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Chapter 3

PROACTIVE COPING

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Luck is What Happens When Preparation Meets Opportunity
Elmer Letterman

Coping with stress is the subject of many articles and books. Attention has been focused on coping strategies and the ways in which they can alleviate stress levels and promote higher quality of life. While in the past coping was seen mainly as reactive, a strategy to be used once stress had been experienced, more recently coping is being seen as something one can do *before* stress occurs. Increasingly, coping is seen as having multiple positive functions. The idea that coping can have positive functions parallels recent research highlighting the role of positive beliefs in the promotion of health (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). Proactive coping incorporates a confirmatory and positive approach to dealing with stressors. In their introductory article to a Special Issue on Happiness, Excellence and Optimal Human Functioning in the premier issue of the American Psychologist in the new millennium, Seligman and Csikszentmihalyi (2000) discuss the importance of positive individual traits and positive institutions for improving quality of life and preventing pathology. Proactive coping focuses on improving quality of life and in so doing incorporates elements of positive psychology.

There are several reasons for believing that positive beliefs might contribute to the promotion of well-being. For example, positive beliefs may predict to higher levels of physical health by promoting better health practices. Individuals who have a positive sense of self worth

and believe in their own ability to exert control, may be more likely to practice conscientious health habits. Positive emotional states are related to good social relationships. Self-confident and optimistic individuals may have more social support and/or they may be more effective in mobilizing it when they experience a lot of stress (Taylor & Brown, 1994). Also, individuals who have well developed psychosocial resources, including a sense of personal control, high self-esteem and optimism, are more likely to cope proactively with respect to health which may minimize the effects of stress (Aspinwall & Taylor, 1997).

This chapter focuses on proactive coping and its function in promoting well-being. Proactive coping is a coping strategy that is multidimensional and forward-looking. Proactive coping integrates processes of personal quality of life management with those of self-regulatory goal attainment. Proactive coping differs from traditional conceptions of coping in three main ways:

First, traditional coping forms tend to be reactive coping in that they deal with stressful events that have already occurred, with the aim of compensating for loss or harm in the past; proactive coping is more future-oriented. Since the stressful events have already taken place, reactive coping efforts are directed toward either compensating for a loss or alleviating harm. In general, this is the type of coping that has been assessed in much of the research on coping to date. In contrast, proactive coping is oriented more towards the future. It consists of efforts to build up general resources that facilitate promotion of challenging goals and personal growth.

The second distinction between reactive coping and proactive coping is that reactive coping has been regarded as *risk* management and proactive coping is *goal* management. (Schwarzer, 1999a). In proactive coping, people have a vision. They see risks, demands, and opportunities in the future, but they do not appraise these as threats, harm, or loss. Rather, they

perceive difficult situations as challenges. Proactive coping becomes goal management instead of risk management.

Third, the motivation for proactive coping is more positive than in traditional coping in that it derives from perceiving situations as challenging and stimulating whereas reactive coping emanates from risk appraisal, i.e., environmental demands are appraised negatively, as threats.

A. A Brief History of Coping in Psychology

Stress and coping have received widespread attention in recent years both in the psychological literature and in the media. This is due to findings that stress is not only widespread, it also has deleterious effects on both physical and mental health. There are large individual differences in the way individuals cope with their stress. It can be said with some certainty that stress and coping are ubiquitous in everyday life and affect everyone. Stress and coping (how individuals manage distressing problems and emotions) have been the focus of a remarkable amount of research over the past few decades. Within psychology, there have been three decades of research on the psychological aspects of stress. Moreover, stress has been documented to occur in virtually all spheres of life including work, school, family, and interpersonal relationships. Considerable research has also implicated stress in the etiology of a variety of illnesses including diseases of the heart and circulatory system as well as various cancers. Given the widespread prevalence of stress and the need to reduce it, there has been a proliferation of coping research during the last three decades. Coping strategies play a critical role in an individual's physical and psychological well-being when faced with challenges, negative events and stress. Coping may also be conceptualized more broadly as part of an approach to life in which an individual's efforts are directed towards goal management and the identification and utilization of social resources to achieve one's goals.

Unlike previous work on coping which emphasized unconscious processes, more recently, research has used self-report measures of coping behaviours. In the face of stressful events, the participant is asked to indicate the kinds of coping behaviour he or she uses (Lazarus & Folkman, 1984). Lazarus (1993) offers the most widely accepted definition of coping: changing cognitive and behavioural efforts to manage psychological stress. In the process-oriented approach to coping put forth by Folkman and Lazarus (1985), coping is seen as a response to demands in stressful situations. Their work has also had a major impact in the way coping has been measured, beginning with the appearance of the *Ways of Coping Checklist* (Folkman & Lazarus, 1980), a self report instrument with 68 items that lists a variety of behavioural and cognitive coping strategies. The checklist is a yes/no format and is answered with regard to a specific event. Two main subscales were developed: a problem focused coping subscale and an emotion-focused coping subscale. Internal consistency ratings for problem-focused coping were .80 and for emotion-focused scale, .81 (Folkman & Lazarus, 1980).

A revision of the *Ways of Coping Checklist* was reported by Folkman and Lazarus (1985) in which they changed items as well as the response format which now was a 4-point Likert scale for the 66 items. A factor analysis of results of questionnaires administered to university students on three occasions resulted in a six- factor solution using the new scale (Folkman & Lazarus, 1988; WCQ). On the basis of their findings, eight subscales were developed: Planful problem solving, seeking social support, and six emotion focused scales. In another study using the WCQ, Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen (1986) performed factor analyses that produced eight coping scales with moderate to high internal consistency ratings and include scales such as “positive reappraisal” and “distancing”. This scale continues to be used most in coping

research despite weak empirical support for the validity of the coping subscales and modest internal consistency reliabilities (Endler & Parker, 1990).

B. Coping, Intentionality and Goal-Oriented Behaviour

While the objective study of stress and coping has dominated the research sphere for the last three decades, with the *cognitive* revolution came the acknowledgement that intrapsychic processes can and often do intervene between stressful events and responses. Viewed in this way, coping is part of a psychosocial pattern of reactions – others include social support, self-efficacy, hardiness – posited to mediate the relationship between stress and illness (Somerfield & McCrae, 2000). Making life manageable involves a functional consciousness which invokes purposive accessing and deliberating processing of information for selecting, constructing, regulating and evaluating courses of action. This is achieved through intentional mobilization and productive use of representations of activities, goals and other future events (Bandura, 2001). Coping entails planning, purposiveness and a cognitive representation of activities, both previous and future. Coping involves the purposive accessing and deliberative processing of information for selecting, constructing and evaluating action (Bandura, 2001). In this way, intentionality is merged with cognitive factors to form coping strategies that develop out of previous behavioural patterns while at the same time being future-oriented.

A. Functions of Coping

These observations suggest that coping may be multifunctional. In the past, the dominant conceptual model used in research focused on coping effectiveness as manifest in the reduction of distress, often to the exclusion of other functions. But, coping may have other functions as well. According to Schwarzer (2000), there are four types of coping.

Reactive coping is defined as an effort to deal with a stressful encounter that has already happened. Since the stressful events have already taken place, coping efforts are directed here to either compensating for a loss or alleviating harm. In general, this is the type of coping that has been assessed in much of the research on coping to date.

Anticipatory coping is defined as an effort to deal with imminent threat; individuals face a critical event that is certain to occur in the near future. In anticipatory coping, there is a risk that a future event may cause harm or loss later on, and the person has to manage this perceived risk. The situation is appraised as an imminent threat. The function of coping may lie in solving the actual problem at hand, such as increasing effort, getting help, or investing other resources. This type of coping also involves investing one's resources to prevent or combat the stressor.

Preventive coping may be defined as an effort to build up general resistance resources that reduce the severity of the consequences of stress, should it occur, and lessen the likelihood of the onset of stressful events in the first place. In preventive coping, individuals face a critical event that may or may not occur in the distant future. Preventive coping involves risk management, but here one has to manage various unknown risks in the distant future.

Proactive coping consists of efforts to build up general resources that facilitate the achievement of challenging goals and promote personal growth. Individuals vary considerably in the resources they bring to stressful situations. Personal resources include coping strategies, personality attributes such as self-efficacy, and social support. Better individual resources empower individuals to cope more effectively with the stress. These ideas owe much to those put forth by Hobfoll in his Conservation of Resources theory (COR). Hobfoll (1988) argued that people work to obtain resources they do not have, retain those resources they possess, protect resources when threatened, and foster resources by positioning themselves so that their resources

can be put to best use. According to this theory, stress is predicted to occur as a result of circumstances that represent (1) a threat of resource loss, or (2) actual loss of the resources required to sustain the individual (Hobfoll, 1988;1989).

In proactive coping, people have a vision. They see risks, demands, and opportunities in the far future, but they do not appraise these as threats, harm, or loss. Rather, they perceive difficult situations as challenges. Coping becomes *goal* management instead of *risk* management. Individuals are not reactive, but proactive in the sense that they initiate a constructive path of action and create opportunities for growth. Preventive and proactive coping are partly manifested in the same kinds of overt behaviours as skill development, resource accumulation, and long-term planning. However, the motivation can emanate either from threat appraisal or from challenge appraisal, which makes a difference. Worry levels are high in preventive coping but lower in proactive coping (Schwarzer, 2000).

The processes through which people anticipate potential stressors and act in advance to prevent them can be seen as proactive behaviour. To the extent that individuals offset, eliminate, reduce or modify impending stressful events, proactive behaviour can eliminate a great deal of stress before it occurs. The skills associated with this behaviour include planning, goal setting, organization and mental simulation (Aspinwall & Taylor, 1997).

Proactive coping is distinguished by *three* main features (Greenglass, Schwarzer, Jakubiec, Fiksenbaum, & Taubert, 1999a; Greenglass, Schwarzer, & Taubert 1999b):

- it integrates planning and preventive strategies with proactive self-regulatory goal attainment,
- it integrates proactive goal attainment with identification and utilization of social resources, and

- it utilizes proactive emotional coping for self-regulatory goal attainment.

An important feature of proactive coping is that it often utilizes the resources of others. This includes practical, informational and emotional resources that can be provided by others.

A. Social support and Stress

Social support is utilized by persons experiencing stress when they draw directly on the resources of their social networks. Social resource factors may serve either as a buffer in the coping process or may directly improve well-being (Cohen & Wills, 1985; Greenglass, 1993; Hobfoll, 1988). In main effects analyses, an inverse relationship has been found between social support and stress with negative correlations being reported between social support and reported stress and strain. The buffer argument suggests that stress may affect some persons adversely, but that those who have social support resources are relatively resistant to the deleterious effects of stressful events. The evidence for the buffering effect of social support on stress is controversial (Himle, Jayaratne, & Thyness, 1991). Cohen and Wills (1985) suggest that the buffering effect of social support may be limited by differences present in various studies including those associated with changing environments as well as particular individual responses to stress.

Since social support is significantly related to health, research is needed to examine the nature of this relationship. According to Bisconti & Bergeman (1999), the study of social support, as well as perceived control over the mobilization of support may provide researchers with understanding of the processes by which social support promotes well-being. These observations highlight the importance of distinguishing conceptually between habitual social resources (social networks) in the coping process, and mobilization of support in a particular stress situation as a unique coping response. Social networks represent the objective basis for social integration . Social integration refers to the structure and quantity of social relationships such as the size and

density of networks. Social support refers to the function and quality of social relationships such as perceived availability of help or actual received support. Findings show that social integration is positively associated with health. It may be that individuals who are integrated into their communities are aware that social support is available to them should they need it in a difficult or challenging situation (Schwarzer, Dunkel-Schetter, & Kemeny, 1994; Schwarzer, Hahn, & Schröder, 1994).

In the past, research on coping and social support has tended to be separate, conceptually and empirically. However, there has recently been research attention directed towards linking coping and social support in order to evolve an interpersonal theory of coping with stress. For example, DeLongis and O'Brien (1990) in their treatment of how families cope with Alzheimer's disease, discuss how interpersonal factors may be important as predictors of the individual's ability to cope with the situation. They talk about the importance of drawing on the resources of others for coping with difficult situations. Hobfoll, Dunahoo, Ben-Porath, and Monnier (1994) also address the interpersonal, interactive nature of coping and social resource acquisition.

B. Coping and Social Support

There are several advantages to linking social support to coping. First, in viewing social support as a form of coping, one can theoretically link areas that have been previously viewed as conceptually distinct. This allows for the elaboration of traditional constructs using theoretical developments in the other area. Second, conceptualization of social support as coping broadens the concept of coping as it has traditionally been defined to include interpersonal and relational skills. Third, this approach recognizes the importance of resources in others which can be incorporated into the behavioural and cognitive coping repertoire of the individual. Moreover,

according to the present reformulation, interpersonal strength and relational skills are conceptualized as positive coping strengths, which can be developed.

Research findings suggest that the connection between support and coping is stronger in women. For example, according to Norcross, DiClemente and Prochaska (1986), women, compared to men, use more coping forms involving interpersonal relationships. Women, more than men, are expected to be sensitive to others' needs, according to traditional gender-role expectations (Greenglass, 1982). Additional findings suggest that women may utilize support from others through talking with one another. As Etzion and Pines (1981) explained it, women are more often able to make more effective use of their support networks than men since they tend to talk more with others as a way of coping with stress.

Other research findings suggest that women are able to utilize social support from others to develop instrumental and preventive coping strategies as shown by Greenglass (1993) who examined the role of supervisor and family and friend support in the prediction of various coping strategies in male and female managers. Regression results for women managers showed that supervisor support was linked positively and significantly with preventive and instrumental coping, and that friend and family support also related positively to the development of preventive coping. In contrast, in men managers, only supervisor support predicted positively to preventive coping. Thus, in women, it was more likely that there had been an incorporation of interpersonal support into the construction of cognitive coping forms.

These findings are consistent with the *Functional Support Model*. According to this model (Wills, 1990), close relationships help a person cope with stress because in such relationships the person can disclose and discuss problems, share concerns, and receive advice that is keyed to a person's needs. This model suggests that close relationships contribute to well-being through

increasing use of more effective coping forms, i.e., instrumental and internal control, and by decreasing use of negative, emotion-focused coping, with a corresponding decrease in negative affect. For Thoits (1986), social support is seen as coping assistance: coping and social support are seen as having functions in common. These are not only instrumental and emotional, but also perceptual which includes informational support that can alter perceptions of meaningful aspects of stressful situations.

Linking social support and coping, resources from one's network, including information, practical assistance and emotional support, can contribute positively to the construction of individual coping strategies (Greenglass, 1993). Proactive coping draws on both internal and external resources. Internal resources include optimism and self-efficacy and refer to the *internal* coping options that are available in a particular stressful encounter. It is vital to feel competent to handle a stressful situation. Perceived competence is crucial, this is often labeled as perceived self-efficacy or optimistic self-beliefs (Bandura, 1992). Perceived self-efficacy or optimism is seen as a prerequisite for coping. Social resources refer to *external* coping options available to an individual in a stressful encounter.

A. Theoretical Model for Proactive Coping:Resources and Outcome

Figure 1 presents a schematic representation of the theoretical relationship between proactive coping, internal and external resources and various outcomes, both positive and negative.

Insert Figure 1 about here

As can be seen in this diagram, proactive coping mediates between resources and outcomes. Internal resources can include optimism and self-efficacy beliefs and represent affective and cognitive elements, respectively, that define felt competency to handle a stressful situation. External resources are found in the social context within which individual coping develops and includes different types of support such as information, practical help and/or emotional sustenance. Social support can serve a variety of functions. For example, to the extent that an individual draws on informational support, the perception of the meaningful aspects of a stressful situation can be modified. The sharing of feelings and affect that can occur in an emotionally supportive relationship can also result in a change in the meaning of a stressful situation for an individual. Thus, cognitive changes can occur in one's perception of a stressful situation as a result of affective support.

At the same time, self-efficacy and social support are positively related to each other; to the extent that individuals possess self-efficacy, they also tend to report significantly more support from those around them. People with a high sense of social efficacy create social support for themselves. Perceived self-efficacy reduces vulnerability to depression through the cultivation of socially supportive networks (Holahan & Holahan, 1987a, 1987b). Social support enhances perceived self-efficacy. This in turn fosters successful adaptation and reduces stress and depression. Thus, a strong sense of social efficacy facilitates development of socially supportive relationships and reciprocally, social support enhances perceived self-efficacy (Bandura, 1992). Proactive coping is seen as directly reducing negative outcomes including depression and burnout, especially emotional exhaustion and cynicism as well as anger feelings. Because

proactive coping is a positive strategy that is seen as promoting self-growth, professional efficacy and life satisfaction may be seen to increase with this kind of coping.

A. Development of the Proactive Coping Inventory (PCI)

We developed the Proactive Coping Inventory (PCI) in order to have a multidimensional coping inventory that would allow assessment of the different aspects of coping used by individuals during stressful times as well as in anticipation of stress and difficult situations ahead (Greenglass et al., 1999a). The PCI incorporates planning and preventive strategies with proactive self-regulatory goal attainment. It integrates proactive goal attainment with identification and utilization of social resources, and it utilizes proactive emotional coping for self-regulatory goal attainment.

In the first stage of the development of the PCI, students and psychologists assisted in generating 137 items which represented a wide range of coping behaviours. These items were derived from responses to the following questions: 1. Think back to problems you have had in the last six months, what specifically did you do to try to solve them? It may help to think specifically of one problem. 2. Did your efforts help? 3. Describe how you felt at the time.

Using precepts from Schwarzer's Proactive Coping Theory (Schwarzer, 1999a), these items were then divided into 18 subscales and 5 dimensions, describing various dimensions of behaviour and cognition that are important for proactive coping. These included three dimensions of stress appraisal, two forms of proactive reflective coping, four dimensions of proactive resource management, three of proactive emotional coping and five forms of proactive goal-oriented coping action. Some of the dimensions were: Proactive stress appraisal, proactive

reflective coping, proactive resource management, proactive emotional coping, and proactive goal-oriented coping action.

The item pool was then analysed and reduced in order to develop a set of proactive coping scales with good psychometric properties. At this stage a 3-item scale measuring Avoidance Coping was included. As this concerned delay of coping rather than coping itself, this scale has been omitted from the present discussion. What is presented here is an analysis of the other items carried out separately for each of three samples: a Canadian Student sample, a Polish-Canadian sample, and a Canadian Adult sample as described below. There were six new scales consisting of a total of 52 items developed from the original 137 PCI item set using statistical techniques such as Pearson product-moment correlation, factor analysis, principal component analysis, and reliability procedures.

Theoretically, proactive coping is driven by a Proactive Attitude, which is a relatively persistent personal belief in the rich potential of changes that can be made to improve oneself and one's environment. This includes various facets such as resourcefulness, responsibility, values and vision. A primary draft of the scales was developed using the Canadian Student sample and then tested with the Polish-Canadian sample and further validated with the Canadian Adult sample. The six scales of the PCI are, The Proactive Coping Scale, the Reflective Coping Scale, Strategic Planning, Preventive Coping, Instrumental Support Seeking, and Emotional Support Seeking.

In the Canadian Student sample, the respondents were college students recruited for the survey during class. The sample consisted of 252 individuals, 66 males and 179 females (7 did not indicate their gender). Age ranged from 17 to 60 years, mean age was 21.74 years. All were undergraduate students The Polish-Canadian sample consisted of 144 Polish immigrants living in

Canada. There were 46 males and 98 females. They were recruited in the Polish-Canadian community in Toronto. Age ranged from 16 to 60 years, mean age was 38.93 years. Only 18 were students and the remaining respondents, 126, were adults. Of the 144 respondents, 68 held white-collar positions and 48 were in blue collar-occupations.

A further validation study is described below that illustrates how use of proactive coping can lead not only to lower burnout and anger but also to positive outcomes including greater professional efficacy, fairer treatment at work and greater life satisfaction (Greenglass, 2000). In this study we included 178 men and women who were employed in a variety of mainly white-collar occupations in a large Canadian city. Approximately two thirds were non-university educated and 57% were married and living with their spouse/partner. Respondents filled out anonymous and confidential questionnaires. This third group is referred to as the Canadian Adult sample.

B. The Proactive Coping Inventory (PCI) Subscales

The Proactive Attitude Scale (Schwarzer, 1999b) and the General Perceived Self-Efficacy Scale (Schwarzer, 1998) were used as external criteria during construction of the Proactive Coping Scale. Proactive coping integrates motivational and intentional aspects with volitional maintenance processes. The Proactive Coping Scale ($\alpha = .85$) consists of 14 items and combines autonomous goal setting with self-regulatory goal attainment cognitions and behaviour. The Reflective Coping Scale ($\alpha = .79$), with 11 items, describes simulation and contemplation about a variety of possible behavioural alternatives by comparing their imagined effectiveness, and includes brainstorming, analyzing problems and resources, and generating hypothetical plans of action. Strategic Planning ($\alpha = .71$) is a 4-item scale that focuses on the process of generating a goal-oriented schedule of action in which extensive tasks are broken down into manageable

components. Preventive coping ($\alpha = .83$) (10 items) deals with anticipation of potential stressors and the initiation of preparation before these stressors develop fully. Preventive coping is distinct from proactive coping. Preventive coping effort is directed toward a potential threat in the future by considering experience, anticipation or knowledge. In comparison, proactive coping is not based on threat but is driven by goal striving. Instrumental Support Seeking ($\alpha = .85$) (8 items) focuses on obtaining advice, information and feedback from people in one's social network when dealing with stressors. Emotional Support Seeking ($\alpha = .73$), a 5-item scale, is aimed at regulating temporary emotional distress by disclosing feelings to others, evoking empathy and seeking companionship from one's social network. It is emotional self-regulation with the assistance of significant others. Internal consistencies reported here are for the Canadian Student sample and range from .71 to .85. The Cronbach alphas for the PCI subscales in the Polish-Canadian sample are similar to those in the Canadian Student sample, ranging from .64 to .84. In general, each of the scales showed good item-total correlations and acceptable skewness as an indicator of symmetry around the mean. Principal component analyses confirmed their factorial validity and homogeneity. The complete Proactive Coping Inventory can be found in Table 1.

Insert Table 1 about here

C. Interrelationships Among the PCI Scales

According to theory, when faced with stress, the proactive coper invokes several cognitive and psychosocial processes. Since proactive coping involves purposive accessing of information for selecting, and constructing courses of action, reflective coping should be associated positively with proactive coping. At the same time, the proactive coper integrates planning, preventive

strategies, and social resources with self-regulatory goal setting. This means that proactive coping should be associated as well with planning, prevention strategies, and identifying and seeking support resources. The interrelationships among the PCI scales were examined in all three samples using Pearson's product moment correlations with remarkably consistent results as may be seen in Table 2.

Insert Table 2 about here

As expected, proactive coping scores correlated positively with some of the other PCI scales including preventive and reflective coping, strategic planning and support seeking. It was originally stated that proactive coping was multidimensional. These findings support this notion by indicating in all three samples positive correlations between the proactive coping subscale and the other PCI subscales, but with clear evidence of clusters marking several distinct dimensions. Instrumental and emotional support seeking were highly correlated with each other in all samples; however, results of factor analyses confirmed they were in fact separate factors (Taubert, 1999). Further findings indicate that reflection is strongly related to preventive coping and planning in all three samples, as seen in relatively high correlations between reflective coping, preventive coping and strategic planning. Reflection is clearly part of preventive coping and strategic planning. Planning and prevention were moderately correlated with each other in all three samples, an expected finding given they both involve a cognitive orientation towards anticipatory preparation for future eventualities.

B. Do Men and Women Differ in How they Cope?

The men and women in the Canadian Student and the Polish-Canadian samples were contrasted on each of the six subscales. There were only two subscales on which gender differences were observed. In each of the Canadian Student and Polish-Canadian samples, women were significantly higher than men on both the Instrumental Support Seeking and the Emotional Support Seeking Scales, using two-tailed t-tests. (The details of the significant contrasts only are shown in Table 3).

Insert Table 3 about here

What this suggests is that women are more likely than men to turn to others in their social networks for help when they have a problem. They may be seeking advice, information, practical assistance and/or emotional support from others with whom they have relationships. Such observations are consistent with previous work examining gender differences, particularly the findings indicating that women, more than men, utilize social support in coping with stress. Close relationships can help a person cope with stress. In such relationships people can disclose and discuss problems, share concerns, and receive advice that is keyed to their needs (Solomon & Rothblum, 1986). These relationships can also provide useful information, practical advice and morale boosting, all of which can assist an individual in dealing with their stressors (Greenglass, Fiksenbaum, & Burke, 1996).

Previous research also suggests that the connection between social support seeking and coping is stronger in women. For example, according to Norcross et al. (1986), women, compared to men, use more coping forms involving interpersonal relationships. Women, more than men, are expected to be sensitive to others' needs, according to traditional gender-role expectations (Greenglass, 1982). Additional findings suggest that women may utilize support from others through talking with one another. According to Etzion and Pines (1981), women are more often able to make more effective use of their support networks than men since they tend to talk more with others as a way of coping with stress.

Other research findings suggest that women are able to utilize social support from others to develop instrumental and preventive coping strategies as shown by Greenglass (1993) who examined the role of supervisor and family and friend support in the prediction of various coping strategies in male and female managers. Multiple regression results in women managers were that supervisor support predicted positively and significantly to preventive and instrumental coping, and that friend and family support predicted positively to the development of preventive coping. In contrast, in men, only supervisor support predicted positively to preventive coping. Thus, in women, there is more likely to be an incorporation of interpersonal support into the construction of cognitive coping forms. Similar findings were reported in another study of government workers in which the relationship between co-worker support and various kinds of coping strategies were examined (Fiksenbaum & Greenglass, Under review). In women and not men, co-worker support was the main predictor of coping, particularly instrumental and preventive types of coping. Women are socialized to be more communally oriented and women's coping emphasizes collaborative relationships, thus expressing itself in their report of greater co-worker support. The present data extend previous findings by showing that women utilize co-worker

support to cope more effectively with their job stress. Thus, women are more likely than men to seek social resources from others and to use other people's advice in solving their own problems.

A. The Validity of the PCI: Or, Does Proactive Coping Really Measure Coping

In developing a new scale, it is important to demonstrate that the concept assessed in the scale is in fact a valid measure. To the extent that the proactive coping scale, for example, is consistent with other coping scales that measure activity and initiation in coping and is inconsistent with those assessing passivity and self-blame, it can be argued that the proactive coping scale possesses validity.

The construct validity of the PCI subscales was explored by having participants in the Canadian Student and Polish-Canadian samples complete measures of other coping styles and then examining the relationship between the PCI subscales and these additional measures as shown in Tables 4A and 4B. In particular, the other measures we used were Active Coping, Denial, Use of Instrumental Support and Use of Emotional Support, all from The *Brief COPE*, a coping inventory composed of 14 subscales (Carver, 1997). Coping subscales from the *Coping Inventory of Peacock and Wong* (1990) were also administered to participants in both samples. These included, Internal Control, a measure of the extent to which the individual takes the initiative in coping efforts, and Self-Blame.

Insert Tables 4A & 4B about here

Proactive coping scores correlated moderately highly with active coping and internal control, ranging from .46 to .62 in both samples, as expected. Moderately high negative correlations were observed between proactive coping, denial, and self-blame. Since proactive

coping involves the perception of risks as challenges rather than threats and includes behavioural initiation, this type of coping is inconsistent with approaches that are less active, defeatist and involve self-blame and denial. Reflective coping correlated moderately highly with internal control and active coping, thus highlighting the purposive accessing and deliberative processing of information for selecting, constructing and evaluating action.

Strategic planning and preventive coping were both highly correlated with internal control and moderately with active coping. Correlations between instrumental and emotional support seeking scales, active coping and internal control, were low in both samples. However, when scores on the two PCI support seeking scales were correlated with two of the COPE scales assessing use of instrumental and emotional support, correlations were higher, ranging from .50 to .65. As expected, there were non-significant correlations between Carver's two support scales , proactive coping, strategic planning, preventive coping, and reflective coping (see Tables 4A and 4B).

To summarize, proactive coping is an active coping style, with strong elements of internal control, strategies that are based on individual initiation and self-determination. Thus, the proactive coper takes initiative, is active when faced with stressors, and mobilizes resources. At the same time, proactive coping is inconsistent with denial and self-blame since the individual who employs proactive coping takes responsibility for his or her actions but does not engage in self-blame when faced with the possibility of failure. The findings provided here suggest that proactive coping is not self-defeating but self-initiating. To the extent that preventive coping and strategic planning were highly correlated with active coping and internal control, they too reflect the initiation and preparation that characterize these coping styles. Since the PCI instrumental and emotional support seeking subscales correlated highly with the additional social support scales

(Carver, 1997), this increases our confidence that the PCI support subscales are in fact measuring support seeking.

A. Application of the Proactive Coping Inventory to the Study of Work Stress and Burnout

An important application of coping theory and research is in the area of occupational stress which has received considerable research attention in recent years. This is to be expected given the amount of time people spend on work-related activities. Burnout may be defined as a state of physical, emotional and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding (Maslach & Jackson, 1986). Stress and burnout are major factors in the development of both physical and psychological illness (McGrath, Houghton, & Reid, 1989). Burnout is also related to self-reported measures of personal distress (Belcastro & Gold, 1983; Greenglass, 1991; Greenglass, Burke & Ondrack, 1990; Schaufeli & Enzmann, 1998). Burnout in teachers correlates positively with depression, anxiety and somatization (Greenglass, Burke & Ondrack, 1990; Bakker, Schaufeli, Demerouti, Janssen, Van der Hulst, & Brouwer, 2000).

B. Personal Resources, Coping and Work Stress

Individuals vary in their reactions to workplace distress. Research supports the idea that personal resources can affect individuals' reactions to stress and burnout. Individuals who are affluent, healthy, capable and optimistic are resourceful and thus are less vulnerable to work stress. When confronting stress, perceived competence is crucial, labeled as perceived self-efficacy or optimistic self-beliefs. Perceived self-efficacy and optimism are seen as prerequisites for coping with stresses including job loss, and work overload. Perceived self-efficacy, as a personal resource, reflects the person's optimistic self-beliefs about being able to deal with critical demands by means of adaptive actions. It can also be regarded as an optimistic view of one's

capacity to deal with stress. Low self-efficacy is a central factor in the etiology of burnout (Cherniss, 1990). For Leiter (1991), burnout is inconsistent with a sense of self-determination or self-efficacy; burnout diminishes the potential for subsequent effectiveness.

Coping strategies and behaviours at work involving mastery or problem-solving are associated with more positive outcomes and decreased distress than are escape or more passive forms of coping (Leiter, 1991; Armstrong-Stassen, 1994). Research with nurses experiencing hospital downsizing showed that individual skills, particularly coping ability, predicts their feelings about professional accomplishments as well as their depression and anxiety. At the same time, nurses with higher professional efficacy may be more likely to engage in control-oriented coping than those who are lower on professional efficacy (Greenglass & Burke, 2000).

Discussion of factors that increase professional efficacy and decrease burnout, and the demonstration that control coping and self-efficacy contribute to higher feelings of professional competence, coincide with notions emphasizing positive psychology and the need to study their determinants and effects (Seligman and Csikszentmihalyi, 2000). Moreover, these observations have theoretical and applied implications for the alleviation of stress and burnout. In focusing on positive skills, including coping and self-determination, as opposed to the negative emphasis that has characterized much of the psychological research, it is possible to develop individual and social programs to prevent the development of burnout in individuals and enhance their quality of life. These programs would focus more on self and professional enhancement and may be just as significant for burnout prevention as strategies to reduce the risk of burnout.

Individual resources can also reduce an individual's anger. Ausbrooks, Thomas, and Williams (1995) explored the relationship between trait anger, modes of anger expression, dispositional optimism and self efficacy in college students. Dispositional optimism and self-

efficacy were positively correlated with a tendency to express anger through discussion, and negatively correlated with a tendency to suppress anger.

B. Proactive Coping, Burnout and Anger at Work

While work stress is ubiquitous, individuals vary in their skills and ability to cope with stress and their efforts vary considerably in the degree of success in reducing levels of work stress. To date, research examining the role of coping in reducing burnout has predominantly employed a bipolar definition of coping: Control vs. Escape, Active vs. Passive, Problem focused vs. Emotion focused. Restricting coping to a bipolar definition has resulted in the exclusion of psychosocial and cognitive factors which play a major role in the construction of coping strategies. For example, this conceptualization of coping disregards social support seeking and the role that social support plays in alleviating stress and burnout. It also ignores the role of reflection and planning in coping with the anticipation of stress in the future.

Considerable research demonstrates the role of social support in alleviating burnout and stress (Greenglass, Burke, & Konarski, 1998; Greenglass, 1998; Himle et al., 1991). At the same time, reliance on the active vs. passive, emotion vs. problem type, control vs. escape typologies of coping, assumes that the only goal a person has when faced with stress, is to minimize it. However, people approach difficult situations with multiple goals. For example, rather than minimizing distress, one might value maintaining social relationships, completing a task, or beating a competitor (Coyne & Racioppo, 2000). These observations point to the importance of re-evaluating the concept of coping, particularly the need to question the assumptions regarding the goals of coping. It is suggested here, that coping can have multiple functions, only one of which may be to minimize stress, once it has occurred. For example, proactive coping can promote the setting of challenging goals and acceptance of experiences

promising personal growth. Thus proactive coping can initiate constructive paths of action that create opportunities for self-development.

There are three ways in which conceptualizations regarding coping need to be modified. First, contrary to common usage, coping can be treated as a multidimensional construct (Endler & Parker, 1994), not unidimensional. Coping entails behaviour, intentions and cognitions that can vary simultaneously on several dimensions. Secondly, coping does not occur in a social vacuum. The assumption that the individual is autonomous and copes independently of others, has been challenged (Hobfoll, 1998). Thus, considerations of coping need to take account of the social context in which the individual faces stresses. To the extent individuals can identify and mobilize social resources, they can increase the effectiveness of their coping strategies. Thirdly, the function of coping may not be only to alleviate distress, but also to increase potential for growth, satisfaction and quality of life. Normal human perceptions, marked by a positive sense of self, a sense of personal control and an optimistic view of the future may represent reserve resources that help people manage the ebb and flow of everyday life (Taylor 1983; Taylor and Brown 1988). Coping, then, need not be restricted to being reactive in that it is directed to either compensating for a loss or alleviating harm after a stressful event has occurred (see page 1) . To the extent that coping efforts are directed toward prevention, building up resources, and setting goals for improving one's quality of life, coping is *proactive*.

B. Proactive Coping and Work Stress

Proactive coping can be particularly valuable in alleviating work stress. When work demands are excessive and/or incompatible with one another, continued attempts to meet these demands will be emotionally distressful. The workplace can be a source of frustration and anxiety. Spector (1987) reported significant positive correlations of excessive workloads, anxiety, frustration and health

symptoms. Work stress can also trigger anger feelings which can result in higher levels of anxiety. Burnout is considered a special type of prolonged exposure to occupational stress and results from interpersonal demands at work (Maslach & Jackson, 1986). Burnout consists of three different dimensions: Emotional exhaustion, cynicism, and reduced professional efficacy (Schaufeli, Leiter, Maslach & Jackson, 1996). Emotional exhaustion is defined as the depletion of energy; those who are exhausted feel overextended, drained and unable to recover. Cynicism refers to distancing oneself from work itself and, to the development of negative attitudes toward work in general. Professional efficacy is a sense of professional accomplishment and competence. This sense of accomplishment diminishes during burnout.

External stressors contribute to emotional exhaustion (Greenglass, Burke & Konarski, 1997; 1998) and it has been suggested that emotional exhaustion is associated with somatization (Schaufeli and Van Dierendonck , 1993; Greenglass et al., 1997). Cynicism is often a response to exhaustion (Greenglass, Burke & Fiksenbaum, In press), and low professional efficacy is a function of higher cynicism. Work stress can also trigger anger feelings which can result in higher levels of anxiety. In particular, perceived unfair treatment at work has been cited as a precipitant of anger and distress (Thomas, 1993; Schaufeli & Enzmann, 1998). According to Equity Theory, people pursue reciprocity in their interpersonal and organizational relationships. What they invest and gain from a relationship should be proportional to the investments and gains of the other party in the relationship. When they perceive relationships are inequitable, they feel distressed and are motivated to restore equity (Schaufeli & Enzmann, 1998). Unfair treatment at work involves lack of equity and therefore may well lead to anger.

Use of disclosure and active coping techniques, including access to and use of social support resources, should lead to communicative non-threatening expression of anger and hostility (Stoney & Engebretson, 1994). This suggests that anger-provoking situations may be

redefined or restructured cognitively so as to be less threatening, thereby leading to lower levels of anger. People who display health benefits following disclosure also show increased insight and cognitive restructuring over time, compared with those who do not experience improved health (Pennebaker, 1993). Social sharing or talking about feelings, including anger, can be aimed at solving problems or lessening emotional distress.

A. Proactive Coping and Stress

A study is described here that illustrates how use of proactive coping can lead not only to lower burnout and anger but also to positive outcomes including greater professional efficacy, fairer treatment at work and greater life satisfaction (Greenglass, 2000). In this study, it was expected that individuals who used higher levels of proactive coping would experience lower burnout and anger, a greater sense of professional efficacy, perceive more fair treatment at work and experience greater life satisfaction. The sample for this study is the Canadian Adult Sample consisting of 178 adults (see page 14 for a description of the demographics of this sample).

B. The Outcome Measures: Burnout, Anger, Fair Treatment, and Life Satisfaction

In order to assess job burnout, The General Burnout Questionnaire (Schaufeli et al., 1996) was employed. This measure yields scores on three different scales: Emotional exhaustion, Cynicism, and Professional efficacy. Emotional exhaustion, usually considered the prototype of stress, consists of 5 items. Being emotionally exhausted is similar to being emotionally overextended and often results from having too much to do at work with not enough support. A sample item from the emotional exhaustion scale is, "I feel emotionally drained from my work". Cynicism at work refers to an indifferent or distant attitude towards work. An example of an item in this scale is, "I just want to do my job and not be bothered". Professional efficacy, a 6-item scale, is the positive dimension assessed in this burnout measure and refers to a person's

satisfaction with past and present accomplishments and expectations of continued effectiveness at work. A sample item is, "In my opinion, I am good at my job". When people experience burnout at work, they will have lower scores on this latter scale and higher scores on cynicism and exhaustion.

Since anger can accompany job stress, the experience of anger was also measured in this study. The experience of anger at work was assessed using one scale from the *State-Trait Anger Expression Inventory (STAXI)* developed by Spielberger (1988). The *STAXI* is a self-report measure consisting of six scales. State Anger (S-Anger), one of these scales, is a 10-item measure that indicates the intensity of one's angry feelings at a particular time. In the present study, the instructions for this scale were modified to ask respondents to indicate how they felt at the present time about working in their jobs. An item from this scale is, "I am furious". Depression was also assessed in an 11-item measure using a subscale from the *Hopkins Symptom Checklist (HSCL)* (Derogatis, Lipman, Rickels, Uhlenhuth, & Cori, 1979). A sample item of depression is, "Indicate how often you have 'felt blue' during the last 3 months"?

In order to assess perceptions of fair treatment at work, we asked respondents to indicate how fairly they were treated at work in a variety of areas including their pay. An example of an item is, "I am paid fairly in my job". Respondents were asked to check one number that best described their feelings on a scale that went from 1, strongly agree to 5, strongly disagree. *Life Satisfaction* was measured by a 3-item measure ($\alpha = .90$) (Bachman, Kahn, Davidson, & Johnston, 1967). Respondents answered on a 7-point response scale. An example of an item from this scale is, "I am very satisfied with life".

B. PCI Scales and Outcomes

In order to shed further light on the content of the PCI subscales, relationships between the various outcome measures and PCI subscales were examined. The results are set out in Table 5. The outcomes that were included are, state anger, depression, emotional exhaustion and cynicism, as well as professional accomplishment, perception of fair treatment at work and life satisfaction. It was expected that people would experience less distress including lower anger, depression, emotional exhaustion and cynicism when they used higher proactive coping. Thus, to the extent that individuals employ planning, goal setting, organization and mental simulation in their coping strategies, they would be less likely to report distress symptoms of various kinds.

It was also expected that proactive coping would lead to greater perception of fair treatment at work, higher levels of professional efficacy and greater life satisfaction. Individuals who employ coping strategies based on proactivity are more likely to perceive that they are fairly treated at work. This is because individuals who use proactive coping believe in their ability to successfully tackle challenges, to envision success, and to effectively use the resources at hand to solve problems. Thus, they are less likely to perceive unfair treatment by others as undermining their efforts at work. In effect, since they feel prepared to deal with stress, they may be less likely to blame others when things do not go their way. Professional efficacy should also increase with greater proactive coping since individuals who believe in their ability to deal effectively with challenges would also have expectations of continued effectiveness at their job.

Results for the proactive coping scale were as follows: Moderate negative correlations were found between proactive coping and state anger, depression, emotional exhaustion and cynicism, and moderate positive correlations were found between proactive coping, life

satisfaction and fair treatment. These findings provide additional evidence for the construct validity of the proactive coping scale. As expected, higher coping scores were related to

Insert Table 5 about here

lower scores on scales measuring distress. In addition, higher proactive coping scores were related to higher scores on positive outcome measures including, professional efficacy, life satisfaction and fair treatment. Few significant correlations were observed between reflective coping and either negative or positive outcome measures. Rather than relating directly to outcome measures, as did the proactive coping scale, reflective coping appears to play a role in facilitating and promoting the other coping strategies. The moderate-to-high correlations observed between reflective coping, and proactive coping, strategic planning and preventive coping in all three samples (see Table 2) point to the importance of reflection in the development of coping strategies that are cognitively oriented towards anticipatory preparation for future eventualities. These findings suggest that temporally, reflective coping may precede proactive coping, strategic planning, and preventive coping.

In Table 5, moderate-to-low negative correlations were observed between strategic planning, anger, depression and cynicism. Thus, to the extent that individuals confront stressors not by tackling the “whole” problem but rather by breaking it down into smaller parts and focusing on one part at a time, they are less likely to experience anger and cynicism towards others and their jobs. As a result, they feel less depressed. Frustration is often a precursor of anger and cynicism. It may be that use of strategic planning gives the individual a sense of control over stressors, thus resulting in less frustration, anger and cynicism. Preventive coping was

associated with lower burnout—lower emotional exhaustion, lower cynicism and higher professional efficacy, as well as lower depression. Items on the preventive coping subscale involve cognitions that take preventive measures before the stressful event occurs, in order to prevent harm.

Burnout is a state of emotional exhaustion that results from long-term involvement in work situations that are emotionally demanding. Thus, to the extent that individuals use preventive coping, they may be able to curtail an emotionally demanding situation, thus preventing burnout from setting in. Low or non-significant correlations were found between negative outcome measures and both support seeking scales. Thus, seeking social support may not have a direct impact on outcomes *per se*. Rather, since social support seeking was significantly related to all of the proactive coping subscales, it is possible that the role of support seeking on outcomes is mediated by coping (see Table 2).

In examining relationships between PCI subscales, life satisfaction and fair treatment (see Table 5), results of correlational analyses showed that, in general, scores on these positive measures increased with coping scores. Thus, to the extent that individuals employ strategies that include planning, goal setting, mental simulation and seeking social resources, they are more likely to perceive that they are treated fairly at work and they experience more satisfaction with life.

A. Summary

A new coping instrument, The Proactive Coping Inventory (PCI), is described here. The subscales of the PCI have good reliability and construct validity, as demonstrated in three different samples of respondents. In this chapter, we have demonstrated the validity of the PCI in the following ways: (a) there are moderate-to-high positive correlations between PCI subscale

scores and scores on external coping instruments that measure internal control and active coping, (b) there are moderately negative correlations between PCI subscale scores and self-blame and denial, indicating that proactive coping is inconsistent with self-defeat, (c) the emotional support seeking and instrumental support seeking scales are highly correlated with two external coping scales measuring use of social support, thus confirming the construct validity of the support seeking scales, and (d) proactive coping styles are associated with higher life satisfaction, higher professional efficacy and perceptions of fair treatment at work.

The Proactive Coping Inventory appears to be a promising coping inventory to assess skills in coping with distress as well as those that promote greater well-being and greater satisfaction with life. Since coping is a process over time, which changes, ebbs and flows, depending on situational factors, longitudinal designs are needed to assess how the PCI contributes to this process. The findings reported here are rich with hypotheses for future research into the processes that simultaneously operate to reduce distress and promote well-being. For example, reflection, particularly envisioning successful outcomes, should be a contributing factor to proactive coping, planning and prevention. This notion can be tested empirically by measuring reflective coping at one point in time, later measuring proactive coping, planning and preventive coping, and assessing the extent to which reflection contributes to these other coping strategies later in time, using structural equation modelling. In this way, the role of reflection can be directly assessed in so far as it contributes to coping strategies. The use of social resources, both instrumental and emotional, and their role in promoting proactive coping, reflective coping, planning and prevention, can also be tested over time, using similar designs and statistical analyses. To the extent that social support varies, one may expect different results when examining its contribution to proactive coping, for example.

The Proactive Coping Inventory, with its six subscales, offers many possibilities for testing hypotheses relevant to increasing our understanding of the process of coping. The PCI envisions coping within a social context rich in resources for the proactive individual. At the same time, the PCI integrates affective, cognitive, intentional and social factors into a set of coping strategies that will enable individuals to deal with challenges by constructing paths of action for personal growth and the promotion of goals. Taken together, our research indicates that proactive coping is a useful coping strategy to deal with work-related burnout. As expected, proactive coping contributed positively to professional efficacy. This is because proactive coping focuses on accumulating resources and setting goals for improvement, efforts which contribute positively to a sense of professional accomplishment and competence, i.e., professional efficacy. Thus, to the extent that individuals employ coping strategies at work based on proactivity, they are more likely to experience a higher sense of professional efficacy in their jobs. Thus, proactive coping would appear to be a useful tool in managing work-related stress and burnout and in promoting a higher level of professional competence at work. Implications for practice are that by teaching individuals to employ proactive coping strategies at work, distress can be significantly reduced and feelings of professional competence can be increased.

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Table 1

Proactive Coping Inventory – Items for the Six Subscales, Instructions and Scoring

Instructions to Subjects:

Title of Scale Given to Respondents: Reactions to Daily Events Questionnaire

“The following statements deal with reactions you may have to various situations. Indicate how true each of these statements is depending on how you feel about the situation. Do this by checking the most appropriate box.”

Respondents are presented with four alternatives : “not at all true”, “barely true”, “somewhat true”, “completely true.” Scoring: 1 is assigned to “not at all true”, 2 to “barely true”, 3 to “somewhat true” and 4 to “completely true”.

Proactive Coping Inventory Items by Sub-scale

THE PROACTIVE COPING SCALE

-
- | | |
|----|---|
| 1 | I am a "take charge" person. |
| 2 | I try to let things work out on their own. (-) |
| 3 | After attaining a goal, I look for another, more challenging one. |
| 4 | I like challenges and beating the odds. |
| 5 | I visualise my dreams and try to achieve them. |
| 6 | Despite numerous setbacks, I usually succeed in getting what I want. |
| 7 | I try to pinpoint what I need to succeed. |
| 8 | I always try to find a way to work around obstacles; nothing really stops me. |
| 9 | I often see myself failing so I don't get my hopes up too high. (-) |
| 10 | When I apply for a position, I imagine myself filling it. |
| 11 | I turn obstacles into positive experiences. |
| 12 | If someone tells me I can't do something, you can be sure I will do it. |
| 13 | When I experience a problem, I take the initiative in resolving it. |
| 14 | When I have a problem, I usually see myself in a no-win situation. (-) |
-

-Reverse items

REFLECTIVE COPING SCALE

- 1 I imagine myself solving difficult problems.
 - 2 Rather than acting impulsively, I usually think of various ways to solve a problem.
 - 3 In my mind I go through many different scenarios in order to prepare myself for different outcomes.
 - 4 I tackle a problem by thinking about realistic alternatives.
 - 5 When I have a problem with my co-workers, friends, or family, I imagine beforehand how I will deal with them successfully.
 - 6 Before tackling a difficult task I imagine success scenarios.
 - 7 I take action only after thinking carefully about a problem.
 - 8 I imagine myself solving a difficult problem before I actually have to face it.
- Table 1 (cont'd)
- 9 I address a problem from various angles until I find the appropriate action.
 - 10 When there are serious misunderstandings with co-workers, family members or friends, I practice before how I will deal with them.
 - 11 I think about every possible outcome to a problem before tackling it.

STRATEGIC PLANNING SCALE

- 1 I often find ways to break down difficult problems into manageable components.
 - 2 I make a plan and follow it.
 - 3 I break down a problem into smaller parts and do one part at a time.
 - 4 I make lists and try to focus on the most important things first.
-

PREVENTIVE COPING SCALE

- 1 I plan for future eventualities.
 - 2 Rather than spending every cent I make, I like to save for a rainy day.
 - 3 I prepare for adverse events.
 - 4 Before disaster strikes I am well-prepared for its consequences.
 - 5 I plan my strategies to change a situation before I act.
 - 6 I develop my job skills to protect myself against unemployment.
 - 7 I make sure my family is well taken care of to protect them from adversity in the future.
 - 8 I think ahead to avoid dangerous situations.
 - 9 I plan strategies for what I hope will be the best possible outcome.
 - 10 I try to manage my money well in order to avoid being destitute in old age.
-

INSTRUMENTAL SUPPORT SEEKING SCALE

- 1 When solving my own problems other people's advice can be helpful.
 - 2 I try to talk and explain my stress in order to get feedback from my friends.
 - 3 Information I get from others has often helped me deal with my problems.
 - 4 I can usually identify people who can help me develop my own solutions to problems.
 - 5 I ask others what they would do in my situation.
 - 6 Talking to others can be really useful because it provides another perspective on the problem.
 - 7 Before getting messed up with a problem I'll call a friend to talk about it.
 - 8 When I am in trouble I can usually work out something with the help of others.
-

EMOTIONAL SUPPORT SEEKING SCALE

- 1 If I am depressed I know who I can call to help me feel better.
 - 2 Others help me feel cared for.
 - 3 I know who can be counted on when the chips are down.
 - 4 When I'm depressed I get out and talk to others.
 - 5 I confide my feelings in others to build up and maintain close relationships.
-

Table 2

Intercorrelations between Subscales of the PCI in
Canadian Student, Polish-Canadian, and Canadian Adult Samples

PCI Subscale	Proactive Coping	Reflective Coping	Strategic Planning	Preventive Coping	Instrum. SupSeek	Emotional SupSeek
Proactive Coping	1.00	.37 .42 .46	.38 .29 .43	.43 .43 .53	.24 .14 .18	.30 .29 .25
Reflective Coping		1.00	.53 .55 .59	.66 .62 .64	.10 .18 .31	.08 .21 .26
Strategic Planning			1.00	.46 .51 .56	.16 .13 .30	.10 .07 .20
Preventive Coping				1.00	.10 .06 .25	.09 .11 .27
Instrum. SupSeek					1.00	.76 .77 .70

Line 1 in each data cell from Canadian Student sample, (N=248)

Line 2 in each data cell from Polish-Canadian sample, (N=144)

Line 3 in each data cell from Canadian Adult sample, (N=178)

p<.05 = .18 - .19

p<. 01 = .20 - .26

p< .001 = .27 - .77

Table 3

Significant Gender Differences on PCI Scales: Canadian Student and
Polish-Canadian Samples

<u>Canadian Student Sample</u>						
<u>Scale</u>	<u>MEN</u>		<u>WOMEN</u>		<u>df</u>	<u>T</u>
	<u>Mean</u>	<u>S.D.</u>	<u>Mean</u>	<u>S.D.</u>		
Emotional Support Seeking	14.65	3.26	15.88	2.96	242	-2.81**
Instrumental Support Seeking	28.96	5.47	31.43	5.76	242	-3.01**
<u>Polish-Canadian Sample</u>						
Emotional Support Seeking	12.27	2.43	13.60	2.40	142	-3.08**
Instrumental Support Seeking	24.95	4.97	26.78	5.11	142	-2.02**

** p < .01

Table 4A

Correlations between the PCI subscales and external coping scales
by Carver (1997) and Peacock and Wong (1990)

Canadian Student Sample

External Coping scale	Proactive Coping	Reflective Coping	Strategic Planning	Preventive Coping	Instrum. SupSeek	Emotional SupSeek
<u>Carver</u> Active Coping	.52***	.33***	.25***	.30***	.17**	.15*
Denial	-.31***	-.02	-.13*	-.11	-.04	-.12
Instr Supp	.07	.04	.03	-.03	.65***	.60***
Emot Supp	.07	.07	.04	-.02	.54***	.60***
<u>Peacock & Wong</u> Internal Cont	.62***	.60***	.57***	.56***	.14*	.13*
Self-Blame	-.47***	-.04	-.12	-.12	-.05	-.18**

*p < .05
** p < .001
***p < .001

Table 4B

Correlations between the PCI subscales and external coping scales
by Carver (1997) and Peacock and Wong (1990)

Polish-Canadian Sample

External Coping scale	Proactive Coping	Reflective Coping	Strategic Planning	Preventive Coping	Instrum. SupSeek	Emotional SupSeek
<u>Carver</u> Active Coping	.50***	.33***	.37***	.30***	.10	.11
Denial	-.14	-.10	-.14	-.10	-.04	-.07
Instr Supp	.00	.08	.08	-.06	.64***	.59***
Emot Supp	.05	.04	-.01	-.03	.50***	.56***
<u>Peacock & Wong</u> Internal Cont	.46***	.46***	.51***	.56***	.03	.06
Self-Blame	-.47***	-.12	-.08	-.09	-.00	-.05

***p < .001

Table 5
Correlations Between PCI Scales and Outcome Measures
Employed Adult Canadian Sample
(n=178)

<u>Outcome Measure</u>	<u>PCI Scale</u>					
	Proactive Coping	Reflect. Coping	Strategic Planning	Preventive Coping	Instrumental SupSeek	Emotional SupSeek
Emotional Exhaustion	-.25**	-.08	-.13	-.23**	-.15*	-.16*
Cynicism	-.32***	-.11	-.24**	-.21**	-.08	-.14
Professional Efficacy	.29***	.18*	.15*	.17*	.05	.02
Depression	-.35***	-.13	-.20**	-.26***	-.11	-.13
State Anger	-.24**	-.04	-.22**	-.14	-.13	-.14
Life Satisfaction	.29***	.24**	.21**	.28***	.22**	.18*
Fair Treatment	.32***	.15*	.16*	.30***	.17*	.28***

*p<.05 **p<.01 ***p<.001

Figure 1

Theoretical Model: Resources, Proactive Coping and Outcomes



