Relationship Scale**.

In this instance a high level of internal consistency was reported (coefficient alpha =.72, $p < .01$).

5.7 The Stress Response I: Physical Health Problems

Physical well-being was assessed using two questionnaires - the **Physical Health Scale** (Appendix 6) from the OSI (Cooper, Sloan and Williams 1988) and a 6 item behavioural checklist examining reliance on medication, smoking and alcohol (see Table 5.2.1). **The Physical Health Scale** and the **Behavioural Checklist** were presented together as an 18 item questionnaire with the title "Your Physical Health" (appendix 1).

5.7.1 The Physical Health Scale (OSI)

The **Physical Health Scale** [OSI] (Cooper, Sloan and Williams 1988) consists of 12 items which describe stress related physical symptoms (e.g. headaches and pains in your head; decrease in appetite; muscles trembling). For each item, participants are required to note how frequently they experience each symptom (1 = Never; 2 = Very infrequently; 3 = Infrequently ; 4 = Sometimes; 5 = Frequently; 6 = Very frequently). The level of physical health is calculated by adding the scores for each item. The maximum total score is 72 and the minimum is 12. Higher scores indicate greater levels of physical discomfort. Cooper et al (1988) stress that the scale was not designed as a diagnostic tool, rather, it represents a checklist of "...the physical

manifestations of stress that would typically comprise a 'psychosomatic' measure" or a "measure of physical health as a function of stress-related complaints" (Cooper, Sloan and Williams 1988).

Reliability and Validity

Early analysis of the Physical Health Scale of the OSI (Cooper, Sloan and Williams 1988) indicated a high level of internal stability ($r = .73$, $p < .001$). A number of studies have since been completed that have focused on the validity of the scale. Rees and Cooper (1991), for example, report on the criterion validity of the Physical Health Scale in a study that analyses the relationship between physical ill-health, absenteeism and job satisfaction in health service workers. As predicted, the authors found a significant *positive* correlation ($r = .2$, $p < .001$) between stress-related physical symptoms and sickness absence, and a significant *inverse* relationship between physical ill-health and job satisfaction ($r = - 0.2$, $p < .001$).

Robertson, Cooper and Williams (1990) raise a number of questions about the Physical Health Scale which are not addressed in the Rees and Cooper (1991) study. Robertson et al (1990) note a very high correlation between this scale and both the Mental Health Scale of the OSI and three sub-scales of the Crown Crisp Experiential Index (CCEI) (formerly the Middlesex Hospital Questionnaire: Crown and Crisp 1979: cited in Robertson et al 1990): free-floating anxiety ($r = 0.50$; $p < .001$); somatic concomitants of anxiety ($r = 0.59$; $p < .001$); and depression ($r = 0.36$; $p < .001$). The authors suggest that it may be possible that the Physical Health Scale is not

a pure measure of physical health but that it is contaminated by anxiety and the somatic symptoms of anxiety. However, as the scale measures stress-related physical symptomatology - that is the *somatic* element of a *psychological* syndrome it retains validity within the framework of the study.

5.7.2 Behavioural Checklist

An additional six item checklist, constructed for the purposes of the current study, was used to describe the individual's use of smoking, alcohol, medication and exercise. Participants were asked to report (i) the number of cigarettes they smoked per day (ii) units of alcohol consumed in the past seven days (iii) any medication prescribed in the past month and (iv) how much exercise they had taken in the past week. For analysis, each item was treated as a separate unit of information and used for descriptive purposes. This measure was not designed to produce a total scale score.

5.8 The Stress Response II: Mental Health Problems

Psychological functioning was assessed using three measures: the **Feelings and Behaviour Scale**, a sub-scale of the OSI (Cooper, Sloan and Williams 1988); the **Trait Anxiety Scale** (Form Y2) (Spielberger et al 1983); and the **Beck Depression Inventory** (Beck, Rush, Shaw and Emery 1979)

5.8.1 The Feelings and Behaviour Scale (OSI)

The **Feelings and Behaviour Scale** (Cooper, Sloan and Williams 1988) is an 18-item questionnaire designed to measure the individual's mental well-being. Each item is rated on a six point rating scale. The descriptive labels used with these rating scales differ in relation to the item content (e.g. one scale may range from "very true" to "very untrue" while another may employ the labels "lots of energy" and "not much energy" - see Appendix 1). A total score is calculated by adding together all the individual item ratings. There are 7 reversed items in the scale (3; 5; 7; 8; 11; 15; and 16). The maximum total score is 108 and the minimum is 18. Higher scores on the **Feelings and Behaviour Scale** indicate higher levels of stress-related psychological symptomatology.

Reliability and Validity

Initial analysis of the reliability of the Feelings and Behaviour Scale indicated a high level of internal stability ($r = .78$, $p < .001$; Cooper, Sloan and Williams 1988). More recently attention has been given to the question of the scale's validity. Construct validity has been assessed by comparing it with other established questionnaire measures. Robertson, Cooper and Williams (1990), for example, compared subjects' scores on the Feelings and Behaviour Scale with three sub-scales of the Crown Crisp Experiential Index, formerly the Middlesex Hospital Questionnaire (Crown and Crisp 1979; cited in Robertson et al 1990). These sub-scales were: free-floating anxiety, somatic concomitants of anxiety, and depression. A high level of both convergent ($r =$

0.63, $p < .001$: with CCEI) and discriminant validity ($r = -.29$, $p < .001$: with Warr, Cook and Wall's Job Satisfaction Scale (1979: cited in Robertson and Cooper 1990) was reported. The authors also found an association between mental health as measured by the Feelings and Behaviour Scale and level of reported pressure as measured by the Sources of Pressure scale of the OSI ($r = .44$, $p < .001$).

5.8.2 The Trait Anxiety Inventory (TAI)

The **Trait Anxiety Inventory (TAI)** (Form Y2) (Spielberger et al 1983) is a 20 item questionnaire which forms part of the **State-Trait Anxiety Inventory**. It is designed to measure the individual's trait anxiety, defined as the “relatively stable individual differences in anxiety proneness, that is, ... the differences between people in the tendency to perceive stressful situations as dangerous or threatening...” (Spielberger et al 1983). While the Trait Anxiety Inventory (TAI) is traditionally used to describe a stable characteristic, Roos and Cohen (1987), citing Cohen, McGowan, Fooskas and Rose (1984), note that this scale has also been shown to be responsive to recent life stress and the stress-buffering effects of social support. Similarly, Sallis, Trevorrow, Johnson, Hovell and Kaplan (1987) used the TAI as a dependent measure of anxiety in their evaluation of worksite stress management programmes and noted a significant change in anxiety measured before and after intervention. It is suggested, therefore, that the TAI will act as a reliable assessment of stress-related anxiety. Additionally, the Trait Anxiety Inventory is a widely used and well established questionnaire. Its format and content make it non-threatening and easy to complete, both important considerations in designing a postal survey. Finally, it has been used extensively with

non-clinical populations which provides an appropriate comparison group for subjects in this current study.

In completing the TAI, the respondent is required to rate each of the twenty items on a four point scale in relation to how often they experience the feelings and thoughts described by the item (1 = almost never; 2 = sometimes; 3 = often; 4 = almost always). The scale consists of 10 "anxiety-present" (e.g. "I feel nervous and restless") and ten "anxiety-absent" (e.g. "I feel satisfied with myself") items. In the "anxiety-absent" items the scoring weights are reversed. To calculate the overall trait anxiety score, the ratings for each item are summed, taking into account those items with reverse weighting. Scores can range from 20 - 80. Higher scores indicate higher levels of anxiety.

Reliability and Validity

The STAI provides a highly reliable assessment of individual differences in level of anxiety. Measures of reliability suggest a high level of internal consistency (alpha coefficient = .91; female working adults). Spielberger (1983) has presented extensive documentation on construct validity. For example, in terms of contrasting groups, the TAI predictably distinguishes between psychiatric patients for whom anxiety is a definitive feature and "normal" subjects. In addition, low levels of trait anxiety are observed in personality disorder patients for whom absence of anxiety is a diagnostic criterion. A high level of concurrent validity has also been observed in terms of a high correlation with established, related scales (e.g. the IPAT Anxiety Scale; Cattell and

Scheier 1963: cited in Spielberger et al 1983); the Taylor Manifest Anxiety Scale (TMAS; Taylor 1953: cited in Spielberger et al 1983) and the Affect Adjective Checklist (AACL; Zuckerman 1960: cited in Spielberger et al 1983). In addition, evidence exists for both convergent and discriminant validity in the observation of a low correlation between scales unrelated to anxiety (e.g. $r = -.03$ for the US Army Beta intelligence test), and high correlation with personality tests which have an anxiety component (e.g. $r = .70$; $p < .001$, with the Cornell Medical Index).

5.8.3 The Beck Depression Inventory

The **Beck Depression Inventory** (BDI) (Beck, Rush, Shaw and Emery 1979) is a 21-item questionnaire designed to assess the severity of depressive symptoms in psychiatric patients. Tanaka and Huba (1984) and Clark, Cavanagh and Gibbons (1983) suggest that the BDI represents one underlying syndrome with three inter-correlated factors reflecting cognitive-affective, performance and somatic complaints. Although not originally developed as a screening device for a normal adult population, it has been used extensively for this purpose (Steer, Beck and Garrison, 1986: cited in Beck, Steer and Garbin 1988) and, therefore, represents a useful tool for assessing comparative levels of depression in normal working populations.

Each item describes a different depressive symptom, for example, sadness, sense of failure, guilt, suicidal ideation, fatigue and loss of appetite. For each of these symptoms, the respondent is asked to select one of four descriptive statements referring to the severity of that symptom as experienced in the previous week. For

example, in describing their level of sadness, subjects are asked to choose from the following options: "0 = I do not feel sad; 1 = I feel sad; 2 = I am sad all the time and I can't snap out of it; and 3 = I am so sad or unhappy that I can't snap out of it."

The **BDI** measures the intensity of depressive symptomatology. To calculate the overall score, the rating scores for each item are summed. If more than one statement has been selected for one item, the statement with the highest rating is used to calculate the score. Possible scores range from 0 to 63, with higher scores indicating higher levels of depressive symptomatology.

Reliability and Validity

In assessing the BDI's internal consistency, Beck and Steer (1987) report alpha coefficients based on six normative-outpatient samples ranging from .79 to .90 for psychiatric disorders including single-episode major depression (Steer, Beck, Brown and Berchick 1987: cited in Beck and Steer 1987), recurrent-episode major depression (Steer, Beck, Riskind and Brown 1986: cited in Beck and Steer 1987), and alcoholism (Steer, Beck and Shaw 1985; Steer, McElroy and Beck 1983: cited in Beck and Steer 1987). The authors note that these values are consistent with mean coefficient alphas reported by Beck, Steer and Garbin (1988) (coefficient alpha = 0.86: meta-analysis of 9 psychiatric samples; coefficient alpha = 0.81; meta-analysis of 15 non-psychiatric samples). These findings suggest a high level of internal consistency in both clinical and non-clinical populations.

Assessing the stability of a test designed to measure psychiatric symptomatology is problematic, given that patients are expected to recover and symptoms will lessen over time (Beck and Beamesderfer 1974: cited in Beck and Steer 1987). In attempting to overcome this difficulty, Beck (1967: cited in Beck and Steer 1987) compared changes in depressive symptomatology with changes in clinical ratings. BDI scores were found to parallel clinical ratings consistently, indicating a predictable relationship between the two.

A number of studies have examined stability using the conventional test-retest method. Beck et al (1988) summarise the results of ten reliability studies and report Pearson product-moment correlation coefficients for psychiatric patients ranging from .48 to .86. In non-psychiatric populations, the authors report test-retest correlations of between .60 and .83 (Beck et al 1988). Additionally, Beck et al (1988) report a correlation of .90 over a two week period in Lightfoot and Oliver's study of 204 undergraduates (1985). As predicted, non-psychiatric populations display greater stability than psychiatric samples and, within this group, a very high level of stability is generally reported.

In terms of test validity, a number of criticisms have been made regarding the item content of the BDI. Principally these have addressed the omission of a number of DSM III Affective Disorder criteria (applies also to DSM-III-R criteria). These criticisms refer to the absence of items regarding increased appetite, increased sleep and increased agitation (Moran and Lambert 1983; Verdenburg, Krames and Flett 1985: cited in Beck and Steer 1987). In terms of increased sleep and appetite, Beck

and Steer (1987) argue that since these “symptoms” occur so frequently in the normal population, their inclusion in this scale would result in an increased number of “false positives”. Additionally, 72% of severely depressed patients complain of loss of appetite, and 87% simply report sleep disturbance rather than increased sleep. Finally, agitation was excluded because the authors felt that it was, in their words, “clinically observable” or accessible and, therefore, inappropriate as part of a self-report questionnaire (Beck, Steer and Garbin 1987).

Beck et al (1988) report the findings of 35 validity studies comparing the BDI with a wide range of established measures of depression. BDI scores were also compared to clinical ratings. The authors use a meta-analysis to summarise findings for psychiatric and non-psychiatric populations. Correlations ranged from .41 to .96 for psychiatric patients (correlation range: clinical ratings: 0.60 - 0.67; Hamilton: 0.61 - 0.86; Zung: 0.57 - 0.83; MAACL-D: two studies: 0.59 and 0.66: all cited in Beck et al 1988). For non-psychiatric populations - which is of particular relevance to the present study - coefficients ranged from .55 to .80 (correlation range: clinical ratings: 0.55 - 0.73; Hamilton: 0.73 - 0.80; Zung: 0.66 - 0.86; MMPI-D: 0.56 - 0.75; MAACL-D: one study: 0.63). In summary, scores on the BDI for both psychiatric and non-psychiatric populations are highly correlated with a range of depression inventories, indicating a very significant level of concurrent validity.

Studies of discriminant validity again underline the diagnostic power of the BDI in differentiating psychiatric from non-psychiatric populations. Beck et al (1988) summarise a number of these studies describing the diagnostic function of BDI scores

of depressed patients with non-psychiatric samples (Conde and Esteban 1976b: non-depressed subjects; Akiskal, Lemmi, Yerevanian, King, and Belluomini 1982: non-depressed subjects; Byerly and Carlson 1982: undergraduates: cited in Beck et al 1988). Steer, Beck, Riskind and Brown (1986) also found that BDI scores could discriminate between patients diagnosed as 'primary generalised anxiety disorder' and those diagnosed as 'primary major-depression'. And, finally, a study by Cavanaugh, Clark and Gibbons (1983) notes the BDI's usefulness in screening for depression in medical populations (e.g. Rhodes 1981; Sullivan 1979; Turner and Romano 1984).

5.9 Procedure: Steps in the Completion of Phase I

Initial Contact: The starting point for this first phase of the study was the circulation of the survey described above (section 5.4). The total Greater London population of the organisation's female managers, were contacted through their internal mailing system. This contact took the form of an explanatory letter accompanied by the questionnaire booklet (Appendix 2; Appendix 1, respectively).

To maintain anonymity, the questionnaire booklets were addressed from the University research department. Complete confidentiality, particularly with respect to employers access to research information, was assured.

Presentation of Questionnaires: Questionnaires were bound in a file, and printed in a uniform style (Appendix 1). The bound presentation was chosen to encourage

participants to complete the questionnaires in the same order. The instructions for completion of the scales were taken verbatim from the relevant manuals.

The order of presentation of scales was guided by the aim of ensuring maximum participation in the study. As such, two factors were considered important in determining the structure of the survey. Firstly, it was important to provide an assessment device which had its own internal logic and fluency. Since the survey consisted of eight individual scales from quite different sources, an attempt was made to order the scales in a subject-related sequence. Subject area was defined by the underlying model of the study with "sources of pressure" and the "stress response" describing the two main categories of questionnaire. As a result, the sequence of presentation grouped those scales providing information on pressures, followed by those providing information on stress symptoms.

The second consideration was the sensitivity of respondents to intrusive questions. Efforts to assure participants of confidentiality were made in the explanatory covering letter. Additionally, the ordering of the questionnaires represented an attempt to present the least sensitive material first and the most personal and, potentially most sensitive, last. Finally, individual scale titles were chosen to be non-threatening (e.g. the Beck Depression Inventory was entitled "Feelings of Sadness" and the State Trait Anxiety Inventory was given the title "Feelings of Tension"). Table 5.2 illustrates the order of presentation of questionnaires.

Table 5.2 Order of Presentation of Survey Questionnaires

1. Sources of Pressure in Your Job (OSI) ²¹
2. Family Task Sharing Scale (OSI)
3. Quality of Significant Relationship (HDL) ²²
4. Indices of Children's Health (HDL)
5. Behavioural Checklist
6. Quality of Significant Relationship (HDL)
7. Your Physical Health (OSI)
8. How You Feel and Behave (OSI)
9. The Trait Anxiety Inventory
10. The Beck Depression Inventory

The Covering Letter: The objective of this initial communication was to explain the purpose of the study and introduce the questionnaires that accompanied the letter. Since the covering letter was to be the first contact with the managers who would potentially participate in the study, much consideration was given to its means of distribution, style of presentation, and wording (Appendix 2).

The use of the organisation's own internal communication system, the choice of their headed paper, the definition of the study as an in-house research project and the emphasis on support from 'General Management', were deliberate attempts to introduce the project in a format which emphasised the importance of the study to the organisation. Additionally, confidentiality was repeatedly stressed, not only in terms of how the University would make use of the questionnaire material but also in making clear that the organisation itself would have no access to the information provided by participants.

²¹ The Occupational Stress Inventory (Cooper, Sloan and Williams 1988)

²² The Health and Daily Living Form (Moos, Cronkite, Billings and Finney 1987)

The "Chaser" Letter: As with the original covering letter, careful thought was given to the presentation and wording of the "chaser" (Appendix 3). On this occasion the letter came directly from the University department rather than from the organisation. The "chaser" was designed to act as an acknowledgement to those managers who had returned their questionnaires and as a reminder to those who had not. Due to the sensitivity of the survey content, great care was required in selecting the appropriate wording for this letter. Equally, the sponsoring organisations required that any survey-related correspondence should be carefully scrutinised by the manager overseeing the project and by the company's occupational health doctor. This process of drafting, rewording, final authorisation and printing of the letter took some time and the "chaser" was then circulated, to all managers on the original mailing list, within three months of the receipt of the first "wave" of responses.

Data Preparation: Following the two month "cut-off" period, after the distribution of the "chaser" letter, the individual scales were scored, collated and entered on to computer.

Chapter 6: Phase I Results: The Relationship Between Sources of Pressure and the Stress Response

6.1 Introduction

The major aim of the first phase of the study was the construction of the Low and High Stress comparison groups for inclusion in phase two. A less central but nonetheless significant product of this phase of research was the collection of information on the personal characteristics of the sample population, their perceptions of the particular pressures or demands common to their environment and the relationship between these pressures and their well-being. This chapter presents a summary of findings relating to the mental and physical health functioning of the study participants.

6.2 Characteristics of the Respondents

Response Rate: Survey forms were sent to all 462 London-based women managers employed by a large financial institution. All potential respondents were full-time departmental or branch-based workers. Three hundred and two questionnaires were returned, representing a response rate of 65%. As indicated in chapter 5 (section 5.3), evaluation of the representativeness of the respondent group had to be limited to managerial status. The analysis did, however, indicate a similar distribution of seniority for responders and non-responders. This would suggest that, at least in terms of

managerial grade, the respondent group was not highly distinct from their non-respondent colleagues.

Age: The age of respondents ranged from 23 to 58 years, with a mean age of 37 (sd 7.7) years.

Marital Status: Fifty-two percent of the sample were married or cohabiting, 34% were single and 13% were either separated or divorced. None of the respondents had been widowed. To consider marital status in the context of comparable populations of male and female managers, a summary of the current sample's marital profile is presented in Table 6.1 alongside the survey data from Davidson and Cooper (1984), Alban-Metcalf and Nicholson (1984) and Long (1984a; b)²³.

Table 6.1 Marital Status Expressed as a Percentage of Managers in the Current Study Sample, The Manpower Services Commission²⁴ (MSC), The British Institute of Management²⁵ (BIM) and The Institute of Personnel Management²⁶ (IPM) Surveys

	Current Study Sample	Manpower Services Commission		The British Institute of Management		The Institute of Personnel Management	
	Female (n = 302)	Male (n=185)	Female (n=696)	Male (n = 1469)	Female	Male (n=440)	Female (n=450)
Married/Cohab	52	81	64	93	61	85	47
Single	34	14	24	3	26	-	-
Divorced/Sep	13	4	10	3	12	-	-

²³ In assessing the significance of this and other elements of biographical data it is useful to provide a context of comparative populations. To date the studies of Davidson and Cooper (1984) and Alban-Metcalf and Nicholson (1984) have been used as reference points in defining the typical profile of the women manager. Davidson and Cooper (1987) also refer to Long's (1984) sample of male and female personnel managers. While these studies present data from somewhat different and not strictly comparable populations, Davidson and Cooper (1987) have noted that they have each produced reliably consistent profiles of male and female managers. It is suggested, therefore, that they represent useful comparisons with the current women manager group.

²⁴ Davidson and Cooper 1983a, 1984a

²⁵ Alban-Metcalf and Nicholson 1984

²⁶ Long 1984a, b.

With respect to marital status the survey found that the distribution of married/cohabiting managers (52%) and single/divorced managers (47%) was roughly equal. The pattern of this distribution confirms the pattern described in the MSC, BIM and IPM studies. That is, women managers in the study group were much less likely to be married than their male colleagues and were more likely to be divorced or separated.

Children: In their discussion of the status of women managers in Britain, Davidson and Cooper (1987) noted that women managers were much more likely to be childless than their male colleagues and, if they were a parent, would have fewer and older children. Once again, the current sample reflects this pattern. Only 10% of women managers in this sample had children. Of those who were mothers, 64% (20) had one child and 36% (11) had two children. No one in the sample had more than two children living at home. The average age of the youngest child was 8 years (sd: 6.5; age range: 1 year to 22 years). The average age of women with children was 38 years (sd 5.5). Given the age range of the sample, the percentage of women with children was extraordinarily small particularly when compared to a recent Labour Force Survey (1996) which found that 36% of employed, working age women have dependent children under sixteen.

Managerial Grade: Table 6.2 illustrates the breakdown of managerial grades. The "A" designation describes "assistant" or junior manager status, and the numerical coding indicates level of seniority within that category. Higher values suggest a greater level of seniority. The "M" designation indicates senior manager status and, again, the numerical code describes seniority within that category.

Table 6.2 Percentage of Respondents in Each Managerial Grade

Managerial Grade	Percentage
A1	none
A2	33.0
A3	23.2
A4	10.3
Junior Manager Grade	66.5
M1	14.2
M2	9.3
M3	1.0
M4	1.7
M5	none
Senior Manager Grade	26.2
Unknown	7.3

Two-thirds of the participants (66.5 %) were categorised as first level managers - known as assistant managers or "appointed officers". Only 26% of respondents had achieved senior manager status. Information on managerial grade was unavailable for 22 respondents (7%). No one in the sample had achieved director level. This breakdown reflects the general pattern of the seniority of women in organisations (Alimo-Metcalfe 1992; Davidson 1991) with the largest percentage occupying junior managerial positions and a minority at senior level.

Managerial Tier: In addition to their managerial status employees of this organisation were allocated a managerial "tier". This banding procedure is primarily a manpower planning device involving the assessment of an individual's managerial potential. It also has great significance in terms of the individual's organisational status. The tiering allocation predicts the level of seniority an individual is likely to achieve taking into account how quickly this will be accomplished. An "E" tiering, for example, is given to someone considered capable of progression to a senior executive position, and who should achieve this within a relatively short timescale. At the other end of the scale, a "C" tier is given to employees whose capabilities indicate suitability for a range of clerical jobs or, eventually, junior assistant manager status. The possible categories are: "E"; "S"; "A"; "B"; and "C" - with "E" being the most senior tier and "C" the most junior. Details of subjects' tiering allocation was provided by personnel records. Table 6.3 summarises the tiering designations of participants.

Table 6.3 Percentage of Respondents in Each Tiering Category

Tier	Percentage
E	5
S	7
A	34
B	35
C	2
P	7
Specialist	1
Unknown	9

Two percent of the group still retained their "C" tiering and were awaiting reassessment. Seven percent were graduates (designated "P") who had yet to be tiered

and 1% were specialist staff, such as consultants, who are not tiered. For 9% of participants, their tiering allocation was unknown. Reflecting the pattern of managerial seniority, few women (5%) in this sample had achieved the highest tiering allocation. The large majority of the sample (69%) had achieved a first to middle management allocation.

6.3 Sources of Pressure and the Stress Response

As a preliminary to the construction of the Phase II High and Low Stress groups, respondents were assessed with respect to (i) sources of work and domestic pressure and (ii) concomitant stress symptoms. The following sections describe the results of the analysis of this data particularly as it relates to the relationship between the sources of pressure and stress response.

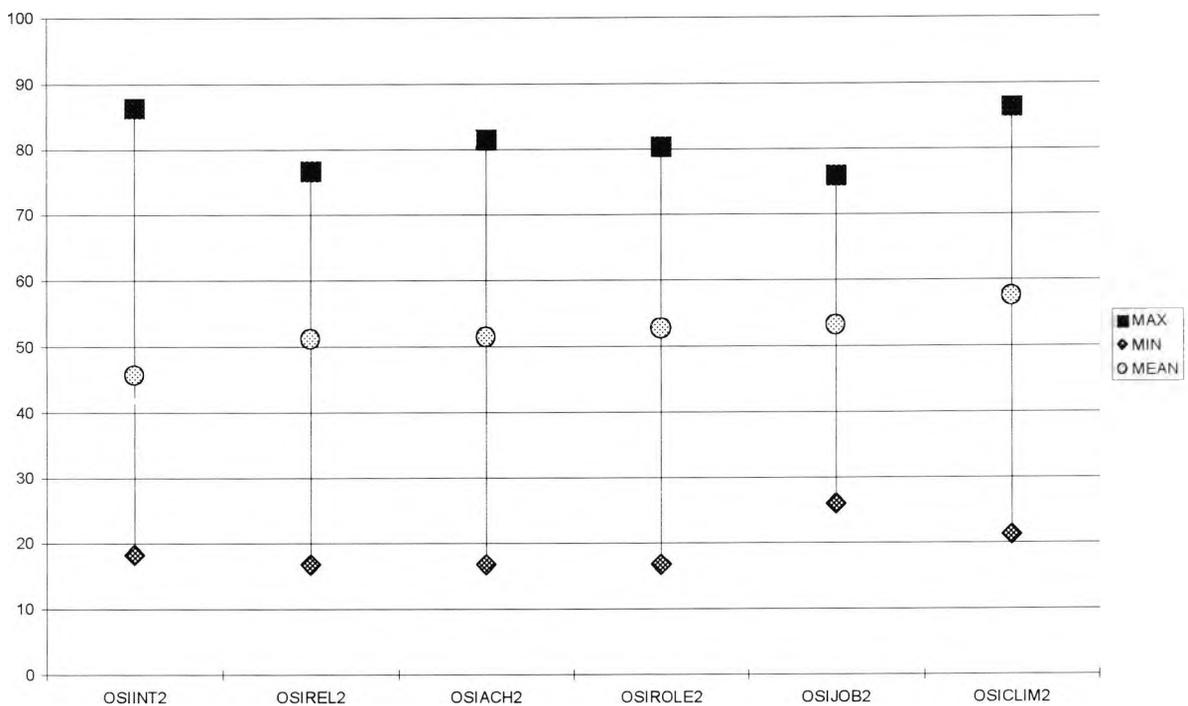
6.4 Sources of Pressure in Your Job

The assessment of respondents' experience of occupational pressure was achieved through the administration of the workplace pressure scale described in chapter 5 (section 5.4.; table 5.1). Sources of workplace pressure were assessed by the **Sources of Pressure in Your Job** scale of the Occupational Stress Indicator (Cooper, Sloan and Williams 1988).

The Sources of Pressure in Your Job Scale (OSI) (Cooper et al 1988) provides information on a range of occupational stressors described by six individual sub-scales

(see section 5.4; table 5.1). The pattern of experience described by these scales is presented in Fig 6.1. Since each subscale has a different scoring range, scores were recalculated to create six comparable scales, each scored out of a possible 100.

Fig 6.1 Maximum, Minimum and Mean Scores on Sub-Scales of the Sources of Pressure in Your Job Scale



	OSI Sub-Scale	mean	sd
OSINT	The Home/Work Interface	45.67	12.65
OSIREL	Relationships with Others	51.14	10.33
OSIACH	Career and Achievement Factors	51.45	12.02
OSIROL	Mangerial Role	52.66	10.39
OSIJOB	Factors Intrinsic to the Job	53.22	9.71
OSICLIM	Organisational Structure and Climate	57.56	11.10

The mean scores for the organisational pressure sub-scales produced a fairly uniform distribution. Equally, the variability in pressure ratings was fairly extreme in all six occupational sub-scales. However, the overall level of reported pressure was observed to be slightly elevated in relation to the Organisational Size and Structure subscale and, rather surprisingly, comparatively low for the Home/Work Interface subscale. That is, wider organisational issues including “characteristics of the organisation’s structure and design”, “lack of consultation and communication” and “covert discrimination and favouritism” were described by respondents as their greatest source of pressure. In contrast, the pressures of managing the boundaries between home and work, including “not being able to ‘switch off’ at home” and “pursuing a career at the expense of home life” was reported as the least onerous aspect of participants’ working lives.

At a descriptive level, while the elevation of this sub-scale is slight, the ratings of pressures associated with organisational structure and climate give some support to the management literature’s general consensus that a significant aspect of the workplace pressures experienced by women is associated with negative structural factors, usually the result of persistent gender stereotypes (e.g. Alimo-Metcalfe 1992; Baker 1991; Davidson and Cooper 1984; Morrison and Von Glinow 1990; Yoder 1991). Davidson and Cooper (1984), for example, noted that in their sample of women managers almost all survey items rated as “high pressure” were associated with issues relating to prejudice and discrimination and to women’s minority role. For the current sample, however, although structural issues are of particular concern, an examination of the individual items which comprise this

sub-scale²⁷ show that the concerns were less to do with the constraints of discrimination and more to do with broader organisational issues such as the management of information (e.g. lack of consultation and communication) and the status of company morale, no doubt related to organisational change programme in progress at the time of the study. In itself, the frustrations with, for example, limited communication, could be interpreted as having a gender basis (e.g. Baker 1990). In their study of male and female managers, Frankenhaeuser et al (1989) noted that women more often than men mentioned lack of communication as a source of pressure. They concluded that one of the main concerns of women managers was that no one listened to them and they had no way of communicating with senior managers. However, since the OSI does not address directly the stressors unique to women's organisational experiences (see e.g. Nelson and Quick 1985), the precise nature of this pressure may not have been fully explored.

Although tentative, the relatively low priority given to the pressures of the home/work interface is in some ways more difficult to explain. In the context of the literature on women managers we might expect a greater concern for issues

²⁷ **Organisational Structure and Climate: Individual Sub-Scale Items:**

1. Inadequate guidance and back up from supervisors: mean 3.79 (sd 1.19)
2. Lack of consultation and communication: mean 4.13 (sd 1.10)
3. Inadequate or poor quality of training/management development: mean 3.38 (sd 1.15)
4. Covert discrimination and favouritism: mean 3.22 (sd 1.24)
5. Mundane administrative tasks or "paperwork": mean 3.28 (sd 1.17)
6. Staff shortages and unsettling turnover rates: mean: 3.64 (sd 1.46)
7. Inadequate feedback about my own performance: mean: 3.34 (sd 1.18)
8. Insufficient finance or resources to work with: mean: 3.09 (sd 1.32)
9. Sharing of work and responsibility evenly: mean 3.09 (sd 1.04)
10. Morale and organisational climate: mean 3.84 (sd 1.15)
11. Characteristics of the organisation's structure: mean 3.18 (sd 1.40)

related to the difficulties of this aspect of occupational life on the basis of the established consensus that women have more responsibility for family life than their male counterparts, regardless of their employment status (e.g. Frankenhaeuser et al 1989; Lewis and Cooper 1988; Pleck 1985). In the context of this study, however, the nature of the sample itself, and, perhaps more significantly, the way the question was posed, may be of significance in interpreting the results.

Firstly, on a purely demographic basis, the potential for overload or role conflict in the home/work interface may be somewhat reduced by the pattern of restricted role occupancy in this group. That is, since only 50% of the sample were living with a partner and only 10% had children, items referring to the relationship conflicts and the management of family life, such as, “demands my work makes on my relationship with my spouse/children”, would have had limited relevance to a large percentage of these managers.

To explore the significance of role occupancy on the perception of the home/work interface, t-tests were used to compare pressure ratings, firstly, for single and married respondents and, secondly, for parents and non-parents. The results of this analysis indicated that marital status appeared to have no impact on the perception of this aspect of occupational pressure. That is, there was no difference in pressure rating for the home/work interface sub-scale between partnered and non-partner participants. A difference was observed, however, between parents and non-parents, in that managers with children reported higher

levels of pressure associated with the home/work interface than those with no children ($t = 3.32$ $p < .001$). This finding goes some way to supporting the suggestion that restricted role-occupancy, at least in relation to the parental role, may to some degree account for the limited significance of the home-work interface as a stressor.

Some consideration of the actual content of the home/work sub-scale may, however, further explain these findings. That is, it should be noted that this particular pressure variable does not include the kind of domestic responsibilities which are so often cited as significant in the assessment of the demands of women's multiple roles (e.g. Dale 1987; Frankenhauser 1991). Rather, sub-scale items describe relationship and role conflict issues which, although important, seem to be only part of the difficulty in managing home and professional commitments. Equally, the stressors defined by this sub-scale describe the "work-into-family" but not "family-into-work" (Gutek, Searle and Klepa 1987; 1991) issues which may have less relevance to women in paid employment. That is, although the problems of work commitments interrupting family life, such as "taking my work home" and "not being able to 'switch off' at home" are well covered, it might be argued that the interruption of work life by family commitments, as in, for example, taking time off to deal with a family crises, a child's illness or simply to let the gas man in, are not described.

Finally, Gutek, Searle and Klepa (1991) observe the accumulating evidence of a lack of home-work conflict for working women and argue that these findings

result not from a balancing of gender-roles, a restriction in role occupancy or, indeed, a failure to address a broad enough range of potential home/work pressures (e.g. Greenhaus et al 1987; Pleck 1985). Rather, they result from the fact that despite spending many more hours in family related work than their partners, women feel that this is their expected role and, therefore, tend to accept it.

Returning to the question of the comparative significance of the overall profile of occupational pressures described by this group of women managers, pressure ratings produced by the study sample were compared with ratings from two normative populations. In order to provide a useful benchmark, data from a predominantly male middle manager group and a predominantly female nursing group were employed. It is clear that comparisons with these samples are somewhat confounded by level of employee seniority, by the size of the norm groups ($n = 48$; and 45 respectively) and, in the case of the nursing group, occupational function and setting. For example, although the nursing group provides a useful comparison of work related pressures among women workers, they represent a largely blue collar, as opposed to managerial group, based in a public sector organisation. Equally, the likely distribution of male managers in the middle management sample would suggest a less than perfect match in terms of seniority. These groups do, however, provide useful reference points of male and female perceptions of the occupational pressure.

Firstly, no differences were found in job-related pressure ratings reported by the current study managers and their male counterparts. Differences were observed,

however, between the current study women managers and nurses in two of the six sub-scales, Relationships with Others ($t = - 2.637$; $p < .01$) and Organisational Structure and Climate ($t = - 2.619$; $p < .01$).

With respect to the comparison with the male manager group, results are unexpected in two respects. Firstly, women have largely been characterised as generally more “overloaded” than men as a result of the management of multiple roles (e.g. Barnett and Baruch 1985), the “non-traditional” additions of professional responsibilities (Long and Porter 1984) and by the consequences of persistent sex-role stereotypes (Davidson and Cooper 1984). In this study, the general level of occupational pressure described by men and women was, however, almost directly equivalent.

Secondly, in terms of the pattern of distribution of occupational pressures, expectations are further challenged by the lack of observed difference in the experience of domestic pressures. That is, although it might be expected that given women’s continued responsibility for family life (Lewis and Cooper 1988) and the hypothesised centrality of the domestic role for women (Thoits 1991), a gender difference associated with the “Home/Work Interface” would be observed, the experiences of these male and female managers were broadly similar.

Given the limitations of the normative sample described above, we cannot wholeheartedly interpret these findings either as an indication that women in general are no longer experiencing greater work-related pressure than their male counterparts, or that the home/work interface is no more a problem for women than it is for men. Nor

indeed can we directly assume that men are catching up with women in terms of the level or type of occupational pressure they experience. However, it might be argued that these results require some re-evaluation of our assumptions about women and work.

Firstly, it is increasingly the case that studies concerned with the management of multiple roles are finding that women actually benefit rather than suffer from the role diversity provided by employment (e.g. Amatea and Fong 1991; Barnett, Marshall and Singer 1992; Kandel, Davies and Raveis 1985; Kessler and McRae 1981; Stewart and Salt 1981; Verbrugge 1983; 1986). Verbrugge (1987) underlines this hypothesis in noting that multiple role occupancy provides the person with the opportunity to express their diverse skills and to gain access to social support, resources and social stimulation, all of which are beneficial in terms of well-being. Equally, a share in the status and material rewards afforded by a recognised occupational role may likewise be beneficial to women. In the context of the potential satisfaction accruing from the work role, the expected pressures might, therefore, be perceived as less significant.

With respect to the lack of observed gender difference in the pressures associated with the home/work interface, a question arises as to the possibility of a change in role for men, perhaps in response to the changing roles of women. Although an equalising of domestic responsibilities across the sexes may be welcome there is very little evidence to suggest that men are actually taking a more active role in the home (e.g. Frankenhaeuser et al 1989; Lewis and Cooper 1988). An alternative explanation for the similarity in pressure ratings for the home/work interface may lie in the issues

raised in the discussion above. That is, firstly, the items comprising this sub-scale may fail to describe the range of domestic issues relevant to women and, secondly, the impact of this pressure may be mitigated by role occupancy.

It should be noted, however, that in interpreting this data, it is important that the limitations of the normative comparison group are borne in mind and that the difficulties with self-report data are considered. That is, firstly, the male manager group is small and may, therefore, represent a rather limited snap-shot of male pressure ratings and, secondly, the bias of self-report may have equalised any actual gender difference. For women, this second point may be particularly relevant since in the organisational context there is a tendency, if not a pressure, to underplay domestic issues. In the context of a workplace survey it may be that this tendency would be reinforced.

With respect to the mainly female nursing sample, the observed group differences in level of reported pressure associated with Relationships with Others ($t = - 2.637$; $p < .01$)²⁸ and Organisational Structure and Climate ($t = - 2.619$; $p < .01$)²⁹ indicated that women managers in the current sample reported less pressure than their nursing colleagues associated with the demands of working relationships and organisational structure and politics. That is, the women manager group report less pressure associated with, for example, “Dealing with ambiguous or ‘delicate’ situations”; “Personality clashes with others” and “Lack of social support by people at work”.

²⁸ Relationship with Others: Women Manager: mean = 30.7 (sd: 6.2); Nurses: mean = 33.5 (sd 9.1).

²⁹ Organisational Structure and Climate: mean = 38.0 (sd: 7.3); Nurses: mean = 41.3 (sd: 10.4).

Similarly, the nursing group reported more difficulties than the women manager group associated with, for example, "Lack of consultation and communication"; "Insufficient finance or resources to work with" and "Morale and organisational climate".

With respect to the pressure ratings associated with Organisational Structure and Climate it might be suggested that the group differences in this aspect of organisational life may be accounted for by the much publicised poor resourcing of the NHS. Within the private sector, while an increasingly competitive market has required company streamlining and rationalisation initiatives, the pay and employment differentials between nurses and managers are clear. Consequently, although the managerial group and, indeed, the male manager sample, rated this factor as their greatest source of occupational pressure, nonetheless, organisational structure is not felt as acutely by women managers as it is by the nursing group.

In understanding this group difference, a further important aspect of this sub-scale may be those items which focus on lack of involvement and poor communication with the organisational structure. It is suggested that for the nursing group higher pressure ratings associated with this aspect of their work may arise from a more restricted experience of control based on managerial seniority. Davidson and Cooper's (1984) observation that managers in more senior positions reported less occupational pressure than their junior colleagues may be relevant here. That is, both on the level of Karasec's (1979) concept of "job decision latitude"³⁰ and in terms of Warr's (1987)

³⁰ Karasec's (1979) concept of job decision latitude refers to the individual's control over work characteristics such as the variety of work, skill implementation, authority with respect to decision making and development opportunities.

concept of “extrinsic” control³¹, nurses are no doubt operating with many more professional and practical constraints than their managerial counterparts. Thus the latitude afforded by seniority, which is a useful buffer against the debilitating effects of occupational pressure, may not be available to the large percentage of the nursing profession. Matuszek et al (1995) illustrates this point in citing the studies of Sandoval (1993) and Salkind (1987) who found that nurses were more prone to burnout than medical interns. These authors attributed this disparity to the limited control associated with the nursing role as compared to the considerable control afforded to doctors. Interestingly, within the managerial group, a Pearson Product Moment correlation indicated that while seniority was not linked to overall level of reported occupational pressure, a small but significant negative association was observed between managerial grade and the work factor “Organisational Structure and Climate” ($r = -.13$ $p < .05$). This would suggest that the experience of the pressures associated with this aspect of organisational life is related to the individual’s seniority.

Unlike the group differences in organisational climate pressures, it is more difficult to account for disparity in pressure ratings associated with Relationships with Others. Some of the same problems of low morale or poor resourcing discussed above may explain why nurses report more difficulties in their working relationships than the women manager group. Equally the changes in the nursing role in relation to clinical and Managerial responsibility may have created added pressures such as “attending meetings” and “managing or supervising the work of other people”. However, the limitations of the normative data preclude an individual analysis of the pattern of

³¹ Warr (1987) defines “extrinsic” control as the opportunity for influence of colleagues at an organisational level.

difference in individual sub-scale items. Within the context of these limitations and the restrictions of the sample size and comparability discussed above, it is interesting, however, to be reminded that women in diverse professions report different experience of organisational pressure. This underlines Banyard and Graham-Bermann's (1993) concern that women should not be viewed as an homogenous group with a shared experience of demand, but should be discussed within their individual occupational and social groupings (see also Pearlin 1989).

6.5 Sources of Domestic Pressure

While work pressures were analysed using the Sources of Pressure in Your Job scale, subjects' level of domestic pressure was assessed using three scales from the **Health and Daily Living Form** (Form B) (Moos, Cronkite, Billings and Finney 1987): the Family Task Sharing Scale, the Indices of Children's Health Scale, and the Quality of Significant Relationship Scale (section 5.4.; table 5.1).

6.5.1 Sources of Domestic Pressure I: The Division of Domestic Responsibilities

The relative division of domestic responsibilities was assessed using the **Family Task Sharing Scale** which provides an assessment of how household responsibilities are shared within the domestic arena. To understand the pattern of domestic task sharing, two questions were asked. The first addressed the issue of the proportion of domestic chores which can be defined as being the current sample's "sole responsibility" versus those designated "other's responsibility". The second considered the pattern of task

allocation in terms of traditional gender-role expectations. To achieve a meaningful analysis of the distribution of domestic responsibilities, data for respondents with partners was analysed separately from that of single respondents. Equally, the two items relating to childcare are discussed separately because of the small number of participants with dependent children. Table 6.4 presents a summary of the distribution of domestic tasks between self and others for married/co-habiting and single respondents.

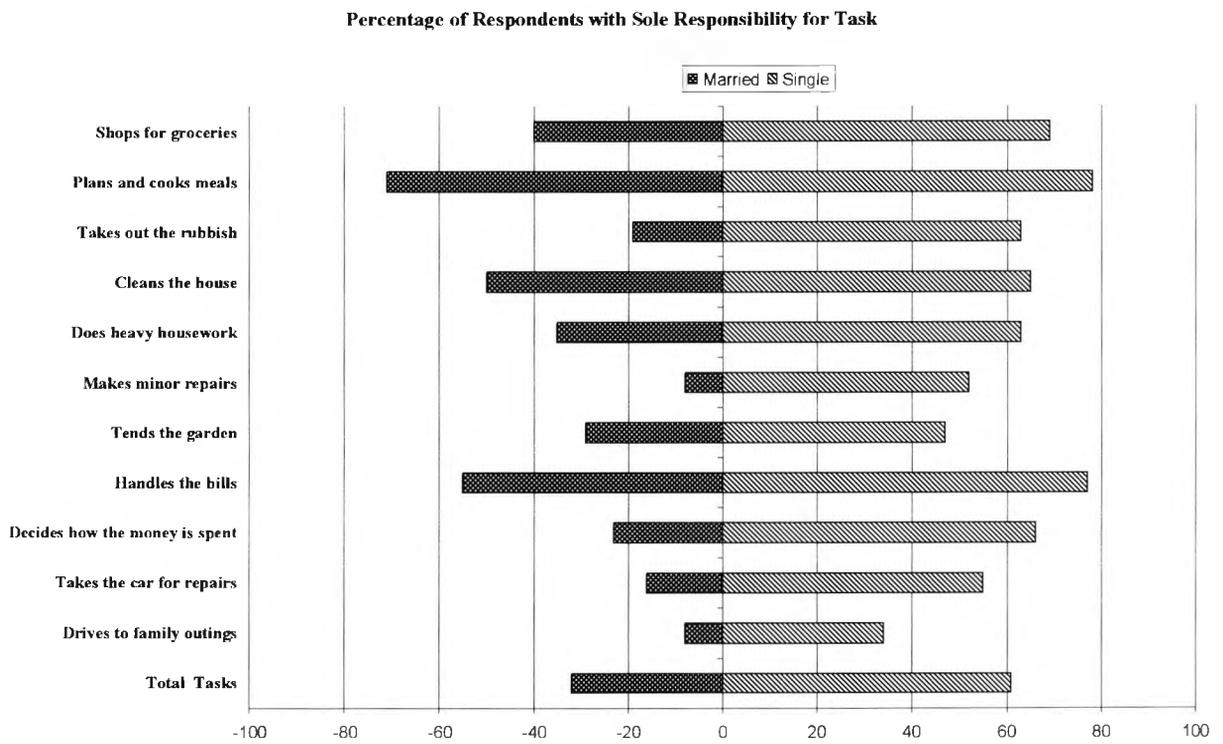
Table 6.4 The Division of Domestic Responsibilities: A Breakdown of Domestic Task Allocation for Participants With and Without Partners³²

Task	Sole Responsibility		Shared Responsibility		Other's Responsibility		Not Applicable	
	Married	Single	Married	Single	Married	Single	Married	Single
Shops for groceries	40	69	47	23	13	7	0	1
Plans and cooks meals	71	78	20	12	9	9	0	1
Takes out the rubbish	19	63	14	10	67	27	0	0
Cleans the house	50	65	26	13	21	22	3	0
Does heavy housework	35	63	29.5	13	29.5	21	6	3
Makes minor repairs	8	52	16	9	75	36	1	3
Tends the garden	29	47	25	14	37	17	9	22
Handles the bills	55	77	24	15	20	8	1	0
Decides how the money is spent	23	66	74	29	1	3	2	2
Takes the car for repairs	16	55	17	11	63	21	4	13
Drives to family outings	8	34	22	19	66	16	4	31
Total Tasks	32	61	29	15	36	17	3	7

³² Task allocation is expressed as a percentage of applicable tasks

Fig 6.2 presents a comparison of the percentage of domestic tasks rated as “sole responsibility” of participants with and without partners. For simplicity partnered women were designated “married” and those without partners were designated “single”.

Fig 6.2



At a simple descriptive level it can be seen that the responsibility for domestic tasks depends very much on the marital status of the respondent. That is, as might be expected, for single managers (single, divorced or separated) the bulk of domestic chores (61%) fall into the “sole responsibility” category while for married/co-habiting respondents the distribution of tasks is more balanced between “sole” (32%), “other” (36%) and “shared” (29%) responsibility. In other words when a partner is available the domestic workload is more likely to be shared.

This general pattern of distribution is confirmed by a series of chi-square analyses which demonstrated a significant difference between participants with partners and those without partners for 10 of the eleven general household tasks. The results of these chi-squares are presented below.

Table 6.5 Chi-Square Analyses of Domestic Task Allocation for Participants with and Without Partners

Task 1: Shops for Groceries

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	98	32	10	2
Partner	62	73	21	
chi square: 29.42 df = 3 p < .001				

Task 2: Plans and Cooks Meals

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	110	17	13	2
Partner	110	30	14	
chi square: 5.155 df = 3 not significant				

Task 3: Takes out the Rubbish

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	89	14	39	
Partner	30	21	104	1
chi square: 60.674 df = 3 p < .001				

Task 4: Cleans the House

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	92	19	31	
Partner	79	40	33	4
chi square: 11.894 df = 3 p < .01				

Task 5: Does Heavy Housework

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	90	19	29	4
Partner	54	46	46	10
chi square: 27.617 df = 3 p < .001				

Task 6: Makes Minor Repairs

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	74	13	51	4
Partner	12	25	117	2
chi square: 74.589 df = 3 p < .001				

Task 7: Tends the Garden

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	67	20	24	31
Partner	45	39	58	14
chi square: 30.369 df = 3 p < .001				

Task 8: Handles the Bills

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	109	21	12	
Partner	85	38	31	2
chi square: 17.644 df = 3 p < .001				

Task 9: Decides how the Money is Spent

	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	94	41	4	3
Partner	36	115	2	3
chi square: 61.123 df = 3 p < .001				

Task 10: Takes the Car for Repairs

Takes the car for repairs	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	78	15	29	19
Partner	25	26	98	7
chi square: 74.999 df = 3 p < .001				

Task 11: Drives to Family Outings

Drives to family outings	Sole Responsibility	Shared Responsibility	Other's Responsibility	Not Applicable
No Partner	48	26	23	44
Partner	13	35	102	6
chi square: 99.715 df = 3 p < .001				

The one exception to the pattern of differences between managers with and without partners was observed in the distribution of responsibility for planning and cooking meals. In this instance there was no difference between married/co-habiting and single respondents, suggesting that women continue to take responsibility for cooking, irrespective of the presence of a partner who might share that task. In all other respects the presence of a partner shifts the distribution of domestic load.

When this sample of women managers is compared with Moos et al's (1987) community sample, something of a contrast is observed between groups. These authors report that the mean percentage of applicable tasks which respondents described as "only" and "mostly" her responsibility, was 50.6%. This a great deal lower than that described by single respondents in the current sample (61%) and markedly higher than that described by the current sample's married respondents (32%). Interestingly, the combined mean for the overall women manager group was 48% which is closer to the normative sample figure. It is suggested, therefore, that the contrast in findings is likely to be a factor of the limited breakdown of sample population according to marital status. That is, data from married/co-habiting and single respondents has been presented together.

Returning to the current sample, the overall distribution of domestic tasks appears to somewhat contradict the general consensus that women have retained responsibility for the bulk of domestic chores and suggests that men may be relieving women of some of these duties (e.g. Lewis and Cooper 1988). A closer look at the content of this distribution, however, offers a different interpretation of this finding. Firstly, since some 47% of the sample are single, it can be assumed that almost half the sample retain a high level of responsibility for domestic life over and above their full-time employment. Since, in terms of marital status, this group is representative of the typical profile of women managers, then it might be concluded that a significant proportion of women managers in full-time work have additional responsibilities for domestic life. Equally, an analysis of the sharing of responsibility among the women managers in the current study sample who have partners, suggests that although there

is significantly more sharing of chores, the nature of this sharing pursues a traditional, gender-based, division of labour. That is, women with partners were likely to have “sole responsibility” for traditionally female jobs such as cooking and cleaning, though not “heavy housework”, while their partners were largely responsible for more traditionally masculine tasks relating to car maintenance, driving, taking out the rubbish and making minor repairs. It is argued that while the presence of a partner increases the likelihood of sharing domestic chores, women continue to be responsible for the more time-consuming and routine of these responsibilities. Frankenhaeuser et al (1989), in a study of managers and clerical workers, noted that while there was some sharing of domestic responsibilities, the traditional pattern of the division of responsibilities was such that women’s duties had to be performed on a daily basis usually at a fixed time, whereas traditional male responsibilities are less regular and more flexible. Matuszecz et al (1995) also underlined the centrality of “women’s work”, such as cooking, cleaning and childcare, to the maintenance of the family’s well-being. By contrast, “driving to family outings” and “making minor repairs” have less day-to-day significance. As a result, the relentlessness of the work is greater and the flexibility less, resulting in less “discretionary time” for women compared to men (Matuszecz et al 1995). Frankenhaeuser et al (1989) confirmed this pattern for managers and non-managers.

In discussing the domestic load of women in paid work, however, some note should be made of the difficulties with self-report data. Since descriptions of domestic duties are limited by the subjectivity of the respondent’s possibly biased perception of her contribution to household affairs, some caution should be exercised in drawing

conclusions from these results. However, while some caution is required it is reasonable to suggest that given the consistency of these findings with other studies, they are likely to represent a largely reliable picture of the division of domestic labour for women managers (Brannen and Moss 1987; Hiller and Philliber 1986; Lewis and Cooper 1988; Pleck 1985).

Childcare responsibilities: Two of the questions in the **Family Task Sharing Scale** were related to childcare. These were "Helps children with homework" and "Disciplines children". For 12 (39%) of the respondents with children, the first of these items was not applicable. For the remaining 19 mothers in this group, 11 (58 %) reported that they were solely responsible for helping with homework; 2 (10 %) reported that their partner did this, while 6 (32%) shared the task (5 with their partner, 1 with "someone else").

Disciplining children was generally a shared activity (72%), although 28 percent of mothers reported taking sole responsibility for this task. For this item the task was either their sole responsibility or a shared responsibility. None of the respondents indicated that their partner had major responsibility for this aspect of childcare.

Interpretations of these observations on childcare are clearly restricted. Firstly, the scale offers only two child-related items and as a result provides only a very limited insight into the normal range of tasks associated with the parental role. It is therefore difficult to extrapolate a general pattern of task-sharing in relation to children based on this very limited "snapshot". Secondly, the findings are based on a very small sample

(n = 31). Equally, the subjectivity of personal perceptions described in relation to general domestic chores is clearly also applicable to childcare. While allowing for these limitations, it might be noted that responses reflect the findings of La Rossa and La Rossa (1981), and Lewis and Cooper (1988), who concluded that a traditional division of responsibilities frequently accompanies the transition into parenthood even among middle-class, dual career, egalitarian families. That is, women are more likely than men to have sole or, at best, shared responsibility for childcare and a broader responsibility for the home, regardless of class, politics or occupational role.

Paid Help: Considering the work responsibilities of this group of women, only a small percentage of the sample (29%) employed people to help in the home. Of this group, 74% employed cleaners, 2% employed au pairs, 9% employed a mother's help, 3% employed a nanny and 11% a childminder. Twenty-four percent of help employed in the home was related to childcare. Following on from the earlier comments on division of labour it is interesting to consider this finding in the context of the Lewis and Cooper (1987) study of the impact of parenthood on dual-earner couples. The authors note that when help is employed in the home, especially in relation to childcare, it effectively replaces the contribution of the father rather than easing the burden of both parents and leaves the mother with "overall executive responsibility, for delegating day to day care" (Paloma and Garland 1971 in Lewis and Cooper 1987).

6.5.2 Sources of Domestic Pressure II: Indices of Children's Health

Table 6.6 summarises the results from three sub-scale of the HDL Indices of Children's Health Scale: the **Children's Physical Health Problems Sub-Scale**, the **Children's Psychological Health Problems Sub-Scale**, and the **Children's Behavioural Problems Sub-Scale**. The potential scoring range is given, in brackets, alongside each scale and the norms from Moos et al's (1987) are included for comparative purposes.

Table 6.6 A Comparison of Means and Standard Deviations of the Physical, Psychological and Behavioural Sub-Scales of the HDL Indices of Children's Health Scale

	Children of Women Managers (n=31)		Children of Community Adults (n=158)		t	p
	mean	sd	mean	sd		
Physical Health Problems (0-8)	0.97	(0.9)	1.1	(1.2)	- .044	ns
Psychological Health Problems (0-5)	0.74	(1.1)	0.9	(1.1)	- .058	ns
Behavioural Problems (0-3)	0.23	(0.4)	0.4	(0.7)	- .113	ns
Total Health Problems (0-16)	1.70	(1.5)	2.0	(0.6)	- .798	ns
ns = not significant						

No differences were found between the children of families and those of the community sample (Moos et al 1987) in terms of the reported level of physical and psychological problems and in overall health problems. It must be emphasised again, that these figures represent a very small sample of families with dependent children (n

= 31). Additionally, the number of items in each scale is small, and the scope for variability is therefore also limited.

6.5.3: Sources of Domestic Pressure III: The Quality of Significant Relationship

Domestic relationships were assessed using the Quality of Significant Relationship (HDL) scale. The mean score for women managers was 16.1 (sd 3.4)³³ while the mean for the community sample was 16.8 (sd 3.5). Since higher scores on the scale indicate a more satisfying relationship, this finding suggests that the women managers in this group were less satisfied with their relationship than their counterparts in Moos et al's (1987) community sample ($t = -2.69$; $p < .01$).

In many ways this observation is unsurprising. In their study of women managers Davidson and Cooper (1984) noted a number of relationship difficulties largely emerging from conflicting career and relationship obligations. Among these difficulties were dilemmas concerning the decision to have children, lack of emotional and practical support at home and competition around career and earning potential. Since the women in this population are all in full-time employment it would seem reasonable to suggest that the difficulty of giving adequate attention to a significant close relationship is likely to be compromised by a full time work role (see for example Lewis and Cooper 1989). Alternatively, however, it might be argued that relationship difficulties may exist prior to or even as a stimulus of career involvement.

³³ Possible scoring range 0 - 24, with higher scores representing greater levels of relationship satisfaction

6.6 The Stress Response I: Mental Health Problems

The psychological aspect of the stress response was assessed by the Trait Anxiety Inventory (TAI); the Beck Depression Inventory (BDI); and the How You Feel and Behave Scale (OSI). Table 6.7 summarises the means and standard deviations for these scales, the scoring range is presented, in brackets, alongside the scale title.

Table 6.7 Mean and Standard Deviation of the Trait Anxiety Inventory, the Beck Depression Inventory and the How You Feel and Behave Scale (OSI)

Mental Health Problem Scale	Mean	Sd
The Trait Anxiety Inventory (20 - 80)	37.6	8.6
The Beck Depression Inventory (0 - 63)	6.7	5.2
The How You Feel and Behave Scale (18 - 108)	52.5	13.3

The mean score on the Trait Anxiety Inventory (TAI) was 37.6 (8.6). This score was significantly higher than the mean expected for female working adults ($t = 4.204$; $p < .001$; mean 34.8 (9.2); Spielberger et al 1983). However, a large majority (84%) of respondents reported a level of anxiety within the normal range with only 16% of the sample classified as having a mild to moderate level of clinical anxiety³⁴.

The mean score on the Beck Depression Inventory (BDI) was 6.7 (5.2). Scores were generally very low, with only 7% of subjects achieving scores above 15, i.e. the

³⁴ Scores on the Trait Anxiety Inventory ranged from 21 - 64.

suggested cut-off point for the detection of depression in normal populations (Beck and Steer 1987). Within this group, none of the participants could be described as suffering from severe depression³⁵.

The mean score for the How You Feel and Behave Scale (OSI) was 52.5 (13.3). Comparison with the available normative data suggested that this group of women managers reported a level of mental health problems equivalent to that of a predominantly female nursing sample, greater than that of a predominantly male middle manager group and much greater than that of an all male board directors group. Table 6.8 summarises the means and standard deviations of these groups.

Table 6.8 A Comparison of the Mean and Standard Deviation of the OSI How You Feel and Behave Scale Scores

Current Woman Manager Sample (n = 302)	Nurses (n = 45)		
mean sd	mean sd	t	p
52.5 (13.3)	55.0 (14.4)	- 1.163	ns
Current Woman Manager Sample (n = 302)	Middle Managers (n = 48)		
mean sd	mean sd	t	p
52.5 (13.3)	48.4 (12.0)	2.002	.05
Current Woman Manager Sample (n = 302)	Male Board Directors (n = 14)		
mean sd	mean sd	t	p
52.5 (13.3)	43.1 (13.4)	2.648	.01
ns = not significant			

³⁵ Scores on the Beck Depression Inventory ranged from 0 - 27

In the discussion of the sampling limitations of the OSI normative data (see section 6.4) note was made of the difficulties of making direct comparisons with somewhat unequally matched and rather limited groups. Yet, the comparison of the current sample's level of psychological distress with these contrasting populations appears to confirm the observations of, for example, Davidson and Cooper (1984) who found highly significant differences between male and female managers in terms of level of psychosomatic symptoms (see also Kessler and McLeod 1984; Vingerhoets and Van Heck 1990). These authors noted that women reported a much greater level of distress than their male counterparts, including "nervousness, tenseness, tiredness, and difficulty in getting up in the morning, as well as wanting to be left alone" (Davidson and Cooper 1987; p237). This pattern of distress is also confirmed by Jick and Mitz's (1985) conclusions that women report greater psychological distress while men report more severe physical illness, a pattern mirrored in general population studies of gender differences in well-being (e.g. Verbrugge 1985). Vingerhoets and Van Heck (1990) cite Verbrugge's five categories of explanation for this difference in terms which range from intrinsic physiological differences based on genetic and reproductive diversity, differential work and leisure activities and health behaviour³⁶. These authors go on to report Verbrugge's conclusion that differences in health are not adequately explained by bio-genetic models but must be accounted for by differences in exposure to stressors and preventative health practices. Quoting Kessler et al (1985), Vingerhoets

³⁶ " (1) Intrinsic differences between males and females based on their genes or reproductive physiology which confer differential risk morbidity (2) acquired risks from work and leisure activities, health-habits, self-imposed stressors and the reaction to them (3) psychosocial factors encouraging greater awareness of physical symptoms and earlier seeking of professional help (4) health reporting behaviour; and (5) prior health care" (Vingerhoets and Van Heck 1990; p126)

and Van Heck (1990) also suggest that the selection of coping styles must also be added to this explanatory model.

Also emerging from the comparisons with the normative data, however, was an observation of the possible buffering effect of seniority, strikingly illustrated by the comparatively low levels of psychological distress described by the board director group. The significance of seniority has been discussed in terms of the perception of occupational stressors, particularly in relation to nursing populations (see section 6.4). The observation of differential levels of distress in managers of different grades would suggest that not only is there a difference in the experience of pressure but there is also likely to be a difference in the impact of this pressure. If seniority was operating as a buffering factor within the current study group a negative correlation between managerial grade or tier and level of distress would be expected. This association was confirmed in that a small but significant negative correlation was observed between grade and both the anxiety ($r = -.12$ $p < .05$) and OSI mental health scale ($r = -.14$ $p < .05$). This finding suggested that reported levels of psychological distress, though not depression, decreases as seniority increases. Some caution in interpretation is needed here, however. Since correlational data provides no information on cause and effect, it would be equally plausible to conclude that an ability to handle pressure could be an attribute of managers who are promoted, rather than that being promoted protects the individual from pressure.

6.7 The Stress Response II: Physical Health Problems

The physical health component of the stress response was measured by the Physical Health Scale (OSI). Scores achieved by the current study women manager group were compared with those of a mainly male group of middle managers an all male group of directors and a predominantly female sample of nurses. Table 6.9 summarises the results of these comparisons.

Table 6.9 A Comparison of Means and Standard Deviations of the OSI Physical Health Scale³⁷

Current Woman Manager Sample (n = 302)	Nurses (n = 45)		
mean sd	mean sd	t	p
32.08 (8.95)	32.56 (10.69)	- 0.326	ns
Current Woman Manager Sample (n = 302)	Middle Managers (n = 48)		
mean sd	mean sd	t	p
32.08 (8.95)	27.81 (8.66)	3.094	< .01
Current Woman Manager Sample (n = 302)	Male Board Directors (n = 14)		
mean sd	mean sd	t	p
32.08 (8.95)	22.71 (8.13)	3.911	< .001
ns = not significant			

The findings describing the level of physical health of the women managers in this group largely mirrored the gender differences in psychological symptoms described in section 6.6. That is, whereas the women managers in the study population described

³⁷ Scoring range on the Physical health Scale = 12 - 72, with higher scores indicating more physical health problems

more physical health problems than their male counterparts, no difference was observed between the women manager group and the nursing sample.

Both this and the results regarding mental health problems are interesting in the context of the pressure ratings described above. That is, although no difference was observed in reported level of occupational pressure between the women manager sample and the male normative group, women managers reported higher levels of physical, and mental, health problems than their male counterparts. Equally, while women managers reported more difficulties than their nursing counterparts, particularly in relation to the pressures associated with the Organisational Structure and Climate and Relationships with Others, these groups described similar levels of mental and physical health problems.

6.8 Stress Response III: Behavioural Checklist

A behavioural checklist was incorporated to assess respondents' use of medication, alcohol, cigarettes and physical exercise. Forty-three percent of respondents had taken some form of medication in the four weeks prior to the study. Only 8 respondents (2 percent) had taken tranquillisers and/or antidepressants, 12 (3 percent) had taken sleeping pills. Alcohol use, indexed by the number of units reportedly consumed in the previous week (mean 8.3 units; sd 7.4), was within recommended levels for women. Only, 19.5% of respondents were smokers. Of this group, the majority (80%) reported smoking less than 20 cigarettes per day. The percentage of smokers in this group compares well with the general population estimate for women of 30%. Finally,

in terms of physical activity, 37% had taken exercise at least twice in the previous week, 29% once and 34% not at all.

On a behavioural level, respondents described a pattern of smoking, alcohol consumption and use of medication which represents a relatively healthy lifestyle and contrasts with, for example, the typical male pattern described by Cooper and Melhuish (1980). Only a small percentage (20%) of the women in this sample smoked, and alcohol consumption was largely within the guidelines for women. Only a very few could be classified as heavy drinkers. By contrast, the Cooper and Melhuish sample (1980) reported higher levels of alcohol consumption with, for example, 11% of the group having between 3 and 6 drinks per day. Davidson and Cooper (1984a) also noted a significant difference in the use of alcohol between the male and female managers of their 1984 study. Medication was also used less often by the present sample of women managers than by Cooper and Melhuish's (1980) mainly male senior managers, 30% of whom reported using tranquillisers, and 24% took sleeping tablets.

6.9 Summary

In the analysis of participants' experience of work and home pressure, some insight is given into the challenges and concerns which are important to this group of women managers. From this perspective three findings were of particular interest. Firstly, with respect to the experience of occupational pressure, the women managers in the present study reported a level of work-place demand which was largely analogous to

that described by a comparable male manager group. Secondly, within this description, and in the context of a traditional gender-linked division of domestic responsibility, limited paid help and somewhat troubled personal relationships, participants rated the home-work overlap as the least demanding of six potential occupational stressors. Finally, although no difference was found between the present study group and their male normative counterparts, differences were observed between the study sample and a largely female nursing group.

With respect to the differences between the women manager group and the nursing sample, it was noted, firstly, that given the sample limitations, particularly in relation to size and job function, these differences must be interpreted with some caution. However, within the context of these limitations, it was argued that the contrast in pressure ratings in these groups may be explained, to some extent by the differentials in job conditions, rewards and opportunity for control inherent in the managerial and nursing role, respectively. More significantly, however, the importance of avoiding the assumption of the homogeneity of women's workplace experience was underlined (Banyard and Graham-Bermann 1993; Matuszec et al 1995; Pearlin 1989).

With respect to the lack of gender differences in pressure ratings, particularly those related to the home/work overlap, consideration was given, first, to the limitations of the normative sample. Clearly, the sample size and the predicted differences in job function and status to some degree undermine the reliability of these observations. However, while it is important that some caution is exercised in the interpretation of these results, a number of explanations were considered.

Firstly, it was proposed that the lack of significance given to the home/work overlap both within the women manager group's ratings and in comparison with the male manager group ratings, may be explained by the limited descriptive range represented in this sub-scale, particularly in relation to the pressures of what might be called "home-into-work" demands (Gutek et al 1987). Equally, the possible lessening of demand as a result of limited role occupancy, particularly in relation to the parent role, was considered, as were the potential benefits of the role which might act to balance the experience of demand (e.g. Verbrugge 1983). Finally, it was argued that women's reporting of pressures related to the Home/Work overlap may be somewhat contained, firstly, because women in some senses are socialised to accept this role and as a result may not regard it as particularly worthy of note (Gutek, Searle and Klepa 1991). And, secondly, these pressures may be played down as part of a process of managing colleagues' expectations. That is, in the process of gaining professional credibility and "assimilating" into what is largely a male work culture (e.g. Alimo-Metcalf 1992; Sheppard 1989), women may have adopted the habit of limiting their discussion of domestic concerns and, in the process, may have become used to managing their feelings concerning these pressures.

These comments on women's potential "containment" of pressure ratings, may be relevant to the findings on mental and physical health outcome. In this instance, while pressure ratings registered no difference between male and female managers, in terms of health functioning, the women managers in this study described significantly more mental and physical health problems than their male counterparts. Equally, while the

women manager group reported lower pressure ratings than the nursing sample, in two of the six OSI pressure sub-scales, their descriptions of mental and physical health problems were the same.

With respect to the comparisons with the male sample, this finding is in keeping with Davidson and Cooper's (1985) observation that women managers report more stress related symptoms than their male colleagues (see also Frankenhaeuser 1991; Hall and Hall 1980; Jick and Mitz 1985; Kessler and McCrae 1981; Nelson and Quick 1985). However, at another level, this finding is in contrast with their findings because it emerges in a context of equivalent rather than differential reports of demand. Similarly, while there might be some expectation that since the nursing group reported higher pressure ratings in at least some areas of organisational demand, they would, therefore, experience greater levels of associated distress, no difference in the stress response was observed.

A number of explanations immediately occur in response to these findings. In the context of this study, the question arises of a potential gender differences in intervening variables, such as coping characteristic. Equally, these findings may represent a gender difference in reports of stress symptoms. However, before drawing conclusions on the basis of these findings, a series of correlation and regression procedures were used to provide further information on the precise nature of the relationship between occupational and domestic pressures and the stress response.

6.10 The Relationship Between Sources of Pressure and the Stress Response

As the stress literature has developed increasing evidence of the complexity and variability in the stress response has suggested a need for some refinement and specificity in the definition of stressors and stress outcome (e.g. Cohen and Williamson 1991). It would not seem unreasonable to expect that different sources of pressure may have a differential impact on the individual's health status. In their study of female nurses and social workers Barnett and Marshall (1991) noted that each of their measures of mental health, including subjective well-being and psychological distress, were separately and differentially related to individual aspects of work and family roles. Similarly Holohan and Moos (1985) found that stress resistance factors were differentially related to physical, mental health and behavioural outcomes.

In the analysis of the association between stressors and health outcome, therefore, individual aspects of organisational and domestic stressors were considered separately rather than as one aggregate measure of pressure, and the precise nature of the impact of these stressors was analysed in terms of mental, physical and behavioural functioning. The aim of this analysis was to identify which particular organisational and domestic stressors had health consequences for this group of women managers and to determine the specific nature of these consequences.

6.11 The Relationship between Sources of Occupational and Domestic Pressures and Mental Health Problems

A Pearson product-moment correlation was used to analyse the relationship between the six occupational and three domestic pressure factors and the individual indices of mental³⁸ and physical³⁹ health problems. Tables 6.10 and 6.11 below summarise the relationships between these variables. Age, marital status and managerial grade were included in the analysis to assess the relationship between these individual characteristics and the stress response factors.

Table 6.10 The Relationship between Occupational and Domestic Stressors and Mental Health Problems

Variable	Beck Depression Inventory		Trait Anxiety Inventory		How You Feel and Behave (OSI)	
	r	p	r	p	r	p
Age	-.00	ns	.04	ns	-.00	ns
Grade	-.10	ns	-.12	<.05	-.14	<.05
Marital Status	-.07	ns	-.10	ns	-.14	<.05
Factors Intrinsic to the Job	.19	<.01	.30	<.001	.39	<.001
Managerial Role	.17	<.01	.24	<.001	.37	<.001
Relationships with Others	.30	<.001	.38	<.001	.49	<.001
Career and Achievement	.11	ns	.16	<.01	.20	<.001
Organisational Climate	.24	<.001	.23	<.001	.31	<.001
Home/Work Interface	.28	<.001	.32	<.001	.31	<.001
Family Task Sharing	.10	ns	-.06	ns	-.10	ns
Quality of Significant Relationship	-.24	<.001	-.19	<.01	.04	ns
Indices of Children's' Health	-.01	ns	-.08	ns	-.06	ns
marital status was coded 1 = single; 2 = married/cohabiting managerial grade was coded 1 - 7 (junior manager to senior manager); ns = not significant						

³⁸ The psychological aspect of health was assessed using the Trait Anxiety Inventory (TAI), The Beck Depression Inventory (BDI), and the How You Feel and Behave Scale (OSI).

³⁹ The Physical Health Scale of the OSI was used as a measure of physical distress

With respect to psychological functioning, a generally strong association was observed between occupational pressures and anxiety, depression and the OSI mental health scale. The pattern of these associations was such that higher levels of reported occupational pressure were linked with greater psychological distress. Within the work arena, only the Career and Achievement variable failed to pursue this pattern, in that no association was found between this factor and depressive symptoms. Equally, although associations were found between this variable and the other measures of mental health, the observed relationships were not as robust as those observed for the other five occupational stressors. This observation would appear to suggest that career and achievement factors may have less impact on individuals' mental health than other work pressures.

In terms of domestic pressures, perhaps surprisingly, the correlation procedure failed to demonstrate any relationship between either the division of domestic responsibility and the child health measure and any of the mental health indices. The quality of the individual's significant relationship was, however, strongly associated with depressive symptoms ($r = -.24$ $p < .001$) and, though less powerfully, with level of anxiety ($r = -.19$ $p < .01$). In both instances a negative association was observed indicating that greater satisfaction with a significant relationship was related to lower levels of symptomatology. No association was found between the quality of the relationship and the OSI measure of mental health.

Finally, with respect to background characteristics, respondent's age had no association with any of the mental health measures and marital status was associated only with the OSI measure of mental health ($r = -.14$; $p < .05$). The negative association between marital status and the OSI mental health scale suggested that married respondents reported less psychological symptoms, as measured by the OSI, than their unmarried colleagues. Associations were also observed between managerial grade and anxiety symptoms ($r = -.12$; $p < .05$) and the feelings and behaviour scale ($r = -.14$; $p < .05$) but not with the depression scale. The direction of this association suggested that while seniority may not provide a buffer against depressive symptoms, it may lessen the experience of other aspects of psychological distress.

6.12 The Relationship Between Sources of Occupational and Domestic Pressure and Physical Health Problems

With physical functioning as the measure of well-being, a different pattern of relationships was observed. Table 6.11 presents a summary of these correlations.

Table 6.11 The Relationship Between Occupational and Domestic Stressors and Physical Health Problems

Variable	Physical Health	
	r	p
Age	.01	ns
Managerial Grade	-.04	ns
Marital Status	-.02	ns
Factors Intrinsic to the Job	.40	< .001
Managerial Role	.33	< .001
Relationships with Others	.34	< .001
Career and Achievement	.16	< .01
Organisational Climate	.36	< .001
Home/Work Interface	.39	< .001
Family Task Sharing	-.06	ns
Quality of Significant Relat.	-.19	< .01
Indices of Children's Health	-.01	ns
ns = not significant		

Once again a strong relationship between occupational factors and health outcome is observed. Reflecting the findings regarding domestic pressures and mental well-being, physical health was also found to be associated with the quality of the respondent's significant relationship ($r = -.19$; $p < .01$), but not with either the indices of children's health or the division of domestic responsibility. Finally, with respect to background characteristics, managerial grade and marital status showed no significant relationship with physical health problems.

A further Pearson Product Moment correlation procedure was used to analyse the relationship between occupational and domestic stressors and behavioural responses. In contrast to the results for mental and physical health only one significant relationship was observed. That is, although the perception of occupational demand was not associated with behavioural functioning, a negative association was observed between age and scores on the behavioural checklist ($r = -.13$; $p < .05$), suggesting that younger managers lead less healthy lifestyles than their older colleagues.

Analysis of the individual components that constitute the behavioural measure, located the source of this association in the relationship between age and alcohol consumption ($r = -.16$; $p < .01$) and, interestingly, the use of sleeping tablets ($r = -.21$; $p < .001$). That is, younger managers consumed more alcohol and were more likely to take sleeping tablets than their older colleagues. To put this finding in context it should be noted that alcohol consumption and reliance on medication were fairly restricted in

this group, so that while younger managers may be more likely to rely on this form of “self-medication” their overall consumption was modest (see section 6.8).

Overall, the correlation procedure described a pattern of strong relationships between occupational stressors and physical and mental health indices. Within the domestic arena, however, the quality of the significant relationship was the only factor to show any association with well-being. In contrast, smoking, alcohol consumption and drug intake was not generally related to the experience of either organisational or domestic pressure, but did show an association with respondent’s age.

6.13 The Prediction of Mental and Physical Health Problems from Occupational and Domestic Sources of Pressure

To further understand the relative contribution of work and domestic factors to health functioning, a series of linear regressions were estimated with occupational and domestic stressors as predictors and mental and physical health scales as outcome measures. Since neither occupational nor domestic stressors were found to correlate with behaviour, this aspect of the stress response was not employed as an outcome measure in the regression analyses.

6.13.1 Regression 1 and 2: Predicting Mental Health Problems from Occupational and Domestic Stressors

The first regression model analysed the relationship between occupational and domestic stressors and psychological functioning. For clarity of interpretation a

composite mental health scale⁴⁰ based on a factor analysis of the three separate mental health measures was used to describe psychological functioning. To control for the effect of background characteristics, age, marital status and managerial grade were entered, together, in the first block of the analysis. The six OSI occupational pressure sub-scales and two domestic scales, the Quality of Significant Relationship scale and the Family Task Sharing scale, were entered, stepwise, as predictors. Since such a small number of participants had children (10%), the child health checklist was excluded from the analysis. The results of the regression procedure are summarised in table 6.12.

Table 6.12 Linear Regression Predicting Mental Health Problems from Organisational and Domestic Stressors

Block 1:					
Predictor	R²	R² change	B	Beta	p
Marital Status	-	-	-.213	-.107	ns
Managerial Grade	-	-	-.101	-.152	.05
Age	.02	-	.008	.060	ns
Block 2:					
Step 1:					
Predictor	R²	R² change	B	Beta	p
Marital Status	-	-	-.140	-.071	ns
Managerial Grade	-	-	-.087	-.130	.05
Age	.02	-	.009	.069	ns
Relationships With Others	.19	.17	.067	.417	.001

⁴⁰ The psychological aspect of health was assessed using the Trait Anxiety Inventory (TAI), The Beck Depression Inventory (BDI), and the How You Feel and Behave Scale (OSI). In order to make most economical use of the information from each of these scales, a factor analytic procedure, based on an unrotated extraction of three factors, was used to identify the first principal component that best described these individual scales (81.2% of the variance). Factor scores derived from this analysis were used as an composite outcome measure to describe participants' mental health.

Table 6.12 Linear Regression Predicting Mental Health Problems from Organisational and Domestic Stressors (cont'd)

Predictor	R ²	R ² change	B	Beta	p
Step 2:					
Marital Status	-	-	-.164	-.082	ns
Managerial Grade	-	-	-.083	-.124	.05
Age	.02	-	.007	.054	ns
Relationships With Others	.19	.17	.064	.403	.001
Quality Significant Relation.	.23	.04	-.059	-.201	.001
Step 3:					
Marital Status	-	-	-.189	-.095	ns
Managerial Grade	-	-	-.088	-.131	.05
Age	.02	-	.010	.080	ns
Relationships With Others	.19	.17	.054	.341	.001
Quality Significant Relation.	.23	.04	-.047	-.160	.001
Home/Work Interface	.25	.02	.019	.160	.01
Step 4					
Marital Status	-	-	-.191	-.096	ns
Managerial Grade	-	-	-.086	-.129	.05
Age	.02	-	.009	.068	ns
Relationships With Others	.19	.17	.065	.406	.001
Quality Significant Relation.	.23	.04	-.046	-.156	.01
Home/Work Interface	.25	.02	.019	.210	.001
Career/Achievement	.26	.01	-.025	-.161	.01

variables not in the equation: Factors Intrinsic to the Job; Organisational Structure and Climate; Managerial Role; Family Task Sharing

note: n = 302

B = unstandardised regression coefficients

beta = standardised regression coefficients

Marital Status was coded: 1 = single; 2 = married/co-habiting

Managerial Grade coded 1 - 7; lower numbers = lower grades

ns = not significant

With mental health as the outcome measure, age, marital status and managerial grade, entered together on the first block of the analysis, accounted for 2.4% of the variance ($F = 3.463$; $p < .05$). In this block, only managerial grade emerged as significant (p

<.05), confirming the correlation findings reported above and indicating that for this group, managerial seniority was important in the prediction of psychological functioning. The pattern of this association suggested that as managerial seniority increased, the level of reported psychological distress decreased.

In the second block of the analysis each of the six occupational factors and two domestic factor were entered, stepwise, into the equation. Four of these predictor variables emerged as significant: (i) Relationships with Others (ii) Quality of Significant Relationship (iii) the Home-Work Interface and (iv) Career and Achievement Factors. With the entry of the Relationship with Others predictor, the squared multiple regression increased to .19, at this point accounting for 19% of the variance in mental health problems and indicating that greater levels of reported pressure associated with working relationships were strongly predictive of greater psychological distress. On the second step, the entry of the domestic scale, Quality of Significant Relationship, produced a 4% increase in explained variance. In this instance, an inverse relationship with the outcome variable indicated that lower levels of satisfaction with a significant personal relationship predicted greater psychological distress.

With the addition of the stressor variable, the Home/Work Interface, the squared multiple regression increased by a further 2% to .25. This variable was positively related to the mental health outcome confirming that higher levels of pressure associated with the management of the home/work overlap were predictive of greater psychological distress.

As a final step in the equation, the stressor sub-scale Career and Achievement Factors was entered into the model, creating a 1% increase in the squared multiple regression and producing a final squared multiple regression of .26. The inclusion of this variable confirmed the correlation findings which suggested a relationship between this aspect of work life and the trait anxiety scale ($r = .16$; $p < .01$) and OSI's general mental health scale ($r = .20$; $p < .001$). However, when Career and Achievement factors are considered as part of this multi-variate analysis, the relationship between this variable and mental health outcome was negative rather than positive. In contrast to the correlation finding, the results of the regression indicated that *higher* levels of reported pressure associated with, for example, overpromotion, being undervalued, and the threat of impending redundancy, were related to *lower* levels of psychological distress.

Regression 2: The Relationship between Occupational and Domestic Stressors and Mental Health Problems: Additional Analysis of the Individual Items of the Career and Achievement Sub-Scale

A further regression analysis was used to explore the individual components of this scale (appendix 4). With mental health as the outcome measure, the background and pressure variables, together with the nine sub-scale items of the Career and Achievement sub-scale were entered, stepwise, into the equation. These nine sub-scale items were substituted for the overall sub-scale score. Three Career and Achievement items emerged as significant in the prediction of mental health problems, (i) Attaining your own personal levels of performance, which had a positive relationship with the health outcome measure; (ii) Underpromotion - working at a level below my level of ability, which was inversely related to mental health problems, and (iii) Threat of

impending redundancy or early retirement, also inversely related to health outcome. Although the “underpromotion” and “fear of redundancy” items showed no significant relationship with mental health outcome in the correlation analysis, within a multivariate analysis these potential negative associations gained importance. That is, when the background and pressure variables described in the first regression were held constant, the impact of underpromotion and fear of redundancy, within the Career and Achievement sub-scale, became significant. It should be noted here, however, that within the overall analysis of mental health, the individual impact of Career and Achievement pressures is comparatively slight. It is interesting, nonetheless, to consider that a concern about unexplored personal potential and job security could represent a desire to engage in work, and as such might be defined as a positive rather than negative factor.

6.13.2 Regression 3 and 4: Predicting Physical Health Problems from Occupational and Domestic Stressors

A third regression model was estimated to explore the relationship between occupational and domestic stressors and physical health problems. Since background characteristics showed no association with physical health outcome, age, marital status and managerial grade were excluded from the analysis⁴¹. The six occupational stressors, the Quality of Significant Relationship scale and the Family Task Sharing scale were then entered, stepwise, as predictors. Once again, the child health scale was

⁴¹ This lack of association was confirmed by a trial regression with these background variables entered together in the first block of the equation. Neither the equation based on age, grade and marital status, or any of the individual background variables, achieved significance.

excluded from the analysis because of the small number of participants with children.

Results from this analysis are summarised in table 6.13.

Table 6.13 Linear Regression Predicting Physical Health Problems from Occupational and Domestic Stressors

Block 1: Predictor	R²	R² change	B	Beta	p
Step 1:					
Factors Intrinsic to the Job	.15	-	.685	.396	.001
Step 2:					
Factors Intrinsic to the Job	.15	-	.463	.268	.001
Home/Work Interface	.18	.03	.237	.217	.001
Step 3:					
Factors Intrinsic to the Job	.15	-	.319	.184	.01
Home/Work Interface	.18	.03	.223	.204	.05
Relationships with Others	.19	.01	.220	.150	.05
Step 4:					
Factors Intrinsic to the Job	.15	-	.378	.219	.01
Home/Work Interface	.18	.03	.273	.250	.001
Relationships with Others	.19	.01	.314	.215	.01
Career/Achievement	.21	.02	-.271	-.195	.01

Variables not in the equation: Organisational Structure and Climate; Managerial Role; Quality of Significant Relationship; Family Task Sharing Scale.

Note: n = 302

B = Unstandardised regression coefficients

Beta = Standardised regression coefficients

Marital Status was coded: 1 = single; 2 = married/co-habiting

Managerial Grade coded 1 - 7; lower numbers = lower grades

With physical health as the outcome measure the six occupational pressure variables, together with the domestic stressors, the Quality of Significant Relationship and the Family Task Sharing Scale were entered, stepwise, into the equation. Four of these

predictor variables emerged as significant (i) Factors Intrinsic to the Job; (ii) the Home/Work Interface; (iii) Relationships with others and (iv) Career and Achievement Factors. The remaining variables were dropped from the equation. With the entry of Factors Intrinsic to the Job, a squared multiple regression of .15 was achieved, accounting for 15% of the variance in physical health problems. With the inclusion of the Home/Work Interface, the squared multiple regression increased to .18. and increased to again by 1% to .19 with the entry of the Relationships with Others variable. With the final step of the equation, the entry of the Career and Achievement variable produced an overall squared multiple regression of .21 indicating that together these four variables accounted for an overall 21% of the variance in reported physical health problems.

With the exception of Career and Achievement factors, each stressor related positively with the health scale. That is, increases of reported levels of pressure associated with day-to-day aspects of the job, the home-work interface and working relationships were predictive of higher levels of reported physical health problems. By contrast and, in keeping with the mental health regression findings, *lower* rather than higher levels of pressure associated with Career and Achievement factors was predictive of increased physical health problems. That is, according to the relationships described in the regression equation, higher pressure ratings on issues such as “changing jobs to progress your career” and “unclear promotion prospects” predicted lower levels of physical symptoms.

Regression 4: The Relationship between Occupational and Domestic Stressors and Physical Health Problems: Additional Analysis of the Individual Items of the Career and Achievement Sub-Scale

The procedure used in analysing the relationship between this aspect of organisational life and mental health problems was employed again to consider the significance of the sub-scale items on physical health outcome (appendix 5). With physical health as the outcome measure, the seven pressure variables, together with the nine sub-scale items of the Career and Achievement sub-scale were entered, stepwise, into the equation. Two of the Career and Achievement items emerged as significant: (i) overpromotion - being promoted beyond my level of ability and (ii) underpromotion - working at a level below my level of ability. Both variables were inversely related to the outcome variable, suggesting that higher levels of reported pressure concerning appropriate levels of employment were associated with lower levels of physical symptoms. Once again it should be stressed that the contribution of Career and Achievement sub-scale to the overall variance in physical health is relatively small, and certainly less significant than Factors Intrinsic to the Job and the Home/Work Interface. It is interesting, however, to consider that anxieties regarding these specific aspects of this sub-scale are consistent with lower levels of physical health problems.

6.14 Summary

Overall, the correlation procedure confirmed a significant but moderate relationship between occupational stressors and physical and mental health problems⁴². In each

⁴² Correlations of occupational stressors with the aggregate mental health problem scale ranged from .17 - .43. The relationship between overall work pressure and mental health was .38 ($p <$

instance the direction of this relationship suggested that higher levels of reported pressure associated with each of the six aspects of workplace demand were associated with greater psychological and physical distress. Additionally, from the perspective of domestic stressors, an inverse association was observed between the quality of individuals' personal relationship and mental and physical health problems. That is, as might be expected, greater relationship dissatisfaction was found to be associated with higher levels of psychological and physical ill health. Finally, with respect to participants' background characteristics, managerial grade was observed to be associated with mental, though not physical, health problems. That is, levels of reported anxiety and mental health problems such as "feeling unsettled or upset" and "questioning your ability and judgement" increased as managerial grade decreased, confirming Davidson and Cooper's (1984) observation of the effect of seniority in mitigating the stress response.

While the correlation procedure indicated a broad association of stressors with both mental and physical health problems contrasting patterns of association between sources of pressure and health outcome were observed in the context of the multivariate analysis. That is, in the prediction of mental health problems, the stressor variables emerging as most significant were (i) Relationships with Others (ii) The Quality of Significant Relationship (iii) The Home/Work Interface and (iv) Career and Achievement Factors. With the exception of the Career and Achievement factor, each pressure variable was observed to relate to mental health outcome as might be predicted. That is, higher levels of difficulty predicted greater psychological distress.

.001). Correlations of occupational stressors and physical health ranged from .16 - .40. The relationship between overall work pressure and physical health problems was .41 ($p < .001$).

With respect to the career and achievement variable, this fairly tenuous inverse association was thought to be accounted for by specific scale items associated with a desire for active engagement in the work role.

From the perspective of physical health outcome a different pattern of associations was observed. That is, in contrast to the predictors of mental health problems, (i) Factors Intrinsic to the Job (ii) the Home/Work Interface (iii) Relationships with Others and (iv) Career and Achievement Factors were found to be associated with physical health status. Once again the relationship between stressors and physical health functioning pursued the expected pattern with higher levels of occupational pressure predicting greater physical health problems. Again, reflecting the pattern observed in the mental health regression, career and achievement issues were found to be inversely related to outcome. This was a rather tenuous link which could be conceptualised as a form of concern regarding engagement relating to the “appropriateness” of job status.

6.15 Conclusions

This Phase of research offered an excellent opportunity to explore the experiences of women in the workplace and to assess the health consequences associated with these experiences. From the perspective of this analysis a number of interesting findings emerged. Firstly, the significance of the quality of professional and personal relationships in terms of women’s health functioning was underlined. That is, women who reported more satisfying personal relationships and were less concerned with

feelings of isolation, lack of social support from colleagues and “personality clashes” in the office, reported fewer psychological symptoms. Equally, limited concern about workplace relationships, though not the quality of significant personal relationships, were found to be related to physical symptoms.

Secondly, in contrast to the apparent low priority of demands associated with the management of the home/work overlap suggested by participants’ pressure ratings, this aspect of work life was found to play a significant part in the experience of both physical and psychological symptoms. In the earlier discussion of pressure ratings it was suggested that women may be concealing or “containing” the significance of this home/work factor. It is suggested that the findings describing the relationship of the home-work interface to health functioning may support this. That is, although this aspect of organisational life was not acknowledged as having particular significance, its importance is demonstrated by its impact on participants’ health.

Finally, given the current climate of increased workload and budget streamlining, it was interesting to note that the day-to-day aspects of work such as rate of pay, having to work long hours and the quality and variety of tasks, while predictive of physical health problems, showed no relationship to psychological functioning. Equally, given the emphasis on the burden of domestic responsibilities described in the literature on working women, it is interesting to note that the sharing of domestic tasks, which was predictably traditional, was not significant in the prediction of health problems.

In summarising these findings it becomes clear that, in the analysis of workplace pressure, sources of pressure should not be assessed in the absence of outcome measures. For this group of women managers the significance of important stressors such as the home/work overlap and workplace relationships only really became clear in the context of a comprehensive analysis of their relationship to the stress response. Equally, it is argued that in the assessment of health outcome, indices of both mental and physical well-being should be included so that the impact of demand is fully assessed. The differential pattern of relationships between stressors and physical and mental health problems, observed for instance in the "factors intrinsic to the job" variable, illustrates the need for a range of outcome measures. Finally, it is suggested that the discussion of group differences, pursued in relation to occupational pressures, underlines the need to assess workplace pressures within rather than across groups (e.g. Matuszek et al 1995). It is argued that in order to fully understand the significance of specific demands to individuals we must assess this in relation to the impact of that demand on their sense of well-being and not as it relates to others. In this way we can respect the unique significance of demand for that group and have an opportunity to understand what might best help in reducing the negative outcome of that demand (e.g. McGrath 1976; Thoits 1992).

Chapter 7 Method and Analysis Phase II: The Construction, Recruitment and Assessment of the Phase II Sample

7.1: Introduction

The focus of the first phase of the study was the exploration of the relationship between sources of occupational and domestic pressure and the stress response. In the introduction to this first stage of the study (section 5.1), it was argued that in order to improve our understanding of this relationship, particularly for women managers, we need, firstly, to identify those individuals who, in terms of health outcome, could be described as successful in the management of a high level of pressure. Secondly, we need to assess the nature of the coping characteristics which differentiate these “successful” copers from their less successful peers. Further, it was argued that in order to achieve a meaningful assessment of the impact of these coping characteristics, outcome should be assessed in terms of reliable measures of physical and psychological health functioning. Having achieved this analysis and coping allocation in the first phase of the study, the task of the second phase was to describe the coping characteristics which differentiated Low Stress participants from their High Stress counterparts.

In the review of the coping literature (chapter 3), the coping response was described in terms of (i) the *coping repertoire*, or range of available strategies, usually defined in terms of coping focus or function; (ii) *coping style*, generally described within an approach-avoidance framework and (iii) *coping resources*, including, for example,

social support and resourcefulness or self-control. Using this descriptive framework, the impact of (i) the range and focus of coping behaviours (ii) coping style as described by the approach-avoidance dimension and (iii) learned resourcefulness or self-control, were explored. Further, the significance of gender-role orientation was analysed as it related both to flexibility in the coping repertoire and with regard to its direct impact on health outcome. Finally, the situational stressors which formed the context for managers' coping response, were analysed. Each of these research questions was addressed in relation to physical and mental aspects of coping outcome and within the context of a range of occupational and domestic stressors.

7.2 Procedure

This phase of the study was completed in five stages as follows: (i) design and development of a structured interview based on a series of open-ended interviews with twelve randomly selected subjects from the original sample group (n = 302); (ii) piloting the structured interview with three randomly selected subjects from the original sample group (n = 302); (iii) recruitment of interviewees - 40 from the "High Stress" group and 40 from the "Low Stress" group; (iv) completion of interviews and questionnaires and (v) coding and analysis of interview material and questionnaires.

7.3 The Construction and Recruitment of the Phase II Sample

The initial survey phase of the study described in chapters 5, 6 and 7, provided data on the stressor/stress response profiles of the original sample of 302 respondents. From this data Low Stress and High Stress groups, exemplifying successful and unsuccessful coping patterns, respectively, were to be identified.

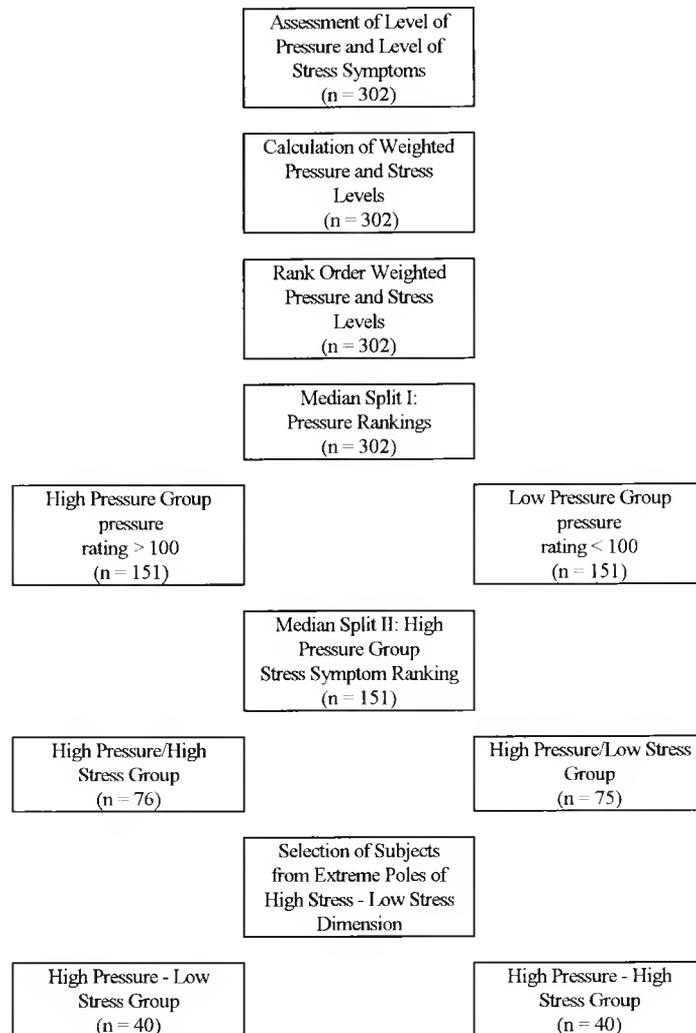
7.3.1 The Subject Selection Procedure

Scores from nine “stressor” sub-scales and four “stress response” scales were combined to produce two transformed⁴³ aggregate scores describing, firstly, the individual's perceived level of pressure and, secondly, their reported stress symptomatology. The measures which contributed to the pressure score were: the OSI's Sources of Pressure in Your Job Scale; and three HDL domestic pressure sub-scales: (i) the Family Task Sharing Sub-Scale; (ii) the Indices of Children's Health - including the sub-scales: Children's Physical Health Problems; Children's Psychological Health Problems; and Children's Behavioural Problems and (iii) the Quality of Significant Relationship Sub-Scale (see table 5.1). The scales which contributed to the measure of stress related symptoms were: Your Physical Health Scale [OSI]; the How You Feel and Behave Scale [OSI]; The Trait Anxiety Inventory [TAI]; and the Beck Depression Inventory [BDI].

⁴³ Pressure and stress response scores were transformed to give standardised Z scores with a mean of 100 and a SD of 20 [transformed score = (raw score-mean/sd)*scaler+constant]

Pressure scores were used to rank order the participants (n = 302) from low pressure to high pressure. A median split of pressure scores was then used to divide the sample into high pressure and low pressure groups. Having identified a high pressure group, all with pressure scores exceeding 100, subjects from this group were again placed in rank order in terms of their stress response scores, from low stress to high stress symptoms. A further median split was used to produce two new groups - a high pressure group with a *low* stress response and high pressure group with a *high* stress response. The first 40 subjects from the opposing poles of each of these groups who (a) could be contacted and (b) agreed to continue their participation, formed the subject pool for Phase 2 (n = 80). These subjects, represented the extreme poles of the stress response dimension. In the High Stress group, transformed stress response aggregates ranged from 115 to 177 while in the Low Stress group, scores ranged from 54 to 97.5. Figure 7.1 describes the steps in the analysis.

Fig 7.1 Steps in the Analysis and Selection of the Phase II Sample



7.3.2 Identification of Phase II Participants

The first stage in the recruitment of interviewees began with the selection of the High and Low Stress groups described in section 7.3.1. Through this process 151 high and low stress respondents were identified by an independent researcher and two rank ordered lists of potential “recruits” were given to the author who would conduct all

the interviews. By removing the responsibility for subject identification from the interviewer, the knowledge of interviewees' group membership could be concealed and, as a result, interviews could be conducted "blind". That is, the interviewer was not aware of whether the interviewee had been categorised as a "high stress" or "low stress" subject. Each list was numbered to reflect the stress ranking of each candidate, with the lowest numbers representing the extremes of each end of the stress response dimension. The interviewer was then instructed to work through each list contacting and attempting to recruit each subsequent respondent until she had fulfilled the required quota of forty participants in each group.

7.3.3 Recruitment of Phase II Participants

Following the identification process, subjects were contacted directly by telephone. No communication was made with their employing organisation, in accordance with the initial survey covering letter (Appendix 2).

As part of the recruitment call, the purpose of the study was briefly described, as it had been in the original survey covering letter. It was explained that the interview would focus on the pressures associated with the managerial role and the efforts employed to cope with these demands. Potential interviewees were also told that the interview would last for approximately two hours and that they would be required to complete a further three questionnaires. Any concerns about the nature of the interview, the questionnaires, or related issues such as confidentiality, were dealt with at this time. Participants who agreed to participate were then sent a letter of

confirmation, together with the three questionnaires which will be described in chapter 9. Having established that the potential interviewee fully understood the interview process, an interview time was agreed. Interviews were not scheduled in any pre-defined order, but took place at the convenience of interviewees.

Response Rate: An overall sample of 80 participants, 40 High Stress and 40 Low Stress, were selected from the original Phase I sample ($n = 302$; see section 7.3). To achieve this required quota for each group, 104 participants were contacted. Within the High Stress group information from 47 potential interviewees was processed. Of this group seven managers were unable to participate in the interview phase of the study. One High Stress Phase 1 participant had moved outside the geographical area of study, 2 were on maternity leave, and 4 were untraceable because they had provided insufficient personal information on their original survey forms. In the Low Stress group, information from 57 potential interviewees was processed. Of this group, 2 had moved outside the area of study, 1 was on maternity leave, 2 had retired, 2 had resigned, 4 had provided insufficient personal information thus rendering themselves untraceable, 2 had been part of the random sampling process in the pilot phase and, as a result, had already been interviewed, and a final 4 were available but were unwilling to take part in this phase of the study. In order to recruit 40 “High Stress” and 40 “Low Stress” participants from the extreme poles of each group, suitable subjects who were unavailable or unwilling to participate in Phase II were substituted by the next suitable subject on the rank ordered list. Table 7.1 summarises the breakdown of reasons for non-participation.

Table 7.1 Reasons for Non-Participation in Phase 2: High and Low Stress Participants

	High Stress Group	Low Stress Group
Moved Outside Study Area	1	2
On Maternity Leave	2	1
Retired	-	2
Resigned	-	2
Insufficient Information	4	4
Participated in Interview Phase	-	2
Refused to Participate	-	4
Total	7	17

A series of chi-squares and, where appropriate, a t-test were used to compare the demographic characteristics of responder and non-responders. No differences were found between responders and non-responders in terms of age, marital status, parental role, managerial grade or tier. This suggests that, in terms of background characteristics, the managers who ultimately participated in this stage of the study were not significantly different from those who were unavailable or who refused to take part and, therefore reliably represented the overall target group

7.4 Characteristics of Phase II Participants

Characteristics of The High Stress Group: The average age of subjects in the High Stress group was 36.2 years. The age range was 25 to 54 years. Fifteen (37.5%) subjects were single, 22 (55%) were married and 3 (7.5%) were separated or divorced. Two of the 40 subjects in this group had children.

In terms of managerial seniority, only one woman in this group had reached an executive management grade. Eleven (27.5%) were in the senior manager category and 28 (70%) were middle - junior managers. Tiering allocations ranged from the highest "E" (executive/director potential) to the lowest managerial tier - "B" ["E": 2 (5%); "S": 2 (5%); "A": 19 (47.5%); "B": 15 (37.5%); "U"(ungraded): 2 (5%)], and reflected a similar trend to that of managerial grade, with the bulk of the sample found within the lower tiering categories.

With respect to career commitment, all interviewees in the High Stress group described their work as a career as opposed to "just a job". A little over half (22.55%) of the women in this group had come late to the concept of a banking career, having started out with limited expectations of potential promotion and development. In some cases this development arose as a result of having been offered promotion beyond their expectations. Typically these expectations were based on an overly negative self-assessment of their capabilities and an awareness of the limited career opportunities for women in banking (see Astin 1984). The remaining 45% of the group had joined the bank with the intention of pursuing a career. These characteristics are summarised alongside the Low Stress group characteristics in Table 7.2.

Characteristics of The Low Stress Group: The average age of participants in the low stress group was 35.2 (5.5). The age range was 25 to 47 years. Eleven (27.5%) subjects were single, 20 (50%) were married and 9 (22.5%) were separated or divorced. Six of the 40 subjects in the low stress group had children.

None of the women in this group had achieved an executive management grade. Thirteen (32.5%) had reached senior management and 27 (67.5%) were middle - junior managers. Tiering allocations ranged from the highest "E" (executive/director potential) to the lowest managerial tier - "B" ["E": 3 (7.5%); "S": 3 (7.5%); "A": 16 (40%); "B": 14 (35%); "U" (ungraded): 4 (10%)]. In both tiering and managerial grade the same pattern of clustering around lower levels of managerial status observed with the High Stress group is observed with Low Stress participants.

In terms of career commitment, only one woman in the Low Stress group described her work as "just a job". Fourteen (35%) managers had begun their association with the Bank with limited career ambitions but had progressed to a point where they currently viewed their job as a career, again because of unexpected promotion and development opportunities. The remaining 62.5% of the group had always seen their job in terms of a career. Table 7.2 summarises the characteristics of Low and High Stress participants together with the results of the statistical comparison of the groups.

Table 7.2 Age, Marital and Parental Status, Career Commitment, Managerial Grade and Tier of High and Low Stress Groups

	High Stress Group		Low Stress Group		t	p
	mean	sd	mean	sd		
Mean Age	36.2	(7.4)	35.2	(5.5)	- 0.68	0.496 ns
* = p < .05 ** = p < .01 *** = p < .001 ns = not significant						
Marital Status	High Stress Group		Low Stress Group			
Single	15 (37.5%)		11 (27.5%)			
Married/Cohabiting	22 (55%)		20 (50%)			
Separated/Divorced	3 (7.5%)		9 (22.5%)			
chi square = 3.71062 df = 2 p = 0.1564 not significant						
Parental Status	High Stress Group		Low Stress Group			
Parent	2 (5%)		6 (15%)			
Non-Parent	38 (95%)		34 (85%)			
chi square = 1.250 df = 1 p = 0.2636 not significant						
Career Commitment	High Stress Group		Low Stress Group			
“Just a job”	0 (0%)		1 (2.5%)			
Secondary Career	22 (55%)		14 (35%)			
Primary Career	18 (45%)		25 (62.5%)			
chi square = 3.91731 df = 2 p = 0.1410 not significant						
Managerial Grade	High Stress Group		Low Stress Group			
Executive Manager	1 (2.5%)		0 (0%)			
Senior Manager	11 (27.5%)		13 (32.5%)			
Assistant Manager/Appointed Officer	28 (70%)		27 (67.5%)			
chi square = 1.18485 df = 2 p = 0.5530 not significant						
Managerial Tier	High Stress Group		Low Stress Group			
“E” Tier	2 (5%)		3 (7.5%)			
“S” Tier	2 (5%)		3 (7.5%)			
“A” Tier	19 (47.5%)		16 (40%)			
“B” Tier	15 (37.5%)		14 (35%)			
“C” Tier	0 (0%)		0 (0%)			
“U” - Ungraded	2 (5%)		4 (10%)			
chi square: 1.35829 df: 4 p = 0.8514 not significant						

Statistical comparison of these personal and professional characteristics indicated no significant differences between High and Low Stress individuals and suggested a largely homogenous population. The typical participant in the study, irrespective of group membership, was a married, 36 year old junior/middle manager with no children who had joined the bank with an expectation of a career and who, through steady progress, would be likely to reach a comfortable middle management position, but would fail to achieve executive status.

In the first phase of the study attention was drawn to the similarity of this subject group with those surveyed in previous large scale surveys of women managers (Alban Metcalfe and Nicholson 1984; Davidson and Cooper 1983; 1984; Long 1984a,b). As would be expected, the current sample, derived as it is from the 302 women managers surveyed in Phase I, also reflects the managerial and personal profile described by the Manpower Services Commission Survey (Davidson and Cooper 1983, 1984); the British Institute of Management study (Alban Metcalfe and Nicholson 1984), and the Institute of Personnel Management survey (Long 1984a, b). While it is unnecessary to re-iterate the details of this profile described in chapter 6 (section 6.2), it is worth noting that the characteristics of this population fulfil two significant sampling requirements. Firstly, these women are broadly representative of the average women manager working within a large mainstream organisation and, as such, any data emerging from this group has excellent generalisability. Secondly, a satisfactory level of homogeneity has been established across the High and Low Stress groups suggesting that the prediction of group membership will not be compounded by personal or professional variables.

Chapter 8: The Development, Analysis and Administration of the Structured Interview

8.1 Introduction

Within the stress and coping literature much has been written about the difficulties of accessing and categorising coping behaviour. As a multi-dimensional construct, coping is not easy to measure and while a great many studies rely on the use of one of the many standardised coping questionnaires (e.g. Endler and Parker 1990; Lazarus and Folkman 1984; Stone et al 1991), the concentration on these scales has, with few exceptions, imposed pre-conceived notions of the nature of coping (e.g. Cohen 1987; Dewe and Guest 1990). The potential restriction of the nomothetic tradition is of particular significance in the exploration of women's coping behaviour since many of the theoretical constructs from which scale items are derived emerge from models based on male behaviour (Banyard and Graham-Bermann 1993). Equally, on the level of cognitive processing alone, the sheer difficulty of accessing what is often an habitual, automatic and complex response (Cohen 1988) suggests the need to create an opportunity for discussion and exploration of the individual's management of demand, rather than simply to rely on "box ticking".

Increasingly, a more empirically based methodology, which combines qualitative and quantitative techniques, has been proposed as a more valid alternative to an approach which relies solely on assessment by questionnaire (e.g. Cohen 1988; Parkes 1994). Accordingly, in the current study, a standardised structured interview, based on

participants' own analyses of occupational stressors, was used to explore coping behaviours.

8.2 The Development of the Structured Interview

In the analysis of women's experience of the workplace, one of the frustrations with the standard measures of occupational pressure is their limited relevance for working women (Banyard and Graham-Bermann 1993). In the first phase of the study, for example, although the Occupational Stress Indicator (Cooper et al 1988) provided a good overall analysis of organisational and, to a lesser extent, "extra-organisational", issues, interpretation of the resulting findings was limited by the lack of specific reference to the demands typically encountered by women. While the literature on women managers is heavily punctuated with references to the "on-the-job" consequences of persistent gender stereotypes (e.g. Yoder 1990; Matuszek, Nelson and Quick 1995; Morrison and Von Glinow 1990) these issues are not usually addressed by standard organisational questionnaires derived from the experience of male managers. A structured interview format provided an opportunity to overcome these limitations (i) by asking women about their unique perspective on general managerial stressors; (ii) by including an analysis of domestic pressures that incorporates both the interference of work issues with family life *and* the interference of family life with work (see Gutek, Searle and Klepa 1987) and (iii) by considering the stressors that are the particular experience of women in paid work.

As a first stage in the development of the standardised interview schedule, a series of pilot research interviews were conducted with 12 women managers randomly selected from the original Phase I sample of 302 subjects. These interviews were carried out in an open-ended, largely unstructured style, which focused on what Nelson and Quick (1985) describe, firstly, as "common stressors", that is, the environmental and task-related demands faced by working adults in a managerial role, and, secondly, the "unique stressors" which characterise those pressures particular to specific groups, in this case stressors thought to be peculiar to women managers (see Matuszek, Nelson and Quick 1995).

In order to give the interview a broad framework, the discussion was based around four questions: "What general sources of pressure do you believe people encounter in their work as managers?"; "What typical sources of pressure do you experience in trying to balance the demands of home and work?"; "What pressures do you regard as peculiar to women managers?" and "Generally, how do you cope with these pressures?".

At the beginning of each interview, it was made clear that the discussion would be completely confidential and that the employing organisation would have no access to the interview material. Interviews took place in the manager's place of work and lasted approximately two hours. They were taped and notes were taken of the main themes which emerged as the discussion progressed.

All interviews were conducted by the author. Apart from the presentation of the four questions described, the interviewer adopted a non-directive and unobtrusive style and allowed the discussion to develop in the direction that seemed important for the interviewee.

8.3 Identifying Themes I: Sources of Occupational and Domestic Pressure

Using the interview recordings and accompanying notes, a series of organisational and domestic themes were identified on the basis of frequency of response. Within the work arena, a further differentiation was made according to the “**common stressors**”/“**unique stressors**” distinction described above. And, finally, a third category which was described as a **gender perspective on common stressors** was included. Table 8.1 summarises this format.

Table 8.1 Sources of Occupational and Domestic Pressure

Sources of Occupational Pressure			Sources of Domestic Pressure
Managerial Perspective: Common Stressors	Woman Manager Perspective: Common Stressors	Woman Manager Perspective: Unique Stressors	
Time Constraints	Time Constraints	Perceptions of Women Managers	Childcare
Organisational Size and Structure	Organisational Size and Structure	Minority Status	The Choice and Timing of Parenthood
Managerial Style	Managerial Style	Gender Stereotypes	The Division of Domestic Responsibility: Household Management
Work Relationships	Work Relationships	Sexuality in the Workplace	The Division of Domestic Responsibility: The Division of Domestic Tasks
Work Performance and Career Development	Work Performance and Career Development		Work Interference with Family
Organisational Change	Organisational Change		Family Interference with Work
			Marital/Cohab. Relationship

8.3.1 Sources of Occupational Pressure I: Common Stressors

From the “common stressor” perspective the stressors identified were **Time Constraints; Organisational Style and Structure; Managerial Style; Working Relationships; Work Performance and Career Development;** and **Organisational Change**. These themes can be described as follows:

Time Constraints: This category describes the nature and impact of time constraints on the participant. Constraints refer to both immediate, that is daily or weekly time pressures, and more long-term deadlines, such as quarterly or annual reports, and project completion dates. Within these categories the requirements of balancing volume with accuracy of processing, the management of priorities and issues of control over time planning, were highlighted.

Organisational Style and Structure: This factor refers to the organisation’s administration system, routine operational procedures, management structure and hierarchy, and communication systems. It includes all “human resource” aspects of the organisation’s operational infrastructure and related policies. As it was depicted in these preliminary interviews, this factor described the cumbersome and hierarchical nature of large bureaucracies and the problems of communication and decision making which are often inherent in such organisations. Subsumed within this factor was also the concern for control in the day-to-day completion of managerial tasks, including frustration with the need to rely on outside agencies, and other departments.

Finally, in terms of the organisational hierarchy, the withholding of information was thought to be important.

Managerial Style: Managerial style refers simply to the style of supervisory management employed by the participant's immediate line manager. Comments on this aspect of organisational life included descriptions of, on the one hand, an over-controlling management approach, characterised by an inability to delegate and, on the other hand, a laissez-faire approach. Much of this discussion hinged on the balance between the provision of managerial support and instruction, and the encouragement of independence and professional development.

Working Relationships: This category refers to the range of possible experiences that result from relationships in the workplace, i.e. from interactions with colleagues, not the relationship with their line manager, which was singled out for specific discussion in the category "Managerial Style" described above. Pressures within this category included the management of sensitive material, for example in the process of appraisal, disciplining and welfare issues; the responsibility for motivating teams in terms of performance output; and the anxieties of working with competitive high-achievers. A common concern within these individual issues was the management of professional boundaries in the handling of what were largely personal issues.

Work Performance and Career Development: This element of organisational pressure refers to the participant's perception of their job performance. Concerns within this category included frustrations with the formal appraisal system, poor

follow-up to the tiering system and anxieties about, for example, the successful management of “high exposure” tasks and the likelihood of securing performance related bonus payments.

Organisational Change: This category described the concerns expressed by respondents about changes in the organisation which were the result of corporate strategy reviews. Examples of typical organisational changes were the ongoing process of streamlining through the reduction of the managerial hierarchy, implementation of quality programmes, and developments in employees’ role and function, for example as a result in a shift towards more explicit marketing of financial products. An alternative perspective on this aspect of organisational pressure was identified as the implementation of change in, for example, dealing with other people’s hostility or fear, winning over or persuading “doubters”, and maintaining team morale.

8.3.2 Sources of Occupational Pressure II: Common Stressors - A Gender Perspective

Within the work arena, a gender perspective on common stressors was identified. That is, each common stressor (viz: time constraints; organisational size and structure; managerial style; working relationships; work performance and career development; organisational change) was described not only as a general organisational pressure, but also from a “women manager” standpoint. For example, in these initial discussions, time constraints could be described as a source of pressure for managers in general, in terms of meeting deadlines, or organising conflicting priorities, but for women managers both different and additional time pressures were described such as

balancing domestic and work responsibilities, or managing the additional performance pressure related to the comparatively greater visibility of a token position. This category of stressors was seen as distinct from the group of “unique stressors” which describe the particular sources of pressure, such as problematic stereotypical images, thought to be the special territory of women in organisations.

8.3.3 Sources of Occupational Pressure III: Unique Stressors

From a “**unique stressors**” perspective, pressures described as particular to women managers were **Perceptions of Women Managers; Minority Status; Gender Stereotypes; Sexuality in the Workplace**

Perceptions of Woman Managers: This aspect of women managers’ experience adopts a “meta-perspective” on how women are perceived in organisations from a “360 degree” perspective. This element attempts to explore the significance of the manager’s gender from the perspective of both male and female colleagues, internal and external customers, senior management and junior staff. The essence of this factor is the particular meaning imposed by the addition of the qualification “women” to the designation “manager” and describes concerns about the implication of this gender status for pursuing the managerial role. The question posed by this element is whether the gender of the manager is significant in how she is treated by senior managers, colleagues, clients and staff.

Minority Status: This theme describes the pressures which are associated with gender ratios in the workplace. Included in this concept are concerns about professional isolation, performance pressures emanating from high visibility, the pioneering or “arrowhead” element of the minority position, and the requirement of adjusting to what is perceived to be a largely male culture.

Gender Stereotypes: This pressure factor described the gender stereotypes that women encounter in the workplace. Included here were a number of caricatures of women managers as, for example, secretary, housewife, daughter/girl, sexual object, or in terms of the assumed “feminine” characteristics which shape colleagues’ expectations, such as emotional, hysterical, aggressive, ineffectual or uncommitted. The essence of this factor is well expressed in a quote from one senior male manager: “I can’t cope with a woman at work - I’ve enough trouble with one at home.”

Sexuality in the Workplace: A final “unique” stressor was described in terms of the intrusion of sexuality in work relationships. This could be in the form of sexual harassment ranging from “schoolboy humour” to more offensive innuendo, through to the exploitation of positions of power for sexual gratification. Alternatively, or additionally, this factor might describe the added discomfort and complexity of mixed sex relationships which places restrictions on, for example, the development of a mentor relationship, or undermines the professional nature of managerial relationships.

8.4 Sources of Domestic Pressure

The second major pressure theme to emerge from the initial pilot interviews described pressures associated with interviewees' family lives including the management of household responsibilities and family relationships, both marital and parental. The specific themes within this pressure category were as follows:

Children: This factor can be divided into two central themes. Firstly, pressures associated with the decision to have children, particularly since only a very small percentage of the overall sample were already parents and, secondly, for those interviewees who were parents, the management of childcare and related responsibilities. As a result of the enormous imbalance between participants who had children and those who did not, the discussion focused more on the decision to have children rather than the difficulties with childcare responsibilities. Significant emergent themes included issues such as the perceptions of both male and female colleagues about the likely impact of parenthood on the person's prospective ability as a manager, and the financial and professional implications of the timing of a decision to have a child.

A second sub-set of potential stressors were described under the category "Domestic Responsibility", and included **The Division of Domestic Responsibilities; Work Interference with Family; Family Interference with Work;** and **Respondent's Marital, or Co-Habitee Relationship.**

The Division of Domestic Responsibilities: This factor describes two aspects of the management of domestic responsibilities. Firstly, it refers to the pressure associated with the “executive” control of the overall running of the household. And, secondly, to the actual allocation or division of domestic tasks.

Work Interference with Family: This element of potential domestic pressure describes the intrusion of work related issues into home life. This might include bringing work home, being late home because of work commitments, or bringing the tensions, frustrations or dissatisfactions which result from work issues into family relationships.

Family Interference with Work: This pressure factor describes the interference of domestic commitments including childcare responsibilities, the care of other dependent relatives, and the various domestic chores which might interfere with work life, such as moving house or taking time off to have repairs done. It may also simply mean bringing the problems of home to work through support seeking and the discussion of personal difficulties.

The Relationship with Partner: This element of the interview described potential pressures which emerge from the marital, co-habitee or other enduring sexual relationships. These included the difficulties of making time for each other, communication problems, issues of conflicting career interests, and competition over career involvement and achievement.

8.5 Identifying Themes II: The Coping Response

While the descriptions of the organisational and domestic sources of pressure would provide a framework and stimulus for the discussion of coping behaviour, the central concern of the structured interview was the description and coding of coping activity. A crucial part of the exploratory discussions was, therefore, the development of a glossary of coping techniques which could be used to define subjects' coping repertoire. As part of the development of the interview schedule, therefore, participants were asked to describe the coping strategies that they employed in response to each of the circumstances that they described. Emerging from this discussion of coping responses, 29 coping strategies were identified as follows.

1. **Professional support:** This category describes the reliance on colleagues for exchange of information, peer "supervision" and informal support through the sharing of personal frustrations, aspirations, and grievances. Additionally, or alternatively, professional support could describe support from senior management in the form of a mentor relationship.
2. **Personal support:** This coping strategy describes a reliance on the support of friends and family in the management of pressure, including sharing information, getting feedback and/or reassurance, and having access to practical assistance.

3. **Physical tension reduction:** This coping response describes the use of techniques which reduce physical tension. For example, the use of physical exercise or, more specifically, relaxation techniques.

4. **Distraction:** This coping strategy might be described as a technique whereby the individual shifts her focus of attention away from a currently difficult situation and concentrates on a more productive and reinforcing aspect of the situation. Examples of distraction might include, on a cognitive level, day-dreaming, or using home interests to distract from work pressures, or from a behavioural perspective, using physical activity such as exercise as a means of avoiding becoming engrossed in work or family pressures.

5. **Planning ahead - work:** This strategy describes the use of work load planning through the use of “things to do” lists, or simple daily/weekly/monthly timetables, through to more strategically focused project management in the form, for example, of critical path analysis.

6. **Planning ahead - home:** This approach refers to making practical domestic arrangements in advance. Including, for example, devising weekly menus; making weekly or monthly shopping lists; organising and time-tabling family social activities and holidays.

7. **Self-monitoring:** This strategy requires the development of techniques of self reflection and self-assessment or self-awareness. This might include, for

example, at a formal level developing reflective practitioner skills through formal training or, more informally, observing and evaluating personal cognitive or behavioural patterns.

8. **Emotional expression/release:** This strategy is described in the concept of emotional release, or “getting it off your chest”, including talking with friends and colleagues, expressing anger or having a “good cry”.

9. **Compartmentalising:** This strategy describes the segregation of different areas of responsibility, mainly to avoid complicating the task at hand but also to ensure that problems or issues from one area do not create further problems in another. This might include, for example, resisting talking about work at home, being careful not to bring work home, or organising family responsibilities or commitments so that they do not interfere with work life.

10. **Problem solving:** This strategy describes attempts to take a systematic, analytic approach to a specific problem. This might include, for example, analysing the nature and elements of the problem, generating possible solutions, organising and evaluating these solutions and applying the results of this process to reducing or eliminating the problem.

11. **Territorial strategies:** This strategy relies on the use of what might be called professional “props”, e.g. business cards; positioning of furniture; and style of

dress to demonstrate status so that a positive impression is achieved and negative assumptions are avoided.

12. **Avoiding negative gender stereotypes:** This category of coping response describes efforts to avoid confirming negative gender stereotypes. For example, this might include being highly competent technically - that is in an area not generally thought to be the natural territory of women; relying on very comprehensive research to avoid making mistakes in, for example, the presentation or documentation of an idea or proposal; avoiding being emotional; and avoiding what might be regarded as “domestic” and therefore typically female topics such as “baby” or “home” conversations.

13. **Using femininity:** This strategy involves the use of what have been described as “feminine wiles” - that is using what is seen as a “traditional feminine” style or “feminine” behaviours to control or manipulate situations. This might include the use of flirtation, sexuality, helplessness or “buying into” a traditional style of male/female interaction such as father-daughter, as a means of securing support and patronage.

14. **Reliance on equipment - Work:** This category describes the use of work based technology such as computer or other electronic systems to ease the management of work-related pressures.

15. **Reliance on equipment - Home:** This category describes the use of home-based technology such as a dishwasher, cooker with electronic time control, or other labour saving devices, to help manage household chores.

16. **Organisation:** This approach describes an overall strategy of managing both home and work pressures by the imposition of order, or giving a shape to what might otherwise be chaotic or disorganised.

17. **Communication:** In this strategy the emphasis is on both providing and seeking information as a means of both avoiding and managing pressure. This might include, for example, actively seeking information; making business contacts; expressing an opinion and being “proactive” rather than passive.

18. **Time management:** This category describes attempts to make the best use of time by, for example, analysing task priorities; realistic assessment of task requirements; monitoring work load; and tackling difficult tasks at times most likely to facilitate greatest concentration and productivity.

19. **Information/knowledge:** This coping response describes a process of seeking information or knowledge as a means of keeping in touch with both organisational and departmental developments. It includes, for example, clarifying the nature or requirements of overall projects or individual tasks; staying informed of relevant organisational issues and maintaining competence

through updating professional knowledge. It is seen as the basis of facilitating professional and/or personal planning.

20. **“Bang your drum”**: This rather specialised strategy describes efforts to maintain a high profile organisationally so that the pressures of being marginalised or simply overlooked are avoided. This strategy has particular significance in career and performance issues.

21. **Reliance on drugs/medication**: This strategy describes the use of smoking, drinking, or an excessive intake of coffee and self-medication (e.g. cold remedies; pain killers) as a means of coping with work and domestic pressures.

22. **Documentation**: This strategy is a response to a heavily bureaucratic organisation and involves the use of detailed documenting as a form of protection from potential misrepresentation or misunderstandings, but also as a means of monitoring and reviewing progress.

23. **Demonstration of excellence**: In this strategy negative stereotypes are managed by the demonstration of excellence and ability in the fulfilment of the professional role. This coping activity describes more than simply meeting the requirements of the job, and acknowledges the need for women to out-perform men, in order, firstly to undermine negative gender stereotypes and, secondly, to achieve recognition.

24. **Cognitive re-structuring/re-framing:** This strategy describes a cognitive re-evaluation process by which the situation is made manageable by altering its significance. An example of this might be a process of re-prioritising values or a goals, so that the pressure of a missed career opportunity might be lessened by a re-emphasis on the importance of family life. Or, on a very immediate level, the management of unfair criticism by cognitively de-valuing the status of the critic.
25. **Maintaining Health:** This strategy is largely self-explanatory, but refers to any efforts to preserve or improve the individual's health status as a means of on the one hand performing more effectively and, on the other hand, lessening the impact of pressure.
26. **Pragmatism:** This approach to the management of pressure is described in the phrase "I just get on with it". In this process there is no attempt to change or improve the situation, rather, there is a kind of "knuckling down to it", and working harder or working differently in order to meet the demand. This coping strategy is reminiscent of Hall's (1972) concept of "increased or reactive role behaviour" which describes attempts to increase activity as a means of managing increasing pressures.
27. **Conflict Avoidance:** This strategy focuses on efforts to avoid conflict including, for example, avoiding giving negative feedback or "bad news",

pursuing agreement and consensus, and opting out of contentious or even high profile issues.

28. **Environmental Monitoring:** This coping strategy requires the individual to be alert to the environment in terms of maintaining sensitivity to the needs and emotions of the people around them. As part of this process the manager will also be aware of, and will review, the impact of her behaviour on those around her.

29. **Denial:** This coping strategy describes the denial of the significance of a problem, as opposed to the denial of its existence. This particular “not a problem” response, is defined as denial in a context where a problem has already been described. For example, if an interviewee has described her relationship with colleagues as problematic, and given this area of work life a moderate to high stress rating, a response of “its not a problem” to the question “How do you cope with this aspect of your work/home life?” suggests an effort to manage or contain the impact of this stressor by denying its significance.

8.6 The Format of the Structured Interview

The pressure scenarios and coping responses that emerged from the initial pilot interviews provided the overall format for the research interview. These two elements of participants’ experience were merged to provide the interview framework such

that, in response to the presentation of each pressure scenario described above (see table 8.1), participants were then asked to describe how they managed that demand. More precisely, in response to the presentation of each of the 17 stressor situations, interviewees were asked the following questions:

1. What is your experience of this aspect of your work/home life?
2. How would you rate the pressure of this aspect of your work/home life?
3. From the perspective of a woman manager, what is your experience of this aspect of your work/home life?
4. How do you cope with this aspect of your work/home life?

For each area of organisational or domestic pressure a series of prompt questions, derived from the original 12 research interviews, were used to facilitate the interviewees' responses. In addition, participants were asked to provide further background information such as work history and family membership.

In conjunction with this interview format a standard coding scheme and accompanying rater's guide were developed to provide a framework for the analysis of the interview data (see appendix 6 and 7). The coding scheme was designed to allow a numerical coding to be assigned to each aspect of the interview material. Biographical data was coded in status categories. For example, managerial grade was coded according to three levels of seniority. Participants' descriptions of their experience of each of the stressor scenarios were categorised as either positive, negative or neutral. Coding decisions regarding the allocation of these descriptions

could be made on the basis of a carefully defined coding criteria, reproduced within the rater's guide. Descriptions of the level of pressure associated with each stressor were taken directly from the Likert scale rating which was presented to the participant as part of the interview process. Finally, coping strategies were given a numerical coding based on a comprehensive taxonomy of twenty-nine coping strategies described in detail in the rater's guide. A "not applicable" category was included to be used in situations which were not part of the interviewees' experience and, as such, did not require a coping response and coping descriptions which could not be accommodated within the established coding scheme could be coded under a catch-all "other" category. It should be stressed that no attempt was made to code the participant's responses during the interview process as it was felt that this would create an unhelpful distraction for both the interviewer and the interviewee.

8.7 Pilot Interviews: Testing and Further Development of the Interview

Following the period of interview development, the proposed schedule was piloted on three managers who had participated in Phase I of the study. Again, these respondents were randomly chosen from the original Phase I population. Comments on the format, style of questioning, content, and length of interview were invited. This feedback suggested that while the format and style of the interview provided a comfortable and manageable framework, in order to clarify participants' assessment of levels of perceived pressure, a visual representation or scale should be added to describe the level of pressure associated with each aspect of organisational and domestic life. Consequently, rather than simply asking interviewees: "How would you rate the

pressure of this aspect of your work/home life?”, subjects were provided with a Likert scale and asked, “On a scale from 0 - 4, where 0 represents “not at all stressful” and 4 represents “extremely stressful”, how would you rate the pressure of this aspect of your work/home life?”. The final interview protocol is reproduced in appendix 6.

Further, as part of the piloting process, the coding and rater’s guide which had been produced alongside the initial interview format, were reviewed and a number of changes made to improve the wording and clarity of stressor and coping definitions. In terms of the coding of stressors, for example, within the “Managerial Style” category, the assessment of work performance by the respondent and her line manager had been described in somewhat contradictory terms as ranging from “not at all satisfactory” to “extremely satisfactory”. This scale was altered so that it ranged, as it might on an appraisal form, from poor to excellent (see appendix 7). In terms of the coding of coping data, again the wording of coping categories was reviewed to improve the clarity of definition. For example, the description “dismissal” was substituted for the word “denial” in the description of the last of the 29 coping strategies, since it was felt that dismissal more accurately defined the essence of this coping response.

8.8 The Administration of the Structured Interview

Interviews took place in either the participant's office, or in the university department. Location was agreed for the convenience and comfort of the interviewee. Interviews were taped where possible with the permission of the interviewee, and a “near

verbatim" account was recorded simultaneously. All interviews were conducted by the author and lasted for approximately two hours.

The session commenced with a brief summary of the aim of the study and an explanation of the interview procedure. Additionally, any concerns about the project, for example anxieties about confidentiality, were addressed at the outset. The interview schedule was then followed as described in section 8.6 (see also appendix 6).

Apart from questions relating to demographic details such as 'What is your partner's occupation?'; or 'How many children do you have?', each section was explored using a series of prompt questions designed to access the information required for the completion of that section (Appendix 6). Although eventual coding needs underlay this questioning process, no attempt was made to code items at the time of interview.

8.9 Steps in the Management of Interview Data

The aim of this phase of the study was to analyse the coping activity and resources of High and Low Stress participants in terms of the following characteristics: (i) range and focus of coping behaviours; (ii) coping style as described by the approach-avoidance dimension (iii) degree or level of learned resourcefulness/self-control; (iv) gender-role orientation and (v) perception of the coping context.

The first step in this process was the coding of interview material based on the coding system described above and defined in the rater's guide⁴⁴ (appendix 6 and 7).

The coping data produced by this phase of the study took the form of individual responses to the interview process and scores from the three questionnaires which will be described in the chapter 9. Broadly, the analysis of the coping questionnaires followed the procedures outlined by each schedule, respectively. By contrast, the analysis of subjects' description of their coping activities required a process which would rationalise a series of individual accounts of specific coping behaviours. Accordingly, the analysis of coping interview material pursued a method of data reduction based, firstly, on an empirical basis, and, secondly, employing a "statistical" method based on factor analysis. Both of these processes had as their starting point the coding system described above (section 8.5).

8.9.1 Initial Reduction of Coping Strategies

As a first stage in exploring participants' coping behaviour, responses were categorised according to the original 29 strategies (see appendix 7). These strategies were then analysed in terms of High and Low Stress group differences in the pattern and range of activities used in the management of pressure. The description of the individual's coping range was based on calculating the total number of strategies described across the 15 stressor situations. The pattern of

⁴⁴ To ensure reliability in the coding of interview data a random selection of one in ten of the interviews was coded by an independent rater, trained in the use of the rating system.

coping activity was based on the frequency of use of each strategy, again across these 15 situations.

Further analysis of the coping categories described by the original coding scheme suggested that the description of coping could be made more manageable by collapsing a number of individual categories into a broader descriptive unit. For example, a number of behaviours which had an “organising” or “rationalising” focus in relation to the management of pressure could be subsumed under the coping strategy “organisation”. Consequently, to further aid the definition and analysis of coping activity, the coding system was collapsed from 29 descriptive categories to 20.

While 15 of the initial coping descriptions (viz: professional support; distraction; self-monitoring/self-reflection; compartmentalising; problem solving; territorial strategies; avoiding negative gender stereotypes; using femininity; reliance on drugs/medication; documentation; cognitive re-structuring/re-framing; pragmatism; avoiding conflict; environmental monitoring; and dismissal) retained their original coding status, the remaining 14 were formed by collapsing two or more original categories into five new re-defined categories. Table 8.2 describes the overall “conversion” and redefinition process. The five re-structured elements of the coding system are defined in appendix 11.

Table 8.2: Original and Revised Coping Categories

Original Coping Category	Revised Coping Category
Professional Support	Professional Support
Personal Support Emotional Expression/Release	Personal Support
Physical Tension Reduction Keeping Healthy	Maintaining Physical Health
Distraction	Distraction
Organisation Time Management Planning Ahead- Home Planning Ahead - Work Reliance on Equipment - Home Reliance on Equipment - Work	Organisation
Self-monitoring/Self-reflection	Self-monitoring/Self-reflection
Compartmentalising	Compartmentalising
Problem Solving	Problem Solving
Territorial Strategies	Territorial Strategies
Avoiding Negative Gender Stereotypes	Avoiding Negative Gender Stereotypes
Using Femininity	Using Femininity
Communication Information/Knowledge	Communication
“Bang Your Drum” Demonstration of Excellence	Self-Promotion
Reliance on Drugs/Medication	Reliance on Drugs/Medication
Documentation	Documentation
Cognitive Re-Structuring/Re-framing	Cognitive Re-Structuring/Re-framing
Pragmatism	Pragmatism
Avoiding Conflict	Avoiding Conflict
Environmental Monitoring	Environmental Monitoring
Dismissal	Dismissal

These reduced categories were used to describe and define participants' coping activity, and comparisons were made of the High and Low Stress groups in terms of range, pattern and situational application of techniques.

8.9.2 Problem-Focused and Emotion-Focused Coping

In a second step in the analysis of coping behaviour, the twenty combined coping responses were categorised according to Lazarus and Folkman's (1984) concept of emotion-focused and problem-focused coping (see section 3.2.1). Within this framework **emotion-focused** coping describes efforts aimed at regulating the emotion or distress associated with the management of demand, and **problem-focused coping** aims to manage the problem, or change the circumstances which have caused or are causing distress (Lazarus and Folkman 1984).

The categorisation of the 20 coping categories as problem-focused or emotion-focused was achieved with the assistance of a group of postgraduate Health and Counselling Psychology students and lecturers who, after a period of instruction, were asked to define each category in terms of coping focus. When a consensus was reached on all twenty coping definitions, a problem vs emotion focused categorisation was completed. This final categorisation is described in table 8.3 below.

Table 8.3 Problem-Focused and Emotion-Focused Coping Strategies

Problem-Focused Strategies	Emotion-Focused Strategies
Organisation	Professional Support
Self-monitoring/self-reflection	Personal Support
Compartmentalising	Maintaining Physical Health
Problem Solving	Distraction
Territorial Strategies	Reliance on Drugs/Medication
Avoiding Negative Gender Stereotypes	Cognitive Re-Structuring/Re-Framing
Using Femininity	Pragmatism
Communication	Dismissal
Self-Promotion	
Documentation	
Avoiding Conflict	
Environmental Monitoring	

As with the other forms of categorisation, the definition of problem and emotion-focused strategies were used to describe and define participants' coping activity, and comparisons were made of the **High** and **Low Stress** groups in terms of the pattern and situational application of these alternative functions of coping.

8.9.3 Establishing and Defining Coping Factors

As a last step in analysing individual coping strategies, a Principal Component factor analysis, with varimax rotation, was used to reduce and re-define the original categories, thus producing more stable variables that could be used both for descriptive purposes and in a subsequent multivariate analysis of coping and pressure factors.

The decision regarding the extraction of factors was based on an analysis of the scree plot of eigenvalues against factors derived from an initial unrestricted run of the analysis. The angle and direction of the plot suggested that the data described four factors. Further analysis of the output, specifically the rather low communalities and limited variance explained by the extracted factors (34%), raised some questions over the descriptive power of the factors. Alternatively, in terms of factorability, assessed by Bartlett's test of sphericity (1954 cited in Tabachnick and Fidell 1986) and the segregation of individual factors observed in the lack of item repetition across factors, the analysis appeared to have clear descriptive validity. While the factors produced were not wholly representative of the original 29 coping strategies they did represent interesting higher order coping styles which merit some attention. Most significantly, they described coping efforts particular to this subject group that may have relevance to other women manager groups. In the earlier discussions on the coping literature (see chapter 3), and in the discussion of the results of the phase 1 survey, it was noted that the models of occupational stress and coping that are typically applied to women are likely to be derived from the experiences of men and are, therefore, limited in their relevance. The use of a structured interview technique was an attempt to avoid the limitations of an irrelevant or inappropriate item set. That is, the interview provided an opportunity to collect data on the experiences of the women in this sample rather than requiring them to react to the descriptions emerging from another group. The factor analytic procedure allows the researcher to name these particular responses and to create a new, empirically valid and statistically robust variable.

The four coping factors identified by the factor analysis are described below. Factor items were included on the basis of a factor loading in excess of .30 (Tabachnick and Fidell 1986).

Table 8.4 Coping Factor 1: Gender Management

Factor Item	Factor Loading
“Bang your Drum”	.72
Avoid Negative Gender Stereotypes	.70
Demonstration of Excellence	.59
Compartmentalising	.56
Documentation	.54
Conflict Avoidance	.50
Using Femininity	-.38
Territorial Strategies	.30
Eigen value: 3.28189 Percentage of Variance: 11.3	

In discussing the successful assimilation of women into male organisational culture, Sheppard (1989) suggests that women’s first lesson must be in the management of the presentation of their gender (see also Alimo-Metcalf 1992). Since, she contends, “maleness” is an integral part of organisational life, “femaleness” has to find a place and is, almost by definition, something that has to be managed both by women and by men (Gilligan 1978; Gornick 1972; Gutek, Searle and Klepa 1987; Kanter 1977). The first of the four coping factors to emerge from the analysis described a series of gender management strategies aimed at protecting the women manager from the negative consequences of gender stereotypes. A number of items might be described as coming from a defensive position, including for example, the avoidance of what are perceived to

be the stereotypes of female behaviour, such as displaying emotion, or being unable to handle financial data. Others represent a more active effort to confront stereotypes of, for example, lack of career commitment or limited professional competence. Altogether they represent a fairly comprehensive effort to deal with gender issues in an effort to maintain professional credibility.

Table 8.5 Coping Factor 2: Communication

Factor Item	Factor Loading
Communication	.71
Environmental Monitoring	.67
Personal Support	.61
Professional Support	.47
Pragmatism	- .41
Reliance on Drugs/Medication	- .38
Information/Knowledge	.37
Eigen Value: 2.31151 Percentage of Variance: 8.0	

The second factor to emerge from the analysis is characterised by active interaction with organisational and personal networks as a means of getting support and information. It encapsulates communication, support seeking and information seeking and is distinct from the passivity of pragmatism and reliance on medication/drugs and echoes Ganster, Fusilier and Mayes (1986) concept of social support. This factor corresponds with what these authors describe as a broad definition of social support, that is "...the availability of helping relationships" (Leavy 1983 p 5; cited in Ganster et al 1986), but also incorporates a number of sources and types of social support, including personal and professional support, and opportunities both for the expression of feeling and seeking information.

Table 8.6 Coping Factor 3: Planning

Factor Item	Factor Loading
Planning Ahead at Work	.66
Planning Ahead at Home	.62
Maintaining Health	.49
Physical Tension Reduction	- .49
Distraction	- .38
Pragmatism	- .33
Reliance on Equipment at Work	.33
Eigen Value: 2.17234 Percentage of Variance: 7.5	

The focus of the third coping factor was the strategic management of demand through planning and a reliance on technological support. This factor is characterised by an active control of the environment, both in terms of planning and the use of equipment, but also in an awareness of the need to pay attention to health issues. In many ways this factor might be described as the behavioural management of demand.

Table 8.7 Coping Factor 4: Analysis

Factor Item	Factor Loading
Cognitive Re-Structuring/Re-Framing	.68
Problem Solving	.68
Self-Monitoring	.57
Time Management	.45
Territorial Strategies	.38
Dismissal	- .37
Organisation	.30
Eigen Value: 1.96744 Percentage of Variance: 6.8	

This final coping strategy focused on what can be described as an analytical management of demand in terms of re-framing/problem solving and self-monitoring. This factor is something of a contrast to the second coping factor which described the active reliance and interaction with organisational and personal resources and, indeed the more behaviourally focused Planning factor. In this instance, coping effort is expressed on a cognitive level based a combination of analysis, organisation and self-awareness⁴⁵.

8.10 Establishing and Defining Pressure Factors

The central concern of the second phase of this study was the delineation of the differential impact of coping styles on the stressor-stress response relationship. To facilitate this exploration, a structured interview format was designed to provide a series of organisational and domestic scenarios as a stimulus for the discussion of coping behaviour. As a result of this process, additional contextual data was collected describing the “Sources of Organisational Pressure” and “Sources of Domestic Pressure”⁴⁶ encountered by this group of women managers.

The data describing participants’ experience of organisational and domestic pressure took the form, firstly, of descriptive data outlining the nature of each manager’s perception of the range of work, home and gender stressors described by the interview format (section 8.6) and, secondly, of a quantitative, Likert scale

⁴⁵ Since the analysis of coping data relied both on the data emerging from the coping constructs developed within this interview format and questionnaire data, a note on the analysis of coping material will be provided following the presentation of the coping questionnaires in chapter 9.

⁴⁶ See section 5.4 for a description of these pressures

rating of the degree to which each stressor was seen as a source of pressure. In terms of the descriptive data, potential sources of pressure were coded as having either a positive, negative or neutral impact on the participant (see appendix 7). These qualitative ratings were then employed to compare High and Low Stress group perceptions of pressure. Similarly the pressure ratings resulting from the Likert scales were used to describe group differences in the comparative levels of pressure associated with each situation and to describe the overall pattern of pressure experienced by women managers.

As a final means of managing the pressure data, a Principal Component factor analysis, with varimax rotation, was used to combine and re-define pressure variables. An analysis of the scree plot produced by an initial unrestricted run of the analysis suggested that organisational and domestic pressure variables could be adequately described by six pressure factors. As in the case of the coping factors described above, some concern was raised as to the descriptive scope of the factors described by the factor communalities. However, the factorability of the data was confirmed (Bartlett 1954; cited in Tabachnick and Fidell 1986) and the segregation of individual factors was also satisfactory. The resulting factors are described in the following tables. Factor items were included on the basis of a factor loading in excess of .30 (Tabachnick and Fidell 1986).

defining the experience of organisational pressure, but suggests that specific 'woman manager' issues are not perceived as existing in isolation but are inextricably bound to broader organisational and domestic concerns. Further, the importance of "working relationships" in this particular configuration suggests that interpersonal interactions are the medium through which these associated pressures are expressed with most impact. It would also appear to confirm the significance of work-place established in phase one of the study.

Table 8.9 Pressure Factor 2: Relationship with the Line Manager

Factor Item	Loading
Pressure of Managerial Style - General	.70
Pressure of Managerial Style for the Woman Manager	.66
Gender Differences in Delegation	.63
Line Manager's Managerial Style	.60
Level of Managerial Responsibility	.55
Work Performance Appraisal - Manager's Assessment	- .48
Description of Gender Differences in Delegation	.43
Pressure of Child Related Issues	- .38
Pressure of Organisational Change - Woman Manager	.36
Pressure of Working Relationships - Woman Manager	.33
Gender Stereotypes Experienced	.33
Experience of Organisational Change	.33
Pressure of the Career/Child Conflict	- .31
Pressure of Organisational Change - General	.30
eigen value: 3.65171	% of variance: 7.3

The second pressure factor described the demands associated with participants' relationship with their immediate line manager. Once again the significance of workplace relationships is underlined, but with a specific emphasis on this particular relationship. Similarly, in line with the item pattern of factor 1, the gender perspective

in this factor is again apparent in that while the broad ratings of pressure associated with the style of management are important, the gender perspective on this particular organisational demand, and the gender differences in the line manager's approach to delegation are also significant.

Table 8.10 Pressure Factor 3: Domestic Responsibilities

Factor Item	Loading
Gender Differences in Time Pressure	.68
Pressure of Work Intruding on Home	.65
Pressure of Time Constraints for the Woman Manager	.63
Pressure of Time Constraints - General	.60
Domestic Pressure - Executive Role	.54
Pressure of the Division of Domestic Responsibilities	.52
Pressure of Sexuality in the Workplace	.44
Experience of Time Constraints - General	.37
Pressure of Home Intruding on Work	.36
Organisational Advantages of Gender	.30
eigen value: 2.8326 % of variance: 5.7	

Factor 3 describes the overall pressures associated with the commitments of family and home life. The pattern of loadings emphasises the intrusion of work factors into home life and the link between domestic pressures and time constraints, including gender differences in the experience of time pressures. The combination of domestic pressure and time pressures within this factor, underlines the significance of family and home commitments in the perception of more organisationally based time pressures. Similarly, the significance of gender in this experience is seen in the inclusion of the "male and female differences" item.

Table 8.11 Pressure Factor 4: Work and Career Performance

Factor Item	Loading
Customer Perceptions of Women Managers	- .61
Work Performance Appraisal - Self-Assessment	.48
Perception of Interpersonal Productivity in the Work Role	.47
General Work and Career Performance Pressure - Woman	.46
Male Colleagues' Perception of the Woman Manger	- .45
Comfort with Interpersonal Work Role	.41
Work Performance Appraisal - Line Manager's Assessment	.42
Level of Comfort in Work Relationships	.39
Gender Differences in Delegation	- .37
Pressure of Organisational Change for the Woman Manager	.36
Organisational Advantages of Gender	- .33
Experience of Organisational Size and Structure	.32
eigen value: 2.556	% of variance: 5.1

The fourth factor describes the pressures associated with work performance and career development. The pattern of loadings describes both the individual's and her line manager's appraisal, although the self-assessment of performance is given more prominence. Interestingly, interpersonal productivity, rather than task or target focus is highlighted in terms of effectiveness. This would seem to further underline the importance of successful working relationships for this group of women managers. Finally, in contrast to the previous three factors, a gender perspective is significant only as it relates to women's experience of organisational change.

8.11 Steps in The Analysis of Pressure Data

The sources of pressure data which was primarily used as a stimulus for the discussion of coping behaviour, provided the situational context in which to understand more fully the management of demand. Additionally, their discussion provided an opportunity to explore the particular stresses experienced by this group of women managers and the relationship between sources of pressure and coping responses. The pressure data was analysed on two levels. Firstly, individual accounts were coded according to a pre-defined framework of organisational and domestic stressors (see table 9.1) and, secondly, in order to provide a manageable and robust statistical framework for the analysis, the resultant data was re-organised and combined using a factor analytic procedure. This analytic process produced six pressure factors which were used firstly to compare **High** and **Low Stress** participants' description of the nature of organisational and domestic pressure, and to explore the significance of the situational context in the "stress-strain" equation.

9.1 Introduction

The focus of the second phase of this study was the examination of the health consequences of women managers' coping repertoire, coping style, learned resourcefulness and gender-role orientation. These coping characteristics were assessed using a combination of interview and questionnaire measures. While the structured interview provided information on participants' coping repertoire the **Miller Behavioural Style Scale** (Miller 1987); the **Self Control Schedule** (Rosenbaum 1980b) and Bem's (1981) **Sex-Role Inventory** were used to assess participant's coping style, self-control or resourcefulness, and gender-role orientation. Starting with the three questionnaires, the following sections describe each of these measures.

9.2 The Miller Behavioural Style Scale (MBSS) (Miller 1987)

The Behavioural Style Scale (Miller 1987) is a questionnaire designed to assess the tendency of individuals to either avoid or seek information as a means of dealing with external demands or pressure (Appendix 8). It is a 32-item questionnaire in which four stressful scenarios are depicted - a visit to the dentist; a hostage situation; the threat of redundancy; and a potential aeroplane crash. Each scenario is presented with eight coping options - four representing information seeking or "monitoring" (for example,

"I would ask the dentist exactly what he was going to do") and four representing avoidance or "blunting" strategies (for example, "I would push all thoughts of being laid off out of my mind"). Subjects are asked to indicate the options that are applicable to them ⁴⁷.

Three scores can be derived from the MBSS - a **total monitoring score**; a **total blunting score** and a **summary score** calculated by subtracting the blunting from the monitoring scores. The scoring range for each sub-scale is 0-16, with higher scores indicating more frequent use of that style of coping. For the summary score the range is - 16 to + 16. Miller (1990) notes that while originally researchers tended to focus on the difference or summary score, increasingly attention is being paid to the "distinctive effects" (p. 101) of the separate monitoring and blunting dimensions.

The MBSS has been used extensively, particularly in medical settings where it is used to investigate the clinical relevance of coping style (e.g. Miller, Brody and Summerton 1988; Steptoe and O'Sullivan 1986; Miller and Mangan 1983; Ludwick-Rosenthal and Neufield 1993; Zuuren, de Groot, Mulder and Muris 1996).

A number of researchers have, however, identified some difficulty in administering the MBSS because of the use of the decidedly uncommon threats of the hostage taking and aeroplane disaster scenarios. Zuuren et al (1996) argue that the MBSS situational format has validity in that it ensures that while endorsing the various scale items, all

⁴⁷ In some instances a five-point scale format is substituted for the simple dichotomous format. In the five-point format subjects are asked to indicate to what extent each option is applicable (e.g. Muris, van Zuuren and Merckelbach 1993).

subjects have, more or less, the same situation in mind, and that the items themselves can be tailored to describe responses applicable to a specific kind of threat or stressor. However, if participants experience difficulty in imagining how they might feel in the hostage and plane crash scenarios, it has been suggested that an abbreviated version including only the “dentist” and “job loss” incidents could be equally representative of an individual's coping style (Steptoe 1989). For the purpose of this study, monitoring, blunting and summary scores were calculated, firstly using all four scenarios, and secondly, based on Steptoe's (1989) suggested short form.

Reliability and Validity

The Miller Behavioural Style Scale (MBSS) has been validated in a wide range of studies. In terms of discriminant validity, the MBSS has been found to be unrelated to demographic variables such as age, sex, race, educational level and marital status (Miller 1987; Miller and Mangan 1983), and to trait measures such as repression-sensitisation, depression, anxiety, optimism, attributional style, and Type A personality (e.g. Miller, Brody and Summerton 1988; Miller and Mangan 1983). Similarly, in terms of predictive validity, Miller (1987) reports a correlation between dispositional differences in coping style as measured by the MBSS and actual coping behaviour. For example, when faced with the threat of electric shock, high monitors who would be expected to seek information were observed to attend to information signalling the onset of the shock. Conversely, low monitors who would tend to avoid seeking information and high blunters who would typically employ distraction, generally were observed to avoid informational cues, preferring instead to listen to distracting music

(Miller 1987). These findings were further confirmed in reaction to a psychological rather than a physical threat, in that those subjects who preferred distraction over monitoring spent less time attending to information about their performance, while high monitors were significantly more attentive to feedback (Miller 1987). Similarly, in studies of reactions to differential levels of information prior to aversive diagnosis and therapeutic medical procedures, scores on the MBSS were found to predict patients' responses (Miller and Mangan 1983; Phipps and Zinn 1986; Watkins, Weaver and Odegaard 1986: cited in Miller 1987). Equally, monitor and blunter scores have been found to accurately predict subjects' tolerance for painful stimuli in conjunction with differential access to information (Efran, Chorney, Ascher and Lukens 1981, cited by Miller, Brody and Summerton 1988).

Additionally, Miller, Brody and Summerton (1988) found that high monitors sought medical attention for less severe symptoms, but reported equivalent levels of discomfort, dysfunction and distress compared with low monitors. High monitors were also found to report less post-consultation reduction of symptoms and demanded more tests, information and counselling than their low monitor counterparts.

Finally, in terms of test-retest reliability, the MBSS has been shown to have a high level of temporal stability. Miller and Mischel (1986), for example, report a high level of stability over a four month period (blunting subscale: $r = .72$; $p < .01$); monitoring subscale ($r = .75$; $p < .01$).

9.3 The Self-Control Schedule (SCS) (Rosenbaum 1980)

The Self-Control Schedule (Rosenbaum 1980) is a 36-item self-report inventory designed to assess the individual's propensity to adopt self-control strategies as a means of coping (Appendix 9). Rosenbaum (1980) describes self-control responses as being "cued by any internal event such as anxiety, pain or thought, that disrupts the effective performance of a target behaviour. Self-controlling responses are then directed at reducing the interference caused by such events." (p. 110).

The Schedule describes four types of self-control strategy, represented by four subscales within the inventory. These are: (i) use of cognitions and "self-statements" to control emotional and physiological responses (e.g. "When I feel depressed I try to think about pleasant events"); (ii) the application of problem solving strategies (e.g. "When I try to get rid of a bad habit, I first try to find out all the factors that maintain the habit") (iii) the ability to delay immediate gratification (e.g. "First of all I prefer to finish a job that I have to do and then start doing the things I really like") and (iv) perceived self-efficacy (e.g. "Often by changing my way of thinking I am able to change my feelings of nervousness and tension without any outside help").

For each of the thirty-six items, the respondent is asked to rate how 'characteristic' or 'descriptive' each of the statements are of them (+3 = very characteristic of me, extremely descriptive; +2 = rather characteristic of me, quite descriptive; +1 = somewhat characteristic of me, slightly descriptive; -1 = somewhat uncharacteristic of me, slightly undescriptive; -2 = rather uncharacteristic of me, quite undescriptive; -3 =

very uncharacteristic of me, extremely non descriptive). There are 11 reversed items in the scale and the individual's score on the SCS is simply the sum of all his or her responses. Scores can range from -108 to 108, with higher scores indicating higher levels of self-control.

Reliability and Validity

Rosenbaum (1980b) reports a high level of test re-test reliability over a four week period ($r = .86$, $p < .01$). In terms of internal consistency, Rosenbaum and Palmon (1984) note that an analysis based on six different subject samples produced alpha coefficients ranging from .78 to .86, indicating a high level of internal consistency. Redden, Tucker and Young (1983) similarly obtained an alpha reliability of .82 with a sample of 1000 American undergraduates.

The assessment of validity, though hampered by the lack of a precisely comparable scales, has also produced satisfactory results. For example, the assessment of concurrent validity has indicated a satisfactory correlation between self-control and two related scales, the Rotter I-E scale (Rotter 1966: cited in Rosenbaum 1980b) and the Irrational Beliefs Test (Jones 1968: cited in Rosenbaum 1980b). As might be predicted, high levels of self-control were negatively correlated with an external locus of control ($r = -.40$; $p < .01$). And, conversely, high levels of self-control were negatively correlated with high levels of irrational belief ($r = -.48$; $p < .001$).

Finally, in assessing construct validity, Rosenbaum (1980b) reports the results of the behavioural assessment of self-control strategies in the management of exposure to noxious stimuli. Findings indicated that subjects scoring high on the Self-Control Schedule, when compared with those achieving a low Self Control score, were better able to tolerate the experimental exposure than their “low self control” colleagues.

9.4 The Bem Sex-Role Inventory

The Bem Sex-Role Inventory (BSRI) (Bem 1981) is a 60-item self-report scale designed to measure gender-role orientation (Appendix 10). It is widely used in the area of gender-related research (Yanico 1985) and, more specifically, in the assessment of the relationship between gender role and psycho-physiological adjustment (e.g. Worrel 1978). In the construction of the BSRI, Bem (1974) rejects the concepts of masculinity and femininity as opposite ends of a bipolar dimension and adopts an “orthogonal” framework in which masculine and feminine characteristics are thought to co-exist, in varying degrees, within the same individual.

In the completing of the questionnaire, the respondent is presented with a list of sixty adjectives or descriptive statements (for example “Defend my own beliefs” or “loyal”) and is asked to “...indicate on a scale from 1 to 7 how true of you each of these characteristics is.”⁴⁸

⁴⁸ 1 = never or almost never true; 2 = usually not true; 3 = sometimes but infrequently true; 4 = occasionally true; 5 = often true; 6 = usually true; 7 = always or almost always true.

The questionnaire items can be divided into three categories. These are 20 “masculine” characteristics (for example, “forceful”; “analytical”); 20 “feminine” characteristic (for example, “sensitive to the needs of others”; “eager to soothe hurt feelings”); and 20 “filler” items (for example, “conscientious”; “cheerful”). Originally these filler items were used as a measure of social desirability, however, the limited reliability of this aspect of the scale has suggested that these otherwise redundant items are best employed simply as a means of limiting the transparency of the questionnaire.

The BSRI is scored in three steps. Firstly, the masculine and feminine item ratings are summed. The average score on each scale is then calculated by dividing the sum of each scale by the total number of items completed in that scale. These average ratings for the femininity and masculinity scales can then be used to classify individuals as feminine, masculine, androgynous, or undifferentiated. This classification is achieved by comparing scores on these scales against the median raw scores of the normative sample, or the median scores of the current sample. Fig 9.1 describes this process. An individual is classified as 'feminine' if he or she scores above the median score for femininity, and below the group median score for masculinity. A classification of 'masculinity' is made if the person scores above the group's median for masculinity, but below the median for femininity. An 'androgynous' classification is given when the scores on both the masculinity and femininity scale are above the group median for these scales. Finally, the respondent is classified as 'undifferentiated' if scores on both the masculinity and femininity scales are below the group's median scores. For the

purposes of this study both the average scale scores and sex role classification were used in assessing sex-role orientation.

Fig 9.1 The Median-Split Classification of Gender-Role Orientation (BSRI)

Androgynous Classification	Masculine	Feminine
High (above median)	X	X
Low (below median)		

Masculine Classification	Masculine	Feminine
High (above median)	X	
Low (below median)		X

Feminine Classification	Masculine	Feminine
High (above median)		X
Low (below median)	X	

Undifferentiated Classification	Masculine	Feminine
High (above median)		
Low (below median)	X	X

Reliability and Validity

Given that the BSRI is so extensively used in gender-role research, much has been written on its psychometric properties. Firstly, in terms of test stability a number of studies have produced very satisfactory results. Bem (1973), for example, found a high level of test-retest stability over a four week interval (femininity score: $r = .82$ for female and $.89$ for male subjects; masculinity scores: $r = .94$ for female and $.76$ for male subjects) and Rowland (1977) similarly recorded a high level of stability over an eight week interval (femininity score: $r = .82$ for female and $.80$ for male subjects; masculinity scores: $r = .88$ for female and $.93$ for male subjects). More recently, Yanico (1985) reports moderate to high test-retest reliability ($r = .56 - .68$) for college women over a four year period. In this instance, the femininity scale was seen to be somewhat more stable than the masculinity scale.

In terms of internal consistency, Yanico (1985) cites Bem's (1974) estimates based on data from 444 male and 279 female Stanford undergraduates. In this instance coefficient alphas were $.86$, $.80$ and $.85$ for Masculinity (M), Femininity (F) and Androgyny difference (F-M) scales, respectively. In a later study Bem (1981) again produced very similar results from a second Stanford sample (Masculinity: alpha coefficient = $.86$; Femininity = $.78$; Androgyny difference (F-M) = $.82$).

Yanico (1985) also highlights the many studies that have explored the validity of the BSRI. These studies have included the replication of item selection (e.g. Edwards and Ashworth 1977; Walkup and Abbott 1978), reviews of the factor analytic structure of

the scale (e.g. Gaudreau 1977; Moreland, Waters, Waters and Pinctus 1977) and assessment of the relationship of scale scores to observed behaviours (e.g. Bem 1975; Bem and Lenney 1976; Bem, Martyna and Watson 1976). Brannon (1978: cited in Yanico 1985) summarised the aggregate outcome of these latter construct validity studies as providing "ample behavioural evidence for the construct validity of the BSRI - the only gender-related instrument for which this statement can currently be made." (p 699).

Despite these assertions there has, and continues to be, much debate as to whether the BSRI measures a "global masculine versus feminine orientation or whether it measures some more narrow personality tendencies such as instrumental assertiveness and interpersonal sensitivity." (Hiller and Philliber 1985 p 377) (e.g. Pedhazur and Tetenbaum 1979; Locksley and Colten 1979; Bem 1979; Spence and Helmreich 1981). Since, as Hiller and Philliber note, it would be difficult to contest that assertiveness and sensitivity are central to masculine and feminine gender identity, it may be that some of this discussion is more of semantic than practical application. Further, given the correlation of the BSRI masculine and feminine scales with similar scales such as the PAQ (e.g. $r = .85$: Kelly 1978, cited in Hiller and Philliber 1985) and with the behavioural correlates described above (see Brannon 1978: cited in Yanico 1985), it is argued that the BSRI has achieved a high level of both construct and predictive validity. Finally, and particularly with relevance to the current study, it is noted that much of the criticism of the scale is founded on a fundamental misunderstanding of the concepts of sex-typing and androgyny. Bem (1979) underscores this point in emphasising that these concepts are less about the possession

of a particular cluster of personality dimensions or traits, and more about the individual's understanding of the importance and significance of recognisable, gender stereotypes. Consequently the sex-typed individual is one who construes the world through the filter of gender-specific expectations or norms while the androgynous person is less motivated by a need to conform to gender stereotypes.

9.5 The Administration of Questionnaires

As an adjunct to the interview procedure, subjects were asked to complete the Miller Behavioural Style Scale (Miller 1987); the Self Control Schedule (Rosenbaum 1980) and Bem's (1981) Sex-Role Inventory. These questionnaires were sent directly to subjects along with a letter confirming the details of their interview. Subjects were asked to complete these scales and bring them when they came for interview. This provided the participant with an opportunity to complete the scales in their own time, but also to take advantage of the meeting to discuss any difficulties in completion of the scales. It was also hoped that this would ensure a high level of accuracy and return of questionnaires. Any participants who had not returned their questionnaires at the time of interview were given a stamped addressed envelope and encouraged to return the forms as soon as possible. In a small number of cases a reminder was sent at a later date.

9.6 Steps in the Analysis of Coping Material

The analysis of coping data began with the collation and scoring of questionnaire material, based on the three scales described in section 5.4: the Miller Behavioural Style Scale (Miller 1987), the Self Control Scale (Rosenbaum 1980) and the Sex Role Inventory (Bem 1981). Secondly, the interview data describing the individual coping responses of this sample of women managers were (i) coded according to a pre-defined 29-item system; (ii) collapsed firstly into twenty re-defined categories and (iii) collapsed again into four coping factors. Alongside this process of data reduction, coping behaviours were also re-defined, according to the “emotion-focus”/“problem-focus” framework. At each step in this process the precipitant coping data along with scores from the MBSS (Miller 1987) the SCS (Rosenbaum 1980) and Bem’s Sex Role Inventory (Bem 1981) were used to compare the coping behaviour of “High” and “Low Stress” participants as a means of understanding the relative impact of differential approaches to coping. Finally regression and correlation procedures were used to examine the relative significance of each of these coping factors in the prediction of mental and physical health functioning.

Chapter 10 Phase II Results: The Relationship between Women's Coping Characteristics and their Psychological and Physical Health

10.1 Introduction

The objective of the second phase of the study was to evaluate women managers' coping activities based on an analysis of health outcome. For this purpose coping behaviour was framed within the concepts of: (i) coping repertoire, that is the *range* and *focus* of strategies available to the individual; (ii) coping style, defined within an *approach-avoidance* dimension and (iii) coping resources, represented by the characteristics of *self-control/learned resourcefulness* and *gender-role orientation*. Using this descriptive framework, the impact of coping, as a multi-levelled intervening variable, was assessed as it related to both physical and psychological health status. Additionally, the coping context, described in terms of organisational and domestic demands or stressors, was evaluated as it related to coping outcome and to the pattern of coping behaviour.

10.2 The Role of Coping Characteristics and Pressure Factors in the Prediction of Mental and Physical Health Problems

The question of the relationship between coping characteristics, the experience of occupational and domestic pressures and women managers' reported level of distress was addressed, firstly, within a multivariate framework. A discriminant function analysis was used to assess how well the individual coping characteristics and sources

of occupational pressure discriminated between High and Low Stress participants. The coping factors (i) Gender Management; (ii) Communication; (iii) Planning and (vi) Analysis, were entered together as predictors, with the coping scales; (i) Learned Resourcefulness; (ii) Gender Orientation; (iii) Approach/Avoidance Coping and measure of (i) Coping Range; (ii) Emotion-Focused and (iii) Problem-Focused Coping. The pressure factors (i) Woman Manager Role; (ii) Relationship with the Line Manager; (iii) Domestic Responsibilities; (iv) Work and Career Performance; (v) Inter-Personal Role Expectations and (vi) the Individual in the Organisational Context were also entered, simultaneously, with the coping variables.

Based on these coping and pressure variables, one discriminant function was calculated with a canonical correlation of .70 and a chi square of 43.030 ($p = .0008$, $df = 18$). An accurate assignment of group membership was achieved in 80% of cases⁴⁹. This analysis suggested that the coping and situational characteristics, examined together, strongly differentiated between High and Low Stress individuals.

The range of correlations between predictors and the discriminant function suggested that within this analysis the best predictors of High and Low Stress group membership were the coping variables Emotion Focused Coping (-.31) and Learned Resourcefulness (-.31) and the pressure factors Domestic Responsibility (.39), the Relationship with the Line Manager (.33), and Work and Career Performance Pressures (-.30). The contribution of Gender Orientation (.28), particularly

⁴⁹ The classification results indicated 75.7% accurate classification of Low Stress participants and 85% accurate classification of High Stress participants.

Masculinity (-.28) also had some significance in the prediction of the stress response.

The breakdown of predictor loadings is presented in Table 10.1.

Table 10.1 Pooled Within-Group Correlations between Discriminating Variables and the Canonical Discriminant Function. Variables Ordered by Size of Correlation Within Function.

Predictor: Coping and Pressure Factors	Correlation
Domestic Responsibilities	.38
Relationship with the Line Manager	.33
Emotion Focused Coping	-.31
Learned Resourcefulness	-.31
Work and Career Performance	-.30
Gender Role Orientation	.28
Masculinity	-.28
Gender Management	.26
Woman Manager Role	.25
Communication	-.22
The Individual/Organisational Context	-.22
Miller Approach/Avoidance	.18
Coping Range	-.12
Femininity	-.07
Analysis	.05
Planning	.04
Problem Focused Coping	.02
Inter-Personal Role Expectations	.01

Of the two coping and three stressor factors that were predictive of High and Low Stress group membership, four showed the expected pattern of association with the emergent function. That is, higher levels of each of the two coping characteristic and lower levels of the three pressure factors were associated with Low Stress group membership.

With respect to coping characteristics, a greater reliance on emotion-focused strategies and higher levels of resourcefulness were associated with lower levels of distress in the context of a high level of demand. That is, in terms of Emotion-Focused strategies, the use of, for example, personal and professional support and cognitive reframing techniques was predictive of Low Stress group membership. Similarly, a high level of Self-Control or Resourcefulness, also exemplified by the use of cognitive techniques, but including a perception of self-efficacy, was associated with less reported distress.

With respect to gender-role orientation, while the relationship between Gender-Role category, particularly Masculinity, and level of distress was less robust, results suggested that individuals with non-traditional gender-role orientation were likely to report less distress than their more traditionally sex-typed colleagues.

From the stressor perspective, alternatively, higher levels of reported Domestic stressors and those pressures associated with the Line Manager relationship were predictive of High Stress group membership. For example, greater difficulty with the management of the home/work overlap and with the division of domestic responsibilities were highly predictive of High Stress group membership. Similarly, issues arising from the relationship with the line manager such as an unhelpful management style, or the effect of negative gender stereotypes on the management of the direct report relationship was also associated with higher levels of distress within this group.

These differences were confirmed by a series of independent t-tests and, where appropriate, by a chi-square analysis. Table 10.2 presents a summary of these group differences.

Table 10.2 High and Low Stress Group Differences in Significant Coping and Pressure Variables

Variable	High Stress		Low Stress		t	p
	mean	sd	mean	sd		
Domestic Responsibilities	0.39	1.07	- 0.38	.76	3.71	< .001
Line Manager Relationship	0.26	1.10	- 0.25	.79	2.34	< .05
Work and Career Performance	- 0.26	0.98	0.26	0.96	2.39	< .05
Emotion-Focused Coping	3.10	1.05	3.85	1.37	- 2.74	< .01
Resourcefulness	20.77	21.14	31.58	22.38	- 2.18	< .05
Masculinity	4.68	0.63	4.99	0.55	- 2.21	< .05
Gender Role	Androgynous	Masculine	Feminine	Undifferentiated		
High Stress	8	6	13	12		
Low Stress	11	14	8	5		
chi square: 7.735 df = 3 p < .05						

In contrast to the expected pattern of associations between coping and pressure variables and group membership, the pressure factor Work/Career Performance was observed to have an inverse relationship within this analysis, suggesting that a higher level of pressure related to this factor was associated with *Low* rather than High Stress group membership. That is, individuals who report higher levels of pressure associated with the career and performance issues, were more likely to be designated Low Stress. Again this result was confirmed by a t-test of High and Low stress group

differences (table 10.2). That is, High Stress participants reported less pressure associated with this factor than their Low Stress counterparts.

On first sight this finding appears, firstly, to contradict our expectations of the relationship between sources of pressure. That is, it is expected that higher levels of perceived pressure will be associated with more health problems. Secondly, the finding appears to present a rather interesting connection with the results describing the impact of career and achievement factors in Phase 1. A more detailed examination of the individual items which comprise the Work/Career Performance factor, however, throws some light on this result. That is, rather than concluding that the direction of the association confirms the positive impact of this aspect of women's occupational role (see e.g. Barnett and Marshall 1991), the High and Low Stress group difference in this variable is explained by differences in managers' perception of interpersonal productivity⁵⁰ and individuals' experience of comfort with their role⁵¹. Since lower scores on these items have negative connotations such as low levels of productivity and low levels of comfort, it would be expected that high scores on either of these items would be associated with lower levels of distress, thus the inverse relationship. What can be observed is that the impact of the career and performance factor is driven by the ability of the individual to achieve both comfort and productivity *interpersonally*, that is in the management of her professional relationships, while the pressures of career and performance issues, in themselves, have little impact on participants' health functioning.

⁵⁰ Inter-personal productivity: High Stress: mean = 3.00 (.08); Low Stress: mean = 3.25 (.44); $t = -3.20$; $p < .001$

⁵¹ Comfort with Inter-personal role: High Stress: mean = 2.92 (.26); Low Stress: mean = 3.27 (.45); $t = -4.22$; $p < .001$.

10.3 The Relationship Between Pressure and Coping Variables and Mental and Physical Health Problems

In phase one of the study, attention was given to the need to describe the impact of individual stressors on health outcome as a means of understanding the effect of women's organisational experience on their physical and mental well-being (section 6.3). In this second phase of the study an opportunity was provided, once again, to explore the significance of organisational factors on individual managers' health using pressure factors derived from the immediate experience of the sample population (Banyard and Graham-Bermann 1993; Greenglass 1995). More centrally, the second phase of the study was designed to assess the impact of coping characteristics on health outcome, particularly within the context of these "population-specific" stressor variables. In the discriminant analysis described above, the power of selective pressure and coping factors in predicting participants' general level of distress was clearly established. It was observed that when individual coping and pressure variables are considered together, firstly, the pressures of balancing work and home life and the difficulties experienced in the relationship with the immediate manager were positively associated with the individual's level of distress, so that as these pressures increased, participants' level of distress also increased. Similarly, women managers' level of learned resourcefulness or self-control and their reliance on emotion-focused strategies showed a strong inverse relationship with overall levels of distress in that higher levels of each of these characteristics predicted lower overall stress levels. Gender-Role Orientation was also observed to be significant in predicting health outcome. Lastly, participants' perception of their interpersonal effectiveness or

productivity and their comfort in their interpersonal work role also proved to have a significant inverse relationship with the stress response.

These findings were based on a broad, aggregate, assessment of distress which combines indices of both mental and physical health functioning. To explore further the precise nature of the relationship between coping and pressure variables and women's experience of stress symptoms, individual aspects of coping repertoire, style and resources, and individual organisational stressors were analysed, sequentially, in terms of their impact on participants' mental and physical health functioning, in line with the pattern of analysis established in phase one (see section 6.10). The objective of this analysis was to explore the exact nature of the impact of these coping and stressor variables on physical and mental well-being. As a result (i) those stressors which have specific health consequences for this population of women managers and (ii) those coping characteristics which had some role in reducing the impact of these pressures could be identified. The relationship between coping characteristics and well-being is considered first.

10.3.1 The Relationship between Coping Characteristics and Mental Health Problems

As a first step in the analysis of the relationship between coping characteristics and psychological functioning, a Pearson product-moment correlation was used to analyse the relationship between individual coping characteristics and the three mental health scales described in Phase I. (section 5.8). Table 10.3 presents the results of this analysis. The background variables age, marital status and managerial grade, were

included in the analysis to assess the significance of these characteristics in predicting the stress response.

Table 10.3 The Relationship Between Coping Characteristics and Mental Health Problems

	Beck Depression Inventory		Trait Anxiety Inventory		How You Feel and Behave (OSI)	
	r	p	r	p	r	p
Age	.01	ns	.076	ns	.13	ns
Grade	-.04	ns	-.075	ns	-.06	ns
Marital Status	-.06	ns	.028	ns	-.04	ns
Coping Range	-.01	ns	-.123	ns	-.13	ns
Emotion-Focused Coping	-.21	ns	-.28	< .05	-.22	< .05
Problem-Focused Coping	-.03	ns	-.01	ns	-.03	ns
Factor 1: Analysis	.10	ns	.13	ns	.10	ns
Factor 2: Planning	-.13	ns	-.11	ns	-.04	ns
Factor 3: Gender Management	.15	ns	.27	< .05	.19	ns
Factor 4: Communication	-.20	ns	-.24	< .05	-.18	ns
Learned Resourcefulness	-.19	ns	-.33	< .01	-.39	< .001
Miller Summary Score	-.13	ns	.21	ns	.20	ns
Gender Role Orientation	.21	ns	.40	< .001	.36	< .01
Masculinity	-.20	ns	-.25	< .05	-.32	< .01
Femininity	-.09	ns	-.16	ns	-.04	ns
ns: not significant						
marital status was coded 1 = single; 2 = married/co-habiting						
managerial grade was coded from 1 to 7; seniority increases with numerical coding						

With respect to psychological functioning, the results of the discriminant function analysis were confirmed in the observed relationship between the coping variables, Learned Resourcefulness (anxiety: $r = -.33$; $p < .01$; mental health: $r = -.39$; $p < .001$), Emotion-Focused coping (anxiety: $r = -.28$; $p < .05$; mental health: $r = -.22$; p

< .05) and Gender-Orientation (anxiety: $r = .40$; $p < .001$; mental health: $r = .361$; $p < .01$), particularly masculinity (anxiety: $r = -.25$; $p < .05$; mental health: $r = -.32$; $p < .01$), and the outcome measures of anxiety and the OSI measure of mental health. Further, the coping factor "Gender Management" had a small but significant inverse association with participants' level of anxiety ($r = .27$; $p < .05$) though not with their general mental health. Moreover, whereas the "Communication" coping factor was of little significance in the multivariate analysis, a relationship was observed between this coping strategy and level of anxiety ($r = -.239$; $p < .05$). Overall, no associations were observed between coping factors and depressive symptoms. Equally, no relationship was found between background characteristics and psychological disturbance. Finally, it should be noted that with this number of correlations, the likelihood of a Type I error is high; that is, 2 correlations are likely to be associated, at 0.05, by chance. The more robust associations, such as those observed with Learned Resourcefulness, Gender-role, Masculinity and mental health are, therefore, a more reliable comment on the relationship between coping and health.

The pattern of correlations was such that higher scores on coping measures were largely associated with reduced psychological distress. So, as expected, individuals who were more likely to use emotion-focused strategies reported lower levels of psychological symptoms. Similarly, participants with higher levels of resourcefulness or self-control also reported fewer mental health problems. Further, those managers who, in terms of gender-role orientation, were categorised as either androgynous and who described higher levels of masculinity, were likely to report less psychological distress. Similarly, greater use of communication strategies such as information

seeking and networking, was found to be associated with lower levels of anxiety. The exception to this pattern occurred in the relationship between the coping factor “Gender Management” and mental health outcome in that greater reliance on this coping strategy resulted in poorer rather than better mental health functioning. That is, the use of tactics directly aimed at minimising the impact of negative gender stereotyping was associated with more rather than less distress. The correlations clearly prohibit attempts to draw conclusions about the direction of cause and effect. So while it is tempting to conclude that these tactics may actually be a cause of distress rather than a buffer against it, it might equally be the case that individuals who report higher levels of distress are more likely to use this particular strategy in an attempt to manage this distress.

10.3.2 The Relationship Between Coping Characteristics and Physical Health Problems

In contrast to psychological functioning, only one association was observed between coping factors and physical health problems. That is, whereas coping range, style and resources generally had little impact on the individual’s physical well-being, the use of Emotion-Focused strategies was associated with fewer physical health problems ($r = -.251$; $p < .05$). Once again age, marital status and managerial grade showed no association with physical health problems.

10.3.3 The Relationship between Pressure Factors and Mental Health Problems

A Pearson product-moment correlation was used to explore the relationship between the six stressor factors and indices of mental and physical health functioning. The results of this analysis relating to mental health problems is summarised in Table 10.4.

Table 10.4 The Relationship between Pressure Factors and Mental Health Problems

Pressure Variable	Beck Depression Inventory		Trait Anxiety Inventory		How You Feel and Behave (OSI)	
	r	p	r	p	r	p
Women Manager Role	.16	ns	.20	ns	.18	ns
Relationship with the Line Manager	.14	ns	.23	< .05	.25	< .05
Domestic Responsibilities	.25	< .05	.33	< .01	.36	< .01
Work and Career Performance	-.21	ns	-.20	ns	-.17	ns
Inter-Personal Role Expectation	.02	ns	.09	ns	.07	ns
The Individual in the Organisational Context	-.15	ns	-.13	ns	-.18	ns
ns = not significant						

The correlation analyses generally were in line with the findings of the discriminant function in that, once again, the pressures resulting from domestic commitments and the relationship with the line manager were observed to be associated with higher levels of psychological distress. The pattern of these relationships suggested that increased levels of reported pressure associated with these stressors, was predictive of increased anxiety (domestic: $r = .325$; $p < .01$; line manager: $r = .231$; $p < .05$), mental health problems (domestic: $r = .362$; $p < .01$; line manager: $r = .246$; $p < .05$) and, in

the case of domestic pressures, depression ($r = .246$; $p < .05$). Interestingly, despite the priority given to the unique pressures encountered by women managers in the occupational literature, no relationship was observed between the “Women Manager Role” factor and psychological functioning.

The inverse relationship between career and performance issues and High and Low Stress categorisation was not confirmed by the correlation analysis. This factor, which emerged as significant in the multivariate analysis, was observed to have little individual impact on participants’ psychological functioning.

10.3.4 The Relationship Between Pressure Factors and Physical Health Problems

With respect to physical health problems, a similar pattern of associations was described, in that the relationship between reported domestic ($r = .337$; $p < .01$) and line manager pressures ($r = .225$; $p < .05$) and physical health problems was confirmed. The direction of these associations suggested that greater reported domestic and line manager pressure was associated with more reported physical health problems. The significance of career and performance issues, alternatively, was lost in the analysis. Table 10.5 summarises these relationships.

Table 10.5 The Relationship Between Pressure Factors and Physical Health Problems

Pressure Variable	Physical Health	
	r	p
Woman Manager Role	.15	ns
Relationship with Line Manager	.22	< .05
Pressure of Domestic Responsibilities	.34	< .01
Work and Career Performance	- .21	ns
Inter-Personal Role Expectations	- .03	ns
The Individual in the Organisational Context	- .04	ns
ns = not significant		

10.4 The Prediction of Mental and Physical Health Functioning from Coping Characteristics

The discriminant function analysis and correlation procedures identified a number of coping and stressor variables which appear to be associated with mental and physical health for this group of women managers. Moreover, the correlation procedure supported the proposition that coping characteristics, though not pressure variables, have a differential impact on mental and physical health outcome. To understand more of the relative contribution of each of these factors to mental and physical well-being, a series of multiple regression analyses were carried out with coping characteristics as predictors and mental and physical health problems as outcome measures.

10.4.1 Regression 1: The Relationship between Coping Characteristics and Mental Health Problems

The first regression model assessed the relationship between coping factors and mental health problems. Following the procedure developed in phase one, a composite mental health scale encompassing the Beck Depression Inventory, the Trait Anxiety Inventory and the OSI mental health scale (see chapter 6; section 6.6) was used as the outcome measure. Since background characteristics showed no relationship with mental health outcome, age, managerial grade and marital status were not included in the equation⁵². To assess the individual contribution of each aspect of the coping response, all 11⁵³ coping variables were entered, stepwise, as predictors. Results of the regression are presented in table 10.6

Table 10.6

Linear Regression Predicting Mental Health Problems from Coping Characteristics

Block 1:

Predictor	R²	R² change	B	Beta	p
Step 1:					
Gender Orientation	.12	-	.366	.357	.001

⁵² The lack of significance of age, sex and grade was confirmed by a trial regression with these characteristics entered together in step 1. Neither the equation based on these characteristics or any of the background variables achieved significance.

⁵³ Individual's coping range was not included in this equation. This variable was created from the original 29 coping strategies and was, therefore, highly correlated with the coping factors which were also created from these individual strategies. This association disrupted the regression process, causing the elimination of the coping variables otherwise identified as significant in the prediction of health outcome.

Linear Regression Predicting Mental Health Problems from Coping Characteristics (cont'd)

Block 1:

Predictor	R ²	R ² change	B	Beta	p
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Step 2:

Gender Orientation	.12	-	.268	.262	.05
Resourcefulness	.16	.04	-.014	-.261	.05

Step 3:

Gender Orientation	.12	-	.268	.262	.05
Resourcefulness	.16	.04	-.014	-.261	.05
Gender Management	.20	.04	.246	.220	.05

Variables not in the equation: Analysis; Planning; Network; Range; Masculinity; Femininity; Approach/Avoidance Coping; Emotion-Focused Coping; Problem-Focused Coping

Note: n = 80; ns = not significant

B = Unstandardised regression coefficients

Beta = Standardised regression coefficients

With mental health as the outcome measure, Gender Orientation, entered on the first step of the analysis, accounted for 12% of the variance ($F = 10.83$; $p < .01$) and showed a positive association with mental health problems. Since lower scores on this variable indicated an androgynous or masculine gender-role orientation, this finding indicated that the possession of a non-sex-typed gender identity was associated with lower levels of psychological distress.

With the entry of the second predictor, Learned Resourcefulness, the squared multiple regression increased to 16% showing that with the addition of this variable a further

4% of the variance is explained by the regression equation. The negative association between resourcefulness and mental health problems indicated that managers with higher levels of resourcefulness or self-control are likely to report fewer psychological difficulties. As a final step in the analysis, the coping factor Gender Management was entered into the equation achieving a further 4% increase in the explained variance and confirming the positive association with mental health problems discussed above. That is, an increased reliance on gender-management strategies was found to be associated with more mental health problems. With this final step in the analysis, and the three coping variables retained in the equation, the overall squared multiple regression was .20 indicating that this regression model accounted for 20% of the variance in mental health problems ($F = 7.351$; $df = 3, 72$; $p < .001$).

10.4.2 Regression 2: The Relationship between Coping Characteristics and Physical Health Problems

A second regression model was estimated using the OSI physical health scale as the outcome measure. Once again, since there was no reason to expect an association between background characteristics, physical health problems, age, marital status and managerial grade were not included in the analysis. Equally, considering the results of the correlation analysis described above, there was little expectation that the individual coping variables would account for a significant percentage of the variance in physical health problems. A multiple regression analysis was carried out, however, using the physical health scale and the coping variables as predictors, to check this expectation

and, as predicted, the model failed to achieve significance. That is, none of the coping variables emerged as significant in the prediction of physical health functioning.

10.5 The Role of Coping Resources in the Coping Response

In considering the significance of coping characteristics on health functioning, coping strategies such as those described in the gender management factor might be conceptualised as having a direct mode of operation in terms of mitigating the impact of pressure. For example, avoiding behaviour which confirms negative gender stereotypes or the positive self-promotional activities which are part of the gender management factor, may be understood in terms their direct impact in reducing the potential frustrations resulting from negative assumptions about women managers (e.g. Morrison and Von Glinow 1990; Yoder 1991). By contrast, the impact of coping resources such as self-control and gender orientation require further analysis.

10.5.1 The Role of Self-Control in the Coping Response

Self-Control or learned resourcefulness is thought to operate to reduce the negative consequences of pressure by limiting its potential for disrupting the individual's ability to maintain an effective level of "performance" (Rosenbaum 1988). This control can operate, for example, at a cognitive level such as "when I am feeling depressed I try to think about pleasant events", or through deferring gratification, as in, "first of all I prefer to finish a job that I have to do and then start doing the things I really like". Equally, individuals may use a problem solving approach such as "when I try to get rid of a bad habit, I first try to find out all the factors that maintain this habit", or rely on a

belief in their own efficacy, as in “my self-esteem increases when I have overcome a bad habit”.

Having identified the significance of Resourcefulness in the prediction of mental health problems, a more precise level of analysis of the individual contribution of each of the four self-control subscales was achieved by a regression analysis. With the composite mental health problem scale as the outcome measure, the four Rosenbaum sub-scales, Cognitive Strategies, Problem Solving, Deferred Gratification and Self-Efficacy were entered, stepwise, as predictors. Only the Self-Efficacy sub-scale emerged as significant in the prediction of mental health problems ($p < .001$)⁵⁴, indicating that it is the self-efficacy aspect of this resource which is important in the prediction of mental health functioning. The direction of this association indicated that managers reporting higher levels of self-efficacy were likely to report fewer mental health problems.

While the direct impact of the self-efficacy element of the resourcefulness scale on mental health is interesting, it is also useful to understand how this coping resource interacts with other coping and pressure variables in the management of demand. A Pearson product moment correlation was used to analyse the relationship between the self-control and other coping and pressure variables. Table 10.7 presents the results of this analysis.

⁵⁴ Squared multiple regression = .13; B = -.070; Beta = -.375; $p < .001$.

Table 10.7 The Relationship between Self-Control, Self-Efficacy and Coping and Pressure Variables

Coping/Pressure Variable	Self-Control		Self-Efficacy	
	r	p	r	p
Coping Range	.14	ns	-.06	ns
Coping Factor 1: Analysis	-.13	ns	-.21	ns
Coping Factor 2: Planning	.27	< .05	.15	ns
Coping Factor 3: Gender Management	-.09	ns	-.12	ns
Coping Factor 4: Communication	.22	ns	.06	ns
Emotion-focused Coping	.14	ns	.14	ns
Problem-focused Coping	.16	ns	.16	ns
Miller: Approach Coping	-.21	ns	-.28	p < .05
Miller: Avoidance Coping	.18	ns	.11	ns
Domestic Responsibility	-.11	ns	-.19	ns
Relationship with the Line Manager	-.33	p < .01	-.14	ns
Individual/Organisational Context	.04	ns	-.01	ns
Career and Achievement Pressures	.06	ns	.06	ns
Role Expectations	-.01	ns	-.00	ns
Woman Manager Role	-.15	ns	-.12	ns
ns = not significant				

As can be seen from the list of non-significant correlations, both self-control and self-efficacy describe a largely independent aspect of the coping response. Clearly, with this number of correlations, the increased probability of Type I errors suggests the need for caution in interpretation. With this in mind, the most reliable association of this analysis describes the relationship between self-control or resourcefulness and the relationship with the Line Manager. The direction of this relationship indicated that individuals reporting higher levels of self-control describe less pressure associated with the relationship with their immediate manager. Although more tenuous, it is interesting to note that while the broad self-control scale is positively associated with the largely instrumental coping factor Planning, self-efficacy is associated with what might be described as an “expressive”, avoidance, or blunting coping style. These relationships suggest that while the general resource of self-control is associated with

active planning and, indeed, the application of practical control, by contrast, higher levels of self-efficacy are associated with an avoidance style. Since self-efficacy has been identified as the active element of self-control for this group of women, and this resource is related to an avoidance style, it might be suggested that the sense of control described in self-efficacy is at least partly achieved by a detachment from occupational pressures. This was confirmed by a stepwise regression predicting self-efficacy from the remaining coping variables. Only avoidance coping emerged as significant in this equation, accounting for a small but significant percentage of the variance in self-efficacy⁵⁵. Finally, the lack of association between this scale and the six pressure factors indicates that the perception of self-efficacy does not affect the perception of environmental stressors and vice versa.

10.5.2 The Role of Gender Identity in the Coping Response

Whereas resourcefulness or self-control is thought to reduce the impact of environmental demand through a process of containing the potential disruption it may cause, the role of gender orientation on coping is less clear. In the sex-role literature traditionally a non-sex-typed gender role is thought to be associated with better health functioning (e.g. Chambless and Mason 1986; Helmreich, Spence and Holohan 1979). From a coping perspective this health differential is explained by the proposed association between androgyny and an active, instrumental style (e.g. Boss 1980). The difficulty with this model is that if coping outcome is dependent on the appropriateness of the response to the nature of demand, then instrumentality cannot

⁵⁵ Squared multiple regression = .07; B = -.600; Beta = -.280; p < .05.

be assumed to be effective per se (see section 4.4). An alternative explanation is presented by Patterson and McCubbin (1984) who suggest that the significance of an androgynous orientation resides in its facilitation of flexibility in the coping response. That is, since the androgynous individual is thought to be unencumbered by traditional gender-role expectations they will, firstly, be less responsive to the constraints of gender role expectations (e.g. Maracek 1978) and, secondly, they will also have access to a range of both instrumental and expressive responses and will therefore be more adaptive. Over and above the hypothesised flexibility afforded by a non-traditional gender role, it is also argued that the individual's gender orientation may shape their perception of pressure. That is, since gender role identity is central to the attribution of significance in the evaluation of demand (Amatea et al 1986; Pearlin 1989; Thoits 1983; 1991; 1992), and the attribution of significance is important in the experience of threat associated with that demand (McGrath 1976), then the mitigating impact of gender role may be located in the perception of pressure rather than in the response to that pressure.

To explore the nature of the impact of gender role orientation on health outcome, a Pearson product moment correlation was used to examine the relationship between gender role and the coping response and, secondly, the relationship between gender role and the perception of stressors. The first of these correlations is presented in Table 10.8 below.

Table 10.8 The Relationship Between Gender Role Orientation and the Coping Response

Coping Response	Gender-Role Orientation	
	r	p
Coping Range	- .26	< .05
Coping Factor 1: Analysis	.06	ns
Coping Factor 2: Planning	- .23	< .05
Coping Factor 3: Gender Management	- .10	ns
Coping Factor 4: Communication	.27	< .05
Emotion-Focused Coping	- .30	< .01
Problem-Focused Coping	- .16	ns
Miller: Approach Coping	.08	ns
Miller: Avoidance Coping	.22	ns ⁵⁶
Resourcefulness	- .37	< .001
Resourcefulness: Cognitive	- .24	< .05
Resourcefulness: Deferred Gratification	- .33	< .01
Resourcefulness: Problem Solving	- .34	< .01
Resourcefulness: Self-Efficacy	- .21	ns

note: Gender Role coded: 1 = Androgynous; 2 = Masculine; 3 = Feminine; 4 = Undifferentiated

The results of the correlation procedure, firstly, appear to confirm the predicted link between coping range, and therefore flexibility, and a non-sex-typed orientation. Androgynous women were found to describe a broader range of coping strategies than their sex-typed colleagues. Equally, from the perspective of the link between androgyny and instrumentality, it is interesting to observe that in this group of women managers a non-traditional gender role was associated with a significant spread of both “expressive” and “active/instrumental” strategies. That is, a non-sex-typed gender orientation was observed to be related to the use of emotion-focused coping strategies ($r = -.30$; $p < .01$) and to the social support based coping factor “Communication”. Additionally, the relationship between gender role and the

⁵⁶ This relationship was approaching significance ($r = -.22$; $p = .053$).

avoidance aspect of the Miller Scale was found to approach significance. Equally, from an “instrumental” perspective, a non-sex-typed orientation was also found to be correlated with the coping factor “Planning” which describes an active management of demand through planning and reliance on technical resources ($r = -.23$; $p < .05$). And, finally, perhaps underlining the flexibility of the non-traditional gender role, androgyny was also found to be linked with three of the four subscales of the Resourcefulness scale, assessing cognitive and problem solving strategies and deferred gratification.

Echoing Patterson and McCubbin's (1984) findings concerning the adaptiveness of the non-traditional gender-role, it would appear that for this group of managers the significance of gender role as a coping resource was in its association with flexibility. It should be noted, however, that this finding must be qualified by an acknowledgement of the lack of association between some of the coping variables described as being related to gender role, and health outcome. That is, while a non-traditional role was observed to be associated with , for example, coping range, this variable in itself is not associated with either mental or physical well-being. Similarly, the coping factors “Planning” and “Communication” showed no association with health status. This may suggest that the positive impact of a non-traditional gender role cannot simply be explained “mathematically”, in terms of the number of strategies available, but relies on the availability of a broad range of coping approaches including a mix of powerful expressive and instrumental techniques. As a final comment on gender role and coping, it is also interesting to note that, somewhat contrary to expectations, the one aspect of resourcefulness which was found to have no association with gender role was self-efficacy. This is interesting, not only because of

the powerful effect of this resource on health and well-being, but also because within the “mythology” of androgyny, linked as it is with instrumentality, is the proposed facilitation of a sense of control. For this group of managers, however, self-efficacy was observed to operate independently of androgyny or masculinity.

Before concluding this discussion one final question remains to be addressed, that is the relationship between gender role and the perception of environmental stressors. It was suggested above that the individual’s gender role orientation may shape her perception of the significance of demand, and therefore determine the stress response. A Pearson product moment correlation was used to analyse the relationship between gender role and the six occupational pressure factors described in the structured interview. Only one relationship emerged as significant in this process, that is a small association was observed between gender-role orientation and the reported pressures associated with the pressure factor “Individual in the Organisational Context” ($r = -.23$; $p < .05$). The direction of this association was such that non-sex-typed individuals described greater levels of pressure associated with, for example, the organisation’s bureaucratic structure and hierarchy and particular issues such as the experience of the minority role. In many ways this association makes sense. Although the pressures of the organisational structure and climate are experienced acutely by most working adults, the possession of a non-traditional gender role in a highly traditional, largely male organisation, may further underscore the experiences of these pressures. What is also of interest here is that the non-traditional identity structure is associated with an increased perception of distress, rather than an improved management of pressure. Equally, it is interesting to note that gender role has no observable impact on the

experience of the unique pressures of the women manager role or on the conflict ridden arena of domestic responsibilities.

10.6 The Relationship between Pressure Factors and Mental and Physical Health Problems

Beyond the relationship between coping and health variables, the discriminant function analysis and the correlation procedure also suggested an association between selective stressor variables and both physical and mental health problems. A series of regression analyses were used to examine the precise nature of these associations.

10.6.1 Regression 3: The Relationship between Pressure Factors and Mental Health Problems

To begin the process of examining the relationship between pressure factors and health, a regression analysis was used to explore the nature of the relationship between the six pressure factors and managers' psychological functioning. The composite mental health scale (chapter 6; section 6.6) was used as the outcome measure and the six pressure factors were entered, stepwise, into the equation, as predictors. Results of this analysis are presented in table 10.9.

Table 10.9

Linear Regression Predicting Mental Health Problems from Pressure Factors

Block 1:

Predictor	R ²	R ² change	B	Beta	p
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Step 1:

Domestic Responsibility	.10	-	.380	.339	.01
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Step 2:

Domestic Responsibility	.10	-	.381	.340	.01
Line manager Relationship	.14	.04	.251	.225	.05

Step 3:

Domestic Responsibility	.10	-	.381	.340	.01
Line Manager Relationship	.14	.04	.251	.225	.05
Work/Career Performance	.18	.04	-.239	-.213	.05

Variables not in the equation: Pressure of the Woman Manager Role; Inter-Personal Role Expectations; The Individual in the Organisational Context

Note: n = 80;

B = Unstandardised regression coefficients

Beta = Standardised regression coefficients

With mental health as the outcome measure, three of the six pressure factors emerged as significant in the equation. Domestic Responsibilities and the Relationship with the Line Manager factors were observed to have a positive association with mental health outcome such that increases in reported pressure ratings for these variables were associated with increased psychological distress. By contrast, the third significant pressure factor, Work and Career Performance, was found to have an inverse relationship with mental health problems. In this instance, higher scores on this scale were associated with improved psychological functioning.

In step one of the regression, the predictor variable Domestic Responsibilities achieved a squared multiple regression of .10. With the addition of the Line Manager factor the variance explained increased by 4% from 10% to 14%. With the entry of the final pressure variable, work and career performance, a further increase in the R^2 was observed. For the overall model at this stage $F(3,75)$ equalled 6.706 ($p < .001$) and the percentage of variance explained was 18%. The remaining three pressure factors, Pressure of the Woman Manager Role, Inter-Personal Role Expectations and The Individual in the Organisational Context, were dropped from the equation. Results indicated that higher levels of reported pressure associated with managers' relationship with their line manager, with domestic responsibilities and with career and performance issues are predictive of increased psychological distress. With respect to career and performance pressures, the negative association between this factor and level of distress is accounted for by two important "reverse scoring" items on this scale, that is, interpersonal productivity and individuals' experience of comfort with their interpersonal role (see section 10.2).

10.6.2 Regression 4: The Relationship between Pressure Factors and Physical Health Problems

To assess the individual contribution of the six pressure factors in determining managers' physical health functioning, a multiple regression analysis was carried out with the physical health problems scale entered as the outcome measure. Results of this analysis are presented in table 10.10

Table 10.10

Linear Regression Predicting Physical Health Problems from Pressure Factors

Block 1:

Predictor	R²	R² change	B	Beta	p
Step 1:					
Domestic Responsibilities	.10	-	3.273	.337	.01
Step 2:					
Domestic Responsibilities	.10	-	3.273	.337	.01
Line Manager Relationship	.14	.04	2.184	.225	.05
Step 3:					
Domestic Responsibilities	.10	-	3.273	.337	.01
Line Manager Relationship	.14	.04	2.184	.225	.05
Work/Career Performance	.18	.04	-2.020	-.208	.05

Variables not in the equation: Pressure of the Woman Manager Role; Inter-Personal Role Expectations; The Individual in the Organisational Context

Note: n = 80;

B = Unstandardised regression coefficients

Beta = Standardised regression coefficients

With physical health as the outcome measure, once again the three pressure factors, Domestic Responsibilities, Relationship with the Line Manager and Work and Career Performance pressures emerged as significant in the equation. Further, and in keeping with the results for psychological functioning, the relationship between the first two of these predictors and the outcome measure was positive whereas the relationship between the final predictor and physical health problems was negative.

With the Domestic Responsibilities factor entered into the equation a squared multiple regression of .10 was achieved indicating that this variable accounted for 10% of the variance in physical health problems. With the addition of the second pressure factor, Relationship with the Line Manager, the degree of variance explained by the equation increased by 4% to 14%. Finally, with the entry of the Work and Career Performance variables, an overall 18% of the variance was explained by the final equation ($F(3,75) = 6.71; p < .001$).

The discriminant function analysis and the Pearson product-moment correlations identified not only the importance of selective coping and pressure factors in predicting mental and physical health of this group, but also the need to assess the relationship between coping and physical and mental health. The regression procedures again underlined the importance of the assessment of differential outcome measures in establishing coping efficacy and progressed the analysis of individual impact of coping variables. This process confirmed the importance of self-efficacy, gender-role and resourcefulness in the management of demand, although the impact of emotion-focused coping and communication strategies lost significance in terms of health outcome. Equally, the regression analysis of stressor variables confirmed their significance in terms of both mental and physical health function.

10.7 The Relationship between Mental Health Problems and Coping and Pressure Variables

Since, as it has been proposed above (section 4.4.2), coping and pressure factors do not exist in isolation, a final regression analysis was used to analyse the combined

contribution of coping and situational variables in predicting the stress response. The three significant coping variables (viz: (i) the self-efficacy sub-scale of the resourcefulness scale; (ii) gender orientation and (iii) gender management) and the three significant stressor variables (viz (i) domestic responsibility; (ii) relationship with the line manager and (iii) career and performance pressures) were entered, stepwise, as predictors. Since only pressure and not coping factors were found to be predictive of physical health problems, the coping and pressure combination was used only in the prediction of mental health problems. Results of the analysis are presented in Table 10.11.

Table 10.11
Linear Regression Predicting Mental Health Problems from Coping and Pressure Variables

Block 1:					
Predictor	R²	R² change	B	Beta	p
Step 1:					
Self-Efficacy	.13	-	-.068	-.375	.001
Step 2:					
Self-Efficacy	.13	-	-.058	-.314	.01
Gender Orientation	.20	.07	.300	.289	.01
Step 3:					
Self-Efficacy	.13	-	-.052	-.278	.01
Gender Orientation	.20	.07	.270	.264	.01
Domestic Responsibilities	.24	.04	.257	.214	.05
Variables not in the Equation: Work/Career Performance; Line Manager Relationship; Gender Management					
Note: n = 80; ns = not significant					
B = Unstandardised regression coefficients					
Beta = Standardised regression coefficients					

With mental health problems as the outcome measure, the coping characteristics, Gender Orientation and Self-Efficacy, and the pressure factor Domestic Responsibilities emerged as significant in the equation. The pattern of association between predictor and outcome measures was as expected. Once again, increased levels of resourcefulness, lower levels of reported pressure associated with domestic responsibilities and a non-sex-typed gender orientation were predictive of fewer reported mental health problems. With Self-Efficacy entered into the equation a squared multiple regression of .13 was achieved, indicating that this variable accounted for some 13% of the variance in mental health problems. With the addition of the Gender Orientation factor, Self-Efficacy retained its significance, and the percentage of variance increased by 7% to 20%. In the final step of the equation Domestic Responsibilities was added to the model, a further increase in R^2 was observed. At this stage, the overall model explained 24% of the variance in mental health problems ($F(3, 73) = 8.734; p < .001$). The remaining coping and pressure variables, Work and Career Performance, Relationship with the Line Manager and Gender Management, were dropped from the equation.

10.8 Summary

The objective of this phase of the study was to identify coping characteristics which were associated with continued well-being in the face of high levels of environmental demand. This question was framed within a “stress resistance” model which conceptualised individuals as “High Stress”, that is, high pressure/high distress, or

“Low Stress”, that is, high pressure/low distress (e.g. Holohan and Moos 1985; Kobasa 1979; Pearlin 1989) and defined coping characteristics as effective on the basis of their association with “Low Stress” individuals.

A discriminant function analysis was used to assess the relationship between managers’ coping strategies, coping style, self-control and gender-orientation with “High” and “Low” Stress group membership. The six stressor factors emerging from the structured interview were also included in this analysis. Three coping variables and three pressure factors were found to be significant in predicting group membership. In terms of coping characteristics, a reliance on emotion-focused coping, a high level of resourcefulness or self-control and a non-sex-typed gender orientation were predictive of a “Low Stress” classification. From the stressor perspective, a lower level of reported pressure associated with domestic responsibilities, the relationship with an immediate line manager, and the demands of work performance and career were also associated with “Low Stress” group membership. These findings were supported by a series of individual t-tests and, where appropriate, chi-squares.

While these findings are useful in understanding the broad impact of coping and pressure variables on health functioning, the impetus in the stress and coping literature towards a more precise breakdown of the “stress-strain” transaction, required a second level of analysis focusing on the differential impact of pressure and coping variables on physical and mental well-being.

With respect to the impact of coping variables on mental health, correlations confirmed the individual significance of (i) self-control or resourcefulness; (ii) gender management; (iii) communication; (iii) gender-orientation; (iv) masculinity and (v) emotion-focused coping. By contrast, only one coping variable, the use of emotion-focused strategies, was found to be related to physical health.

In terms of the impact of stressor variables on health outcome, the significance of the three pressure variables identified by the discriminant function, that is (i) domestic responsibilities; (ii) relationship with the line manager and (iii) the pressures associated with performance and career issues, was confirmed in relation to both physical and mental health outcome.

To understand more of the individual contribution of each of these variables on health outcome a series of multiple regression analyses were completed with mental and physical health as the outcome variables and the coping and stressor variables as predictors. With respect to the relationship between coping and mental health, self-control or resourcefulness, a non-traditional gender-role identity, and gender management strategies, were each found to retain unique significance in the equation, while the remaining coping variables were dropped from the equation. Overall, these variables accounted for 20% of the variance in mental health outcome. As might be predicted from the correlation procedure, none of the coping variables were associated with physical health outcome. Equally, and again in line with the correlation procedure, the three stressor variables identified at each step of the analysis were found to be associated with both mental and physical health outcome.

With respect to the impact of the coping resources, self-control and gender orientation were examined separately in terms of their relationship with mental health outcome. Firstly, results of a regression analysis suggested that the effect of self-control or resourcefulness on mental health function was largely explained by the self-efficacy component in the scale. Interestingly, and contradicting expectations of the association between control and active/approach coping (e.g. Miller (1987), this otherwise independent aspect of self-control was also found to be inversely related to an active/approach coping style ($r = -.28$; $p < .05$) suggesting that high levels of self-efficacy were associated with low levels of approach coping.

Gender-role orientation was found to be highly correlated with a number of coping variables. Examination of these associations suggested that the impact of this resource depended on its association with a range of significant coping strategies, including those encompassed in an emotion-focused approach and the more instrumental cognitive, problem solving and deferred gratification strategies described within the concept of resourcefulness. It was further noted, however, that since the instrumental aspects of this range of associated strategies was not found to be directly associated with health outcome, that perhaps the impact of gender-role is founded on an emotion-focused approach to managing demand.

Finally, from the perspective of the relationship between the resources of self-control and gender orientation and the perception of occupational stressors, only two significant correlations were observed. Firstly, the self-control scale was found to have

an inverse relationship with the pressures of the Line Manager relationship, indicating that higher levels of self-control were associated with lower perceived pressure associated with this relationship. And, secondly, a non-sex-typed gender role orientation was observed to be inversely related to issues of the Individual and the Organisational Context. In this instance, the correlation suggested that a more androgynous gender role was associated with higher rather than lower levels of pressure associated with this occupational stressor.

From the perspective of the relationship between occupational stressors and health outcome, the pressure factors, Domestic Responsibility, Relationship with the Line Manager and Career and Performance pressures were found to consistently predict both mental and physical health outcome. Lastly, a final analysis of the combined impact of stressor and coping variables indicated that central to the prediction of women managers' mental well-being, were the coping resources, Self Control and Gender Role Orientation.

10.9 Conclusions

Within the context of the research questions the results, firstly, support the hypothesis that Low stress individuals would report higher levels of "Learned Resourcefulness" than their High Stress colleagues. Equally, the prediction that a non-sex-typed gender orientation, assessed in terms of higher levels of masculinity and an androgynous or masculine gender-role categorisation, would be associated with membership of the Low Stress group, was confirmed. With respect to the significance of the individual's

coping repertoire, the hypothesis that a greater range of coping strategies would be predictive of lower levels of distress was not demonstrated. Higher order combinations of individual strategies were, however, found to be significant. From the perspective of coping focus or function, emotion-focused strategies proved to be more effective than problem-focused strategies in reducing stress outcome. Alternatively, while three of the four factor groupings used to describe the pattern of coping activity showed little positive impact in terms of the reduction or control of stress symptoms, the Gender Management factor, describing active efforts to minimise the negative impact of gender stereotypes, was found to have a negative association with health outcome. Finally, the approach-avoidance dimension of coping was found to have little relevance to managers' physical or psychological health functioning, although it may have had an indirect effect in facilitating a sense of personal control, or self-efficacy.

Of enormous interest here, is the association between the stress response and emotion-focused strategies. This finding challenges the assumption of the intrinsic worth of an instrumental approach and supports the view of the importance of appropriateness rather than instrumentality in the successful management of pressure. Equally, while the confirmation of the importance of self-efficacy in the experience of demand is interesting, the association of this variable with an avoidant style of coping is also of great interest in that this appears to suggest the importance of a detached stance in what may be the management of an intractable situation (e.g. Suls and Fletcher 1985; Shinn et al 1984). Related to this discussion is the observed negative association between the gender management coping factor, a highly active attempt to

manage what might be conceptualised as unique women manager pressures, and health outcome. While the limitations of the correlational data are acknowledged in the interpretation of this relationship, within it is the description of the potential for distress associated with an effort to address largely insoluble organisational issues. Finally, although gender-role was associated with a wide range of coping strategies, the observation that only those strategies representing an emotion-focused approach were associated with well-being, seems to support the underlying importance of an expressive style.

11.1 Introduction

The objectives of this discussion are: (i) to present the study findings in the context of the literature on women's workplace experience and their coping activity; (ii) to discuss the implications of these findings in the context of methodological limitations and (iii) to consider how this research might inform the design and implementation of future analyses of women's management of work and family demands. The chapter begins with a review and discussion of the results from the first phase of the study followed by the presentation of the Phase II findings as they relate to the study's central research questions. Since these results have been presented in detail above (chapters 6 and 10), only the central themes emerging from these analyses will be described and discussed here.

11.2 Phase I: Sources of Pressure and the Stress Response

In response to the requirements of the study design, the first phase of the research formed the basis for the classification of participants as "High" or "Low Stress" individuals. Phase I also acted as a basis from which to build a description and, therefore, a discussion, of women's experiences in the workplace and the health consequences of these experiences. A number of observations, relating to the demands of the work role, emerged as having particular significance for this group of women managers.

Firstly, the quality of participants' professional and personal relationships was found to be of central importance in the prediction of their health status. That is, (i) women who described less troublesome *work* relationships, reported fewer physical, though not psychological, health problems and (ii) women who described more communicative and supportive *personal* relationships also reported fewer physical and psychological symptoms.

Secondly, although participants' ratings of the home-work interface as a source of pressure were surprisingly conservative, scores on this sub-scale emerged as significant in predicting health functioning. That is, women who reported higher levels of pressure associated with the effort of balancing the demands of home and work, tended to describe higher levels of both physical and psychological distress. Interestingly domestic workload itself, as measured by the sharing of domestic tasks, although based on traditional gender-roles, was not observed to relate to either psychological or physical health.

Thirdly, the day-to-day demands of the work role, such as having to work long hours, the aggravation of minor tasks and work overload, showed a strong relationship with participants' physical but not mental well-being. And, though tenuous, an interesting link was observed between individuals' psychological and mental health and concerns about lack of engagement, loss of the work role, and also achieving an "appropriate" level of engagement in the work role.

Finally, from the perspective of background characteristics, neither marital nor parental roles were observed to be associated with well-being. Only managerial grade showed an association with health status, in that individuals with a more senior grade reported fewer psychological, though not physical, symptoms. Of further note was the extraordinarily small proportion of managers with dependent children.

In the context of the existing literature the study generally supported expectations concerning the significance of domestic stressors in terms of women's work-place experience (Astin 1984; Dale 1990; Frankenhaeuser et al 1989; Karasek and Theorell 1990; Lewis and Cooper 1988). It is important to note, however, that it was not the burden of a traditional division of domestic tasks, described by Matuszek et al (1995) as so restrictive of women's "discretionary time", which was found to be associated with either psychological or physical health. Rather, it was the management of the conflicting demands of home and work which was related to health status for this group of women managers. This finding is in line with the reported significance given to the home-work overlap, particularly as it relates to role conflict (Barnett and Marshall 1991; Piotrowski, Rapaport and Rapaport 1987). Within this sample it should be noted that the significance of the home-work overlap was not clear from the pressure ratings alone, but only in terms of its relationship with health outcome (see section 6.9). It is worth considering whether the apparent discrepancy between the description of this stressor and its relationship with health functioning might be explained by a form of "containment" of domestic stressors. That is, as part of the assimilation into the managerial role, women may be required to minimise any reference to their family

life and as a result learn to dismiss the significance of these stressors (Alimo-Metcalf 1992; Morrison and Von Glinow 1990; Sheppard 1989).

With respect to the reported significance of professional and personal relationships for women's health functioning, the study findings confirm the importance of both personal and work-place relationships to women, firstly, in terms of the attribution of significance to an unhappy or unrewarding relationship, but also, more indirectly, in terms of the importance of the level of support which is derived from a successful relationship.

With respect to the attribution of threat, it is suggested that the process of women's socialisation may lead them to place great significance on the success of professional and personal relationships (e.g. Greenglass 1995; Thoits 1992). Baruch, Barnett and Rivers (1983) suggest that women are subject to a "nurturance imperative" whereby they are oriented towards the welfare of others (see also Gilligan 1979). As such, an unsuccessful relationship is likely to be perceived not simply as destructive or unrewarding in itself, but as a significant threat to her feminine identity. It is proposed, therefore, that the source of distress associated with an unhappy relationship results not only from the unpleasantness or frustration of the interactions which characterise this kind of relationship, but also from the sense of responsibility the individual is likely to feel for her failure to make the relationship work. On a biological level, Frankenhaeuser (1991) adds support to this proposal in her observations that women, who remain less reactive in the face of performance situations, achieved the same level of hormone

secretion⁵⁷ as men in response to an inter-personally demanding scenario. She proposes that interpersonal confrontations are effective triggers of stress responses in women, supporting the hypothesis that psycho-social factors are important determinants of the physiological stress response.

In terms of the potential for social support, much of the coping literature extols the virtues of support in buffering the individual from the impact of demand. Although the professional and personal relationship variables described here are clearly not directly equivalent to the social support construct (e.g. Etzion 1984; House 1981), the absence of relationship difficulties in the professional arena, and the existence of a satisfactory significant personal relationship would suggest that the individual will have some access to support. The literature on social support suggests that as part of their "relational" style, women are more likely to use this resource in the management of pressure (Greenglass et al 1990; Norcross, Di Clemente and Prochaska 1986). Equally, while many men prefer to rely on the support of colleagues rather than family or friends, women benefit from *both* professional and personal support (Etzion 1984). Finally, Greenglass (1993) also observed that women use professional and personal support as the basis for a range of constructive coping activities and are therefore able to gain enormous benefit from this resource.

With respect to the day-to-day demands of the job, it is interesting to note that while this variable relates positively to physical health outcome, it has no

⁵⁷ As indexed by cortisol, adrenalin and noradrenalin levels.

association with mental health. It is proposed that a number of items within this scale, such as “business travel and having to live in hotels”, or “having to work long hours” may more naturally describe a form of physical rather than psychological attrition. This is not sustainable, however, because even within these apparently more physically demanding aspects of work, there is a strong psychological element, including the emotional demands associated with the isolation of travel, the separation from family and the mental and emotional fatigue of working long hours. One suggestion, emerging from Frankenhaeuser’s (1991) descriptions of women’s workload, may shed some light on the significance of this aspect of work in terms of health outcome. She noted that the average women in full-time employment, without children, carried an average weekly workload of 78 hours. In this sense, the addition of travel, or particularly lengthy days in the office, leaves very little time for relaxation and recuperation and may therefore have implications for physical health.

With respect to the pressures of achievement, this potentially interesting link with well-being was discussed above (section 6.4) in terms of a possible marker of the desire to engage in the work role. In terms of psychological health the individual items, under-promotion and fear of redundancy were found to have an inverse relationship with the outcome measure, indicating that greater concerns with these aspects of the career sub-scale were indicative of lower levels of psychological distress. Alternatively, physical distress was linked with concerns associated with both under and over-promotion. It is difficult to account for the differential relationship between these aspects of career and achievement pressure

and physical and mental health. However, it is proposed that the unexpected inverse relationship between these factors and health symptoms may be related to women's desire to engage in the work-place. Amidst the discussions of the particular difficulties encountered by employed women, there is also a growing acknowledgement of the benefits to women of full-time work (e.g. Hiller and Dyehouse 1987; Repetti, Matthews and Waldron 1989; Scarr, Phillips and McCartney 1989; Verbrugge 1983). Within the role occupancy literature, the benefits of the role diversity are increasingly recognised (e.g. Amatea and Fong 1991; Barnett, Marshall and Singer 1992; Verbrugge 1983; 1986). Equally, Repetti et al (1989), in their discussion of why mothers work, note that social support, adult companionship and contacts with the larger world are important incentives. Finally, in considering why, in spite of the many challenges, women want to work, Scarr et al (1989) conclude that over and above financial necessity, women value the social and economic equality which work provides and argue that "Like most men, most women want to participate in the larger society" (p. 1403).

11.3 Phase I: Methodological Issues

Over and above the details of the observed relationship between occupational demand and the stress response, the present study findings highlighted a number methodological issues relating to the assessment of the significance of occupational stressors.

Firstly, it was observed that a reliable assessment of the relative importance of pressure ratings could not be achieved in the absence of health outcome measures. It was noted that the evaluation of pressures without reference to the stress response had the effect of underestimating the importance of variables such as the home/work interface and, overestimating the importance of stressors such as organisational structure and climate. Much of this “misrepresentation” of stressors was thought to result from the limitations of questionnaire data, in that within this format participants may present a selective account of their occupational experience.

Secondly, a comprehensive evaluation of the relationship between stressors and health, was found to require the use of separate, well established, indices of both mental and physical well-being. A differential relationship between stressors and mental and physical health was observed. As such, an assessment of the relationship between pressure and the stress response based solely on mental health outcome would have neglected significant aspects of participants’ work-role such as the aggravations of day-to-day organisational tasks.

Finally, the evaluation of women’s experience of work-place pressure was found to be insufficient and misleading when based solely on a sex-difference framework. Firstly, the reliability of comparisons was undermined by the difficulties of locating a comparable normative group. Women typically occupy a different occupational space from otherwise equivalent men, not only in terms of the industries where they are employed but also with respect to their function and

level of seniority within those industries (Alimo-Metcalfe and Wedderburn-Tate 1991; Cassidy and Warren 1990; Nicholson and West 1988). It is difficult, therefore, to find an appropriate comparison group.

Secondly, it may be misleading to discuss the significance of women's occupational experiences within a framework of how they differ from the experiences of men. In the absence of health data, the discussion of the equivalence of male and female pressure ratings, particularly relating to the home/work overlap, assumed enormous significance. However, a reappraisal of the significance of stressors in the context of the assessment of health, demonstrated the largely irrelevant nature of the comparison. One interesting observation emerging from this exercise, however, was the possibility that women may be, through habit or intent, playing down the importance of the demands of family life as part of the process of assimilating into a traditionally male organisational role.

Thirdly, it was also noted that although the Sources of Pressure in Your Job Scale (OSI) provided a useful summary of occupational stressors the scale is limited with respect to the particular concerns associated with the women manager role. That is, although wider organisational politics are addressed in the Organisational Structure and Climate sub-scale, the unique experiences of isolation, or discrimination to which women are thought to be subject, is not described within this scale. As a result it may be that the particular brand of organisational politics identified as a significant stressor for women in paid work (e.g. Alimo-Metcalfe

1992; Baker 1990; Davidson and Cooper 1984; Morrison and Von Glinow 1990) has been neglected as a possible source of pressure.

11.4 Phase II: The Relationship between Women's Coping Characteristics and Mental and Physical Health

The aim of the second phase of the study was to identify coping characteristics that were likely to be of use to women in the management of work and family demand. This question was addressed within the "Low Stress" - "High Stress" framework in which the coping characteristics of Low Stress participants acted as a "benchmark" of coping efficacy. Within this framework, the study examined the significance of individuals' coping range, their use of emotion-focused and problem-focused coping strategies, and their preference for an approach or avoidance coping style. Further, it was hypothesised (i) that Low Stress managers would describe greater self-control/learned resourcefulness than their High Stress counterparts and (ii) that Low Stress managers would be more likely than High Stress managers to possess a non-traditional gender-role identity.

In the context of these research questions it was found that, firstly, Low and High Stress women did not differ in their range⁵⁸ of coping strategies. Secondly, Low Stress participants were observed to be more likely than High Stress participants to use emotion-focused strategies and were no different from their High Stress colleagues in their use of problem-focused strategies. Further, the hypothesised relationship between self-control or learned resourcefulness and the stress

⁵⁸ Where "range" refers to the number of individual strategies described by participants in the management of occupational and domestic pressures.

response was supported in that Low Stress managers were found to have higher levels of self-control than their High Stress colleagues. Equally, the proposed association between a non-sex-typed gender identity and stress symptoms was confirmed in that Low Stress managers were more likely to describe either an androgynous or masculine gender-role orientation than their High Stress participants. Finally, with respect to the significance of the occupational context, High and Low Stress managers were observed to differ in their descriptions of three pressure factors relating to: (i) managing the demands of family life; (ii) the relationship with their immediate manager and (iii) their level of productivity and comfort in professional relationships. That is, High Stress participants attributed greater pressure ratings to each of these pressure factors than did their Low Stress colleagues.

While the original research questions were framed within the High and Low Stress model, based on a global assessment of health functioning, a breakdown of the individual scales which comprised this composite measure facilitated an assessment of the physical and psychological impact of pressure and coping variables. A number of interesting findings emerged from this analysis. Firstly, coping characteristics were found to be related to psychological health, but only emotion-focused coping was observed to be related to both physical and psychological health. Secondly, while the relationship between self-control and gender-role and mental health were confirmed, a less powerful, but significant, relationship was observed between a third coping variable "gender management" and mental health outcome. And, thirdly a combined analysis of coping and

pressure variables indicated that the coping variables, self-control, particularly self-efficacy, and gender orientation, and the pressures of domestic responsibility were the most significant factors in accounting for the mental health outcome.

That is, higher levels of resourcefulness, a non-traditional gender identity and less reliance on the strategies aimed at managing the implications of negative gender stereotypes, were associated with lower levels of reported psychological distress. And, with respect to sources of pressure, those factors described as significant in relation to Low and High Stress group membership, were also found to predict both mental and physical health functioning. That is, higher levels of pressure associated with domestic responsibility and the relationship with the line manager and lower levels of perceived productivity and comfort in work relationships were found to predict greater mental and physical health problems. Finally, a combined analysis of coping and pressure variables indicated that the most significant factors in accounting for mental health were the coping variables, self-control, particularly self-efficacy, and gender orientation, and the pressures of domestic responsibility.

To understand the significance of these conclusions within the debate on women's coping, the findings on the importance of an emotion-focused approach to coping are central. Hamilton and Fagot (1988) have observed a tendency towards the assertion that women are more likely to adopt an expressive rather than an instrumental coping style. Although, on the face of it, this contention seems reasonable, it is, however, associated with a number of difficulties. The evidence

for an expressive preference is limited and inconsistent (e.g. McDonald and Korabik 1991; Parasaman and Cleek 1984; Parkes 1990; Vitaliano, Russo, Carr, Maiuro and Becker 1985; Vingerhoets and Van Heck 1990). Also, since this expressive-instrumental distinction is often described within a sex-difference context it carries with it a value judgement. That is, in a social context which is predicated on the centrality of masculine values, the feminine nature of expressive coping, by definition, is perceived as being inferior to masculine instrumentality (e.g. Cassidy and Warren 1990).

In the context of the present study, however, two things become clear. Firstly, this group of women managers, like those academics studied by Parkes (1990), or the female managers studied by Long (1990), have access to a substantial range of instrumental *and* expressive strategies (see also Holohan and Moos 1985). Equally, on interview, they communicated a competence and confidence in their choice and application of these strategies (see e.g. Holohan and Moos 1985). However, the analysis of the relationship between coping strategies and health outcome, suggested that it was the *expressive*, rather than the instrumental aspect of the coping range which was associated with how well these women feel. That is, the use of emotion-focused coping was consistently associated with sustained mental and physical health in the face of high levels of demand. Clearly this data is correlational and it would be incorrect to assert a direction in this relationship. However, it is interesting to consider this association in establishing a picture of women's coping behaviour.

The findings on the impact self-control, it is argued, add to this picture. In the analysis of the relationship between resourcefulness and health status the self-efficacy aspect of resourcefulness was found to account for the variance in health status. The more instrumental aspects of self-control, including problem-solving and deferred gratification, failed to show any association with either physical or mental health. The more emotion-based, cognitive strategies and the individual's sense of control over her environment were observed to relate to health. Once again the correlational nature of the data raises the question of cause and effect such that one cannot discern whether good health might form the basis for an improved sense of efficacy or control or vice versa. Or whether a third factor might be related to both. However, it is interesting to observe the consistent association between the emotion-focused aspect of the coping dimension and a positive health status. Additionally the positive impact of self-efficacy on individuals' well-being receives support from a substantial literature on personal control (see Parkes 1989 for a review).

From the perspective of gender-role, the discussion of instrumentality versus expressiveness is raised again. In the sex-role literature a non-traditional sex-role orientation is thought to predict improved health functioning on the basis of the link between androgyny or masculinity and instrumentality. Alternatively, Patterson and McCubbin (1984) suggest that a non-sex-typed identity is useful because it affords the individual access to a greater range of potential strategies. Also, Maracek (1978) argues that the significance of a non-traditional style lies simply in the person's ability to disregard the constraints of gender expectations.

In the current sample, although a non-traditional gender-role was found to be associated with lower levels of psychological distress, the role of gender identity in the possible mitigation of distress was complex. Firstly, the suggestion that a non-traditional gender-role would be associated with more flexibility in coping range was confirmed. That is, a relationship was observed between gender-role and the number of individual coping strategies described by participants, so that non-sex-typed individuals described more coping strategies than their more traditionally sex-typed colleagues. Equally, within this range, a broad representation of both emotion-focused and problem-focused strategies was observed which appear to confirm Patterson and McCubbin's findings on the facilitation of flexibility within a non-traditional identity. Yet it was noted that, in terms of coping outcome, a greater reliance on the expressive or emotion-based aspects of this coping range was associated with reduced psychological distress. This observation may result from the fact although managers in this sample generally have access to, and are able to employ instrumental strategies or approaches, it is in the application of specifically emotion-based coping that they are distinguished as either High Stress or Low Stress (see also Holohan and Moos 1985).

Finally the literature suggests that gender role may lessen the impact of pressure by enabling the differential perception of demand. That is, the perception of stressors as a source of threat may depend on the individual's gender identity. This contention implies that a more flexible gender-role may render the conventional pressures of the feminine ideal redundant. By contrast, in this study,

gender identity was found to be associated only with the perception of pressures associated with the wider organisational structure and politics. That is, non-sex-typed managers described this aspect of organisational life as a greater source of pressure than their more traditional colleagues. The differential perception of stressors based on gender identity was, in this case, associated with an increase rather than a decrease in perceived demand. It is argued, therefore, in the context of the work-place, that a non-traditional gender-identity reduces the impact of occupational demand through the availability of a flexible coping range, and not through the differential perception of environmental demand.

As a final comment on the significance of coping characteristics, particularly with respect to the significance of an expressive approach to coping, the association between the coping factor "gender management" and mental health problems is important. Coping factors were conceptualised as higher-order representations of aspects of the individual's coping repertoire. This particular factor represented a favoured approach to the specifics of succeeding within a largely masculine occupational culture. The identification of this variable gives validity to the interview process in that this kind of specialised management of a unique source of demand is largely unaddressed in the standard coping questionnaire (Banyard and Graham-Bermann 1993). More significantly the nature of the link between this factor and health outcome is worthy of note. Although once again the direction of this association cannot be described, the use of strategies aimed at managing gender-related issues was found to be related to greater, rather than fewer, psychological symptoms. In her discussion on women's efforts to become

an effective part of the workplace, Alimo-Metcalfe (1992) describes the comprehensive management of a series of structural and political hurdles. Sheppard (1989) also comments on women's efforts to manage their femininity in the process of achieving professional credibility. It is interesting to note that this range of strategies is confirmed within the present study population, but disturbing to think that a reliance on this approach may be associated with reduced well-being. Given the earlier discussion on the importance of emotion-focused coping, it is argued that the association of this highly proactive, instrumental strategy, with poorer psychological health may underline the intractable nature of the gender issues within organisations (e.g. Davidson and Cooper 1987; Morrison and Von Glinow 1990) and, in the face of this intractability, the "inappropriateness" of this form of active coping.

Lastly, with respect to impact of work and family stressors, the pressures associated with the demands of domestic commitments, the relationship with the immediate manager and the experience of interpersonal comfort and productivity, emerged consistently, as predictive of both mental and physical health functioning. Confirming the results of the phase one analysis of sources of pressure, the demands of the family role, and working relationships were found to be important in participants' experience of distress. In line with the occupational literature, these findings confirm the centrality of family and relationship issues for women managers' sense of well-being. Although clearly the correlational nature of the data demands caution in interpretation, whatever the direction of cause and effect, if self-efficacy can be said to be part of a reflexive, but positive, coping

spiral, the association between these significant stressors and stress symptoms could describe an equally reflexive, but negative, spiral.

11.5 Methodological Issues

Before concluding the process of drawing together the study findings, some attention must be given to methodological issues. Although in the design of the study much attention was given to overcoming the methodological constraints a full interpretation of the study findings requires an awareness of the limitations of the data.

A fundamental question in the analysis of the coping response is the reliability of self-report data. In addressing the particular nature of individual coping strategies, much emphasis was placed on avoiding the restrictions of imposing pre-conceived notions of the nature of coping (e.g. Cohen 1988; Dewe and Guest 1990). Banyard and Graham-Bermann (1993) argue that this is of particular significance in the study of women's experience of stress and coping, noting that "Lists of coping strategies developed by researchers may not include ways of adapting used by particular groups" (p 309) (see also Matuszek, Nelson and Quick 1995; Greenglass 1995). The creation of a "gender management" factor from the coping data is a good illustration of Banyard and Graham-Bermann's point. In employing both questionnaires and a semi-structured interview great care was taken to overcome the constraints of established coping constructs. Nonetheless the limitations of these methods must be acknowledged.

With respect to the interview schedule, coping activities were accessed via a process which required participants to consider how they coped with particular elements of organisational and family life. The use of these strategies was then calculated on a frequency basis across a series of situations. While this format had the advantage that in each instance participants were responding to the same scenario (e.g. Carver and Scheier 1994), and that it provided stimulus material which was directly relevant to the experience of the study managers, both the potential intrusiveness of the interview process and the difficulties accessing data will have undermined the findings to some degree.

Cohen (1988) has observed the difficulty of accessing descriptions of what may be routine, automatic coping activities. He argues that individuals are more likely to recall and describe strategies which are more novel, less developed and therefore more of a struggle, than those habitual strategies which have become part of their routine. The social support which may be an integral part of the individual's work or family network may be taken for granted and overlooked in their description of coping behaviour, particularly when compared to a newly acquired skill. Equally, the popular and easily recalled techniques, often the focus of management training courses, such as time management skills, are more easily recalled, and, importantly, more easily described, than other more idiosyncratic strategies. Further, the comparison of managers' coping range may be confounded by individual differences in communicative style. Given that people differ both in their ability and tendency to express themselves reticent participants

may describe a more limited range of categories than their more forthcoming colleagues.

With respect to the wider issues associated with the use of self-report data, Bailey and Bhagat (1987) argue that in the very process of collecting these kinds of data the researcher is interacting with the subject to a degree that will contaminate the results. Citing Webb et al's (1981) comments on self-report data, they note "interviews and questionnaires intrude as a foreign element into the social setting they would desire, they create as well as measure attitudes, they elicit atypical roles and responses, they are limited to those who are accessible and will cooperate" (Webb, Campbell, Schwartz and Sechrest 1966; p 1-2). That is, the interview or questionnaire carries with it certain demand characteristics that suggest to the respondent an appropriate or "approved" response and may also create a pattern of response appropriate to that moment but with limited validity.

In the context of this study it has already been noted that participants' ratings of the home-work interface may have been artificially reduced by the practice of "containing" the description of this source of pressure. The interview data suggested a climate in which family life must be glossed-over or minimised in the interest of maintaining professional credibility. Therefore it is tempting to speculate that, as part of the description and rating of sources of pressure, the significance of this rather awkward stressor would continue to be played down. Equally, in responding to a questionnaire such as the Bem which requires a self-assessment of, for example, helpfulness, self-sufficiency or conceit, the desire to

present an acceptable rather than an accurate self-portrait might be difficult to resist. Alternatively, the low self-esteem and negative outlook characterised as “negative affectivity”, may pre-dispose the individual towards predominantly bleak account of organisational life (Watson and Clark 1984; Brief et al 1988). Finally, in reporting the allocation of domestic responsibility there is a possibility that participants may have exaggerated their own effort, either consciously, to impress, or sub-consciously, because that is the way it is perceived. Equally, participants may under-play their description of household responsibility in an effort to present a picture of a happily egalitarian family.

With respect to the interview process itself, Cohen’s (1988) comments on “contamination” are highly relevant. Firstly, the interview format required that participants view the demands of the work role from a gender perspective. This process may have primed respondents towards the importance of gender and helped “crystallise” a more gender-focused view than was actually the case (Folger and Belew 1985). Secondly, the characteristics of the interviewer, whether in terms of the explicit “badges” of gender, age, race and appearance, or the subtle non-verbal reinforcements which direct the subject’s responses, will also have impacted on data collection. Finally, a participant’s natural suspicion about the extent of confidentiality, particularly in a study sponsored by her employers, may add an element of caution which undermines the authenticity of her responses.

However, although self-report data must be interpreted cautiously the reactivity and intrusiveness of the research process may need to be accepted as part and parcel of any methodology. Bailey and Bhagat (1988) note, for example, that even when electronic recording equipment such as a polygraph is used, a degree of reactivity occurs which must be accounted for in the interpretation of data (e.g. Sallis and Lichstein 1979: cited in Bailey and Bhagat 1988). In the current study, it is argued that the interview process provided an additional point of access to coping material. Most significantly, it provided an opportunity for participants to describe coping strategies and environmental pressures which were unique to this particular group and which would have been lost in a more nomothetic methodology. Nelson and Quick (1985) suggest that the in-depth interview approach provides a valuable idiographic profile of women's experience of stress. That is, the interview format produces details of the texture of respondents' lives rather than their reaction to someone else's version of their lives. Moreover, since individual appraisal is pivotal to the "stress-strain" transaction, it is argued that there is some validity in the application of a phenomenological stance. From this perspective, the individual's perception of the world is, by definition, valid, independent of objective or observable parameters (Fleming, Baum and Singer 1984). It is proposed, therefore, that rather than abandoning the opportunity to explore the individual's version of the world, this method should be pursued, provided the interpretation of findings reflects an understanding of the likely pattern of influences on participants' reports.

A second area of concern in the interpretation of the current findings is the cross-sectional nature of the study. Edwards and Cooper (1988), among many others, underline the dynamic nature of coping in contrast to the static model which is defined within the current study framework. Suls and Fletcher (1985) underline this point in suggesting that the determining factor in judging the efficacy of a coping approach is more often than not the timing of the evaluation of that approach (see also e.g. Briner 1995). In highlighting the temporal nature of coping, they quote Wolff, Friedman, Hofer and Mason's (1964) study of coping strategies employed by parents of terminally ill children. The authors found that while a denial or rejection of the reality of the crisis had short-term benefits, attending to the crisis was more beneficial in the long-term. While the current study suggests an association between the use of emotion-focused strategies and Low Stress group membership, it would be of value to assess the long-term impact of an emotion-focused approach.

A third area worthy of comment is the make up of the sample group. In the introduction, and particularly in the presentation of the study rationale, much was made of the profile of study participants. It was argued that the focus on an all-female sample extricated the research question from the muddle of comparative, sex-difference formats and, moreover, the "typical" profile of respondents provided a representative sample of working women which underpinned the generalisability of findings. It is acknowledged, however, that while these two requirements were achieved, in constructing a largely homogenous sample, generalisability was undermined, in that respondents were predominantly white,

urban, middle class, western women. Equally, the sample was rather skewed with respect to the small proportion of participants with children. Russo (1985) suggests caution in generalising from one group of women to another, and Baruch et al (1987) quote the Krause and Markides study, discussed in chapter 4, which highlights the significance of cultural values in the experience of family support (see also Banyard and Graham-Bermann 1993; Korabik and Von Kampen 1995). It is important, therefore, that the discussion of the findings of this study are seen to refer to the particular group under examination but may not be transferable to women with different cultural and/or economic backgrounds.

Finally, the correlational nature of the analysis is of enormous significance in the interpretation of the study findings. Although the inconclusiveness of the literature on coping in many ways suggests the need for an initially explorative approach in the study of women's coping, the limits on the discussion of cause and effect is constraining. Equally, the limited variance explained by the variables under study may suggest a need for improvement in the definitions particularly of coping and pressure factors.

11.6 Future Research Directions

The findings of the study have been presented within a discussion of methodological constraints, particularly those relating to self-report data. The natural development of this discussion is the consideration of the shape and design of future research addressing women's coping activity.

One of the key findings to emerge from the present study was the relationship between emotion-focused coping and both mental and physical health. Equally, the particular significance of self-efficacy and a non-traditional gender-role orientation was underlined. The research questions were, however, framed within a cross-sectional design and, while the analysis of the relationship between stressors and the stress response is persuasive, there remains a need to understand more about the direction of this relationship and about the long-term impact of these coping characteristics. One of the fundamental considerations in building on the present study findings is, therefore, the need to address the issue of coping, but particularly self-control/self-efficacy, within a longitudinal design.

In their analysis of the stress and coping response Edwards and Cooper (1988) underline the dynamic, reflexive, nature of this interaction. Equally, Suls and Fletcher (1985) present persuasive evidence for a temporal perspective on the analysis of coping efficacy. They argue that a coping reaction which may be highly appropriate as a first response to a stressor may lose its impact, or become counter-productive, as events unfold (see also Pearlin 1989). A longitudinal framework would offer both a window on the detail of the coping response and an opportunity to assess the long-term effect of that response.

With respect to the coping response itself, it has been suggested that a valid analysis of women's coping requires the researcher to challenge existing models of coping behaviour. The futility of assessing the significance of women's coping effort in the context of models derived from male experiences, or evaluated

against male coping behaviour, has been demonstrated in the present study (see also Harding 1991: cited in Banyard and Graham-Bermann 1993). Greenglass (1995) addresses this issue in considering the question of coping efficacy. She suggests that the definition of effectiveness must be extended to include the particular nature of women's coping. Quoting Banyard and Graham-Bermann (1993) she refers to women's coping as "relational" in nature and proposes that the concept of a successful outcome should encompass indices of family as well as personal health. Equally, with respect to well-being, outcome measures might also be extended beyond the analysis of distress to include positive measures of subjective well-being (e.g. Barnett and Marshall 1991).

Beyond the extension of the definition of coping outcome, further attention might usefully be paid to the specific nature of coping resources. The centrality of personal control is clearly established in the coping literature (see Parkes 1989). The present findings support this position, but appear to confound expectations in the observed relationship between good health, self-efficacy and a passive/emotion-focused coping style. This link is pivotal to our understanding of women's coping, since it underlies the challenge for women to retain a sense of control and efficacy in the face of structural as well as individual pressures (e.g. Davidson and Cooper 1987; Handy 1988; Maracek 1978: in Patterson and McCubbin 1984; Pearlin 1989; Shinn et al 1984; Yoder 1990). Parkes (1989) defines control on three levels, including the individual's beliefs regarding her level of self-efficacy; the actual opportunity for control permitted by an environment and the individual's perception of the opportunity for control in

particular environments. Given the importance of control in the coping response, and Maracek's (1978: cited in Patterson and McCubbin 1984) comments on the significance of gender norms in the perception of situational control, it would be interesting to explore women's perceptions of control within Parkes' (1984) model.

Finally, in the pursuit of an improved analysis of coping, attention to must be given to establishing a robust and reliable research design. Bailey and Bhagat (1987) propose that self-report data can be supported by additional sources of validation, such as physiological measures, absenteeism and behavioural observation⁵⁹. Thus the creativity of qualitative research is substantiated by less intrusive and more objective data collection procedures. It is argued that this combined approach may have enormous relevance to the analysis of women's coping.

11.5 Conclusion:

This study developed out of a desire, firstly, to understand more about the challenges currently facing women in paid work and, secondly, to identify techniques or strategies which may be useful in the management of these challenges. At the heart of this process has been an attempt to address the uniqueness of women's coping experience within a reliable and robust

⁵⁹ See also Payne et al's (1982: cited in Nelson and Quick 1985), discussion of triangulation.

methodological framework. Interestingly, this “balancing act” reflects both the efforts towards adaptation which are central to the coping response, and the particular conflicting nature of the demands to which women are required to adapt.

The study found a strong relationship between emotion-focused coping and both physical and mental health. Equally, a non-traditional gender-role identity and a high level of self-control, particularly self-efficacy, was found to be important in achieving sustained psychological well-being. That is, although, participants had access to an extensive instrumental repertoire, it was their use of an expressive approach which predicted both physical and mental health. Finally, the significance of the stressors “Domestic Responsibility” and “Relationship with the Line Manager” underlined the importance of women’s personal and professional relationships in predicting mental and physical well-being.

In the coping literature an expressive or emotion-based approach is typically understood to be less effective than a problem-focused or instrumental style. The present findings challenge this proposition in that an expressive coping response was not only found to be related to improved well-being but also to participants’ sense of self-efficacy and, therefore, personal control. In this sense, this group of women managers have “re-defined” coping efficacy as emotion-focused rather than instrumental. It is proposed that this “re-definition” is based, firstly, on the rejection of the assumption of the intrinsic superiority of instrumentality and, secondly, on an acknowledgement of the importance of appropriateness in the

coping response. Effective coping requires the individual to adapt to the particular nature of the demand. In their working lives women typically encounter dilemmas which have a structural or socio-political basis and are not amenable to simplistic solutions. In this context, the management of destructive emotions arising from the intractability of organisational life can be defined as adaptive.

In the last thirty years women have pursued a process of assimilation into male work cultures. Women clearly want to engage in work, and benefit from that engagement. However, the cost of this process of assimilation may be the rejection of a highly adaptive natural coping resource. There is more to learn about the nature and impact of this resource, however, the present study findings indicate that women's tendency towards an expressive/relational coping style may represent a highly adaptive reaction to work and family demand.