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Pepperdine University  
Graduate School of Education and Psychology

LEADING UNDER PRESSURE, COPING PRACTICES OF EXECUTIVES:  
A MIXED METHODS STUDY

A dissertation presented in partial satisfaction  
of the requirements for the degree of  
Doctor of Education in Organizational Change

by

Darlene Thomas

December, 2014

Kay Davis. Ed.D. – Dissertation Chairperson

This dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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## TABLE OF CONTENTS

	Page
LIST OF TABLES .....	vii
VITA.....	x
ABSTRACT.....	xi
Chapter One: Background.....	1
Background .....	3
Significance of Problem.....	5
Effects of Stress and Pressure on Decision-Making .....	6
Purpose of Study .....	8
Research Questions .....	9
Conceptual Framework .....	10
Definitions of Terms .....	11
Definitions of Stress and Coping Strategies .....	11
Definitions of Business Terms, Culture, and Leadership Practices .....	13
Definitions for Mixed Methods Explanatory Sequential Design.....	14
Summary .....	14
Chapter Two: Literature Review .....	16
Theoretical Aspects and History of Stress .....	16
The Origin of Stress .....	17
What is Stress?.....	18
The Physiological Aspects of Stress .....	18
Understanding the Process of Stress and Coping.....	19
The Appraisal Process in Stress Theory .....	20
The Structure of Coping.....	22
Organization Stressors: An Overview.....	23
Understanding Stress and Coping within Organizations .....	24
Organizational Culture and its Role in Change .....	26
Expectations of Executive Leadership .....	27
Gender Difference Stress and Coping.....	28
Change in the Biopharmaceutical and Related Industries.....	30
Organization in the Biopharmaceutical Industries.....	31
Leadership Effectiveness and Impact to the Organization.....	31
Chapter Summary.....	33
Chapter Three: Methodology.....	35

	Page
Background and History .....	35
Support for Mixed Methods.....	35
Challenges with Mixed-Methods Design.....	36
Rationale for Mixed Methods .....	37
Research Design.....	37
Human Subjects Considerations .....	38
Quantitative Phase.....	40
Population .....	40
Instruments for Quantitative Phase .....	41
Demographic Survey.....	42
The COPE Instrument.....	42
The Life Orientation Test.....	44
Analysis for Quantitative Data.....	45
Qualitative Phase.....	46
Interview Process .....	46
Interview Protocol.....	46
Analysis of Interview Transcripts .....	49
Strategy for Connecting Quantitative and Qualitative.....	50
 Chapter Four: Results and Findings.....	 51
Quantitative Phase One .....	51
Analysis.....	51
COPE Survey Results.....	54
LOT-R Survey Results .....	56
Results for Research Questions.....	57
Results for Research Question 1 .....	57
Results for Research Question 2 .....	66
Results for Research Question 3 .....	72
Summary of Quantitative Analysis .....	75
Qualitative Findings.....	75
Interview Participant Demographics.....	79
Work Stressors Findings .....	79
Coping Practices and Strategy Findings.....	85
Summary .....	92
 Chapter Five: Discussion .....	 94
Summary of Study .....	94
Summary of Findings for Research Questions .....	95
Emotional-Focused Coping.....	96
Problem-Focused Coping.....	97
The Relationship Between Coping Disposition and Optimism .....	98

	Page
Executives Exhibit Psychological and Physiological Conditions .....	99
Significance of the Findings and Study Conclusions.....	100
Conclusion 1: Proactive Coping Practiced by Executives Dealing with Work-Related Challenges and Stressors .....	102
Conclusion 2: Perceived Improved Leadership Effectiveness Through Proactive Emotional Support Positively Impacts Leaders and Organizations' Performance .....	103
Conclusion 3: There is Evidence of Increased Problem and Emotion-Focused Strategies .....	104
Implications for Practice .....	105
Limitations of the Study and Internal Study Validity .....	106
Recommendations for Future Research .....	107
REFERENCES .....	109
APPENDIX A: Participant Request.....	122
APPENDIX B: Executive Study Demographic Information.....	124
APPENDIX C: COPE Survey Questions .....	125
APPENDIX D: Leadership Coping Interview Protocol Tool.....	127
APPENDIX E: Permission to Use .....	132
APPENDIX F: Informed Consent for Participation in Research Activities .....	135
APPENDIX G: IRB Approval Letter .....	136

## LIST OF TABLES

	Page
Table 1. Quantitative Survey Instruments .....	45
Table 2. Qualitative Data Collection Strategies.....	48
Table 3. Participants' Demographic Characteristics (N = 40).....	52
Table 4. Descriptive Statistics Participants' Characteristics.....	53
Table 5. Hours Worked Each Week and Average Leisure Time Each Week by Role.....	54
Table 6. COPE Disposition by Coping Category .....	55
Table 7. Descriptive Statistics for the COPE Inventory Dispositions .....	56
Table 8. Descriptive Statistics for the LOT-R .....	57
Table 9. Descriptive Statistics for Mental Disengagement by Role .....	58
Table 10. ANOVA for Mental Disengagement by Role.....	58
Table 11. Descriptive Statistics for Venting Emotions by Role .....	59
Table 12. ANOVA for Venting Emotions by Role.....	59
Table 13. Descriptive Statistics for Instrumental Social Support by Role .....	60
Table 14. ANOVA for Instrumental Social Support by Role.....	60
Table 15. Descriptive Statistics for Denial by Role.....	61
Table 16. ANOVA for Denial by Role .....	61
Table 17. Descriptive Statistics for Religious Coping by Role .....	62
Table 18. ANOVA for Religious Coping by Role.....	62
Table 19. Descriptive Statistics for Humor by Role .....	63
Table 20. ANOVA for Humor by Role .....	63
Table 21. Descriptive Statistics for Behavioral Disengagement by Role.....	64



	Page
Table 22. ANOVA for Behavioral Disengagement by Role .....	64
Table 23. Descriptive Statistics for Emotional Support by Role .....	65
Table 24. ANOVA for Emotional Support by Role .....	65
Table 25. Descriptive Statistics for Substance Use by Role .....	66
Table 26. ANOVA for Substance Use by Role .....	66
Table 27. Descriptive Statistics for Positive Reinterpretation and Growth by Role .....	67
Table 28. ANOVA for Positive Reinterpretation and Growth by Role .....	67
Table 29. Descriptive Statistics for Active Coping by Role .....	68
Table 30. ANOVA for Active Coping by Role .....	68
Table 31. Descriptive Statistics for Restraint by Role .....	69
Table 32. ANOVA for Restraint by Role .....	69
Table 33. Descriptive Statistics for Acceptance by Role .....	70
Table 34. ANOVA for Acceptance by Role .....	70
Table 35. Descriptive Statistics for Suppression by Role .....	71
Table 36. ANOVA Suppression by Role .....	71
Table 37. Descriptive Statistics for Planning by Role .....	72
Table 38. ANOVA for Planning by Role .....	72
Table 39. Correlation Between Emotion-Focused Coping Dimensions and the LOT-R .....	73
Table 40. Correlation Between Problem-Focused Coping Dimensions and the LOT-R .....	74
Table 41. Work Stressor Domain Codes (N =13) .....	77
Table 42. Coping Domain Codes (N=15) .....	78
Table 43. Social Support Domain Codes (N=4) .....	79

	Page
Table 44. Highest-Ranking Stressors Among Subjects (N=10) .....	80
Table 45. Coping Strategies Utilized for Major Stressors Described During Face-to-Face Interviews.....	86
Table 46. Percentage of Highest-Ranking Coping Strategies Utilized for Major Stressors Identified During Face-to-Face Interviews (N = 10) .....	86
Table 47. Seeking Support by Gender (N = 10, Females = 6, Males = 4).....	91

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## ABSTRACT

Work-related stress continues to be the largest contributor to the rise in insurance cost for most organizations (Dewe, O'Driscoll, & Cooper, 2010). The biopharmaceutical industry is no exception. Today's leaders must focus on efficiencies, cost reduction, and organization performance while restructuring the organization to do more with less, which can create tremendous stress. This research explored coping strategies practiced by executive leaders in the biopharmaceutical industry. The overarching research question was: How do senior leaders confronted by work pressure attempt to cope, and are the coping strategies practiced effective at reducing and deflecting stress in a way that doesn't adversely affect leadership effectiveness? The mixed method design included the use of the COPE instrument, the Life Orientation Test (LOT-R), and interviews. Forty executives completed phase one and ten from the sample participated in follow-up face-to-face interviews intended to elicit additional information on how these executives cope with work related stress.

Findings from phase one indicated that all participants across all roles engaged in some level of emotion and problem focused coping practices. The highest score for emotion-focused strategy was instrumental social support ( $M = 12.40$ ). The highest score for problem-focused strategy was for active coping ( $M = 13.67$ ) and positive reinterpretation and growth ( $M = 13.20$ ). Although there was no statistically significant difference by role as determined by the ANOVAs, LOT-R, in some cases, shows coping disposition and optimism were significantly and positively correlated with problem-focused coping. The interview data from phase two provided insights into how leaders navigate major work related stressors and coping strategies. The findings support phase one; however the more senior leaders seem to be more adept at recognizing when proactive coping is required.

Conclusions from the study suggest proactive coping is an effective strategy in dealing with work related stressors. In addition, it is perceived that emotional support has a positive impact on the overall performance of the leader and the overall organization. Recommendations for executives as well as organizations are explored and positive coping as a concept to measure could increase our understanding of coping.

## **Chapter One: Background**

Leadership pressure has always been a part of corporate life, but according to the literature, stress-related claims are the fastest growing segment of Workers' Compensation and one of the largest contributors to the continued rise in insurance costs (DeFrank & Ivancevich, 1998). In 2007, the cost of workplace stress was estimated at \$300 billion per year in the United States, and 13 million workdays were calculated lost in the United Kingdom (Walach et al., 2007). Consequently, research confirms there continues to be considerable evidence that along with the traditional everyday stress, work-related stress—including work-life balance and conflict-related stressors in the work environment—remain significant sources of psychological pressure for executives and senior leaders (Dewe, 2001; Dewe, O'Driscoll, & Cooper, 2010).

No matter the size of the organization, in today's market, work relationships and structure are not immune from current economic, governmental, and social turmoil. In the biopharmaceutical and other healthcare-related industries, increased regulatory and compliance scrutiny, continued payer challenges on the value of newly developed drugs, increased focus on healthcare expense reduction, and the continuation of a turbulent macro environment have forced organizations to reduce costs, increase performance (Abraham, 1990; Olson & Eoyang, 2001; Satterfield & Becerra, 2010), and at the same time improve productivity and profitability. The biopharmaceutical industry has seen massive value declines in market capital, significant consolidations, and a decline in price-per-earnings, which puts pressure on leaders to enhance organization performance.

There is now recognition that the landscape for many global organizations will continue to be influenced by macroeconomics and the economies of countries such as China and India.

The accelerated flow of capital and a more mobile labor market that emphasizes the importance of competent “knowledge-intensive” workers are critical for sustainability and competitive advantage. For many organizations, managing the cost-growth curve comes down to a more productive workforce. This paradigm shift is requiring organizations to hire a highly-skilled workforce with more flexibility in terms of how and where the work gets done (Bolman & Deal, 2003; Olson & Eoyang, 2001; Warner Burke, 2002). Many leaders are under tremendous pressure to ensure the organizations they lead can meet today’s challenges while continuing to reduce operating costs, increase productivity, and meet the expectations of employees and the investment community. These factors continue to help shape work-related stressors and point towards the types of challenges that will continue to be encountered in the future (Boon et al., 2007; Satterfield & Becerra, 2010).

Coping with stress has been studied from many angles, but few studies have focused specifically on senior leadership coping strategies. In many of the earlier coping studies, the focus was from a reactive perspective: looking at a strategy used once a stressful event occurs versus a proactive or adaptive perspective. New approaches to the process of stress are continuing to be explored, and recent advancement of the transactional model of stress is at the core (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986a; Lazarus, 2000, 2006) of understanding the process of stress and coping. In addition, other new ideas to address stress include meaning-making coping, effectiveness of coping, and proactive coping acknowledging the need to understand how individuals apply meaning to events of significance that are categorized as stressful encounters. Perhaps by understanding the process of stress we can extend our knowledge regarding coping effectiveness and thus reduce the impact and costs associated with stress.

This study examined the coping strategies practiced by individuals who have reached the executive ranks and the effectiveness of those coping strategies specific to organizational-related stressors and/or challenges.

## **Background**

Researchers have been studying stress for 50 years and, over that period of time, there has been much debate about the progress made (Estevez, 2010). Yet, many scholars, scientist, leaders, and laymen continue to be interested in stress, coping, and its relevance to people, organizations, and society. However, issues in the stress and coping literature remain. There continues to be a lack of consensus on the definitions of the term “stress” and many researchers disagree with the measurement methods used in previous stress and coping studies (Lazarus, 1984).

Understanding the relationship of stress and coping helps with our appreciation of stress. Stress can be viewed as a past event; yet coping can be expressed in the present and is often tempered by the future. It remains important for researchers to further their understanding of coping and the experiences measuring the “what and how” individuals apply meaning to a situation. This knowledge is more meaningful and contributes not only to theory and practice, but also the lives we study (Alannah & Mark, 2006; Coyne & Downey, 1991; Folkman, Lazarus, Gruen, & DeLongis 1986; Lazarus, 2000). The bullets below summarize the key issues with stress and coping research:

- There continues to be a multitude of meanings for the term “stress” and this failure to capture the essence of the term will continue to trivialize the research and make it difficult to analyze data across studies (Lazarus, 1984).
- Another area of concern is the measurement of coping. Capturing the complexity of personal factors and their relationship to the environment has led researchers to look at how competent individuals execute coping strategies (Dewe & Cooper, 2007).



Stress and coping research needs to be understood within this complex and changing context in order to be measured appropriately. This complexity not only determines how individuals cope, but also how effective their coping is for a particular situation. Lazarus (1999a) posits that personality traits or dispositions, and the patterns of behaviors that define the strategy used to cope within the stressful encounter, influence coping practices. This supports the theory that individual personality factors and relationship interactions (e.g., meaning-making) remain important determinants of appraisal and coping practices. This complex interaction between personality and coping has led researchers to explore new theories such as how competent are individuals in executing coping strategies (used where it is possible to distinguish between “weak” and “strong” coping strategies), or how personalities may shape meaning and perhaps be a benefit of proactively engaging in problem-focused coping strategies. It is theorized that personality traits (including personal hardiness, mastery, and self-esteem) appear to play a mediating role (Folkman & Lazarus, 1988a; Lazarus, 1999b). In one study, for example, persons who were high in self-esteem and mastery were less likely to have psychological distress when faced with role strains than those with low self-esteem (Pearlin, Lieberman, Menaghan, & Mullan, 1981). Nevertheless, there are still concerns regarding coping methodologies and understanding how to measure personality and its relationship to coping. These issues motivated the early work of Lazarus and Folkman (1984) to include a wider range of cognitive and behavioral responses that individuals can use to assess and manage stress. The result of his work positioned the coping process as central to understanding stress in terms of the transactions between the individual and the environment, hence encouraging research to explore cognitive processes and the interplay that link the individual to the environment; in this case, the organization. Perhaps the better that coping is understood, the better that stress can be understood and better strategies for how to

proactively and effectively manage it can be developed (Carlson, 2009; Lovallo, 2005; Sternberg, 2000).

### **Significance of Problem**

Dynamic changes in the healthcare industry have created the need for many changes in how business is conducted. Increasing healthcare and clinical development costs coupled with declining drug discovery success rates are causing productivity levels to fall in the global healthcare and pharmaceutical markets (Pisano, 2006; Sutton, 2006). The Food and Drug Administration's (FDA) rate of approval of new medicines has dramatically declined, imminent patent expiries of several major blockbuster drugs are pending, and the related rise of cheaper generic and biosimilar drug alternatives is further exacerbating the situation, resulting in significant sales revenue gaps that are predicted to have significant impacts on the biopharmaceuticals industry by 2015 (Johnson, 2009). However, many industry analysts predict global drug sales will come from emerging markets such as Brazil, China, India, Indonesia, Mexico, Russia, and Turkey by 2020, thus creating the need for new business models (Sutton, 2006). Despite the current economic challenges, the healthcare and pharmaceutical industries offer significant growth opportunities for those organizations that can manage the changes in a proactive, efficient, and compliant way. This is a tall order for companies in a highly regulated industry, and these challenges require executive leaders and other levels of management to develop new business approaches and competencies that will positively affect cost and revenue curves all while ensuring increased productivity.

There is no going back to business as usual. This is the new normal, and many leaders are experiencing increased pressure due to expanded job scope, new and unknown territory, disruptive technologies, and ongoing, frequent, and rapid change.

## **Effects of Stress and Pressure on Decision-Making**

Increasingly complex environments such as the healthcare/biopharmaceutical industry will require strong leaders who are flexible and able to make sense of turmoil and chaos while creating cohesiveness across the organization and positively influencing the organizational culture through their own leadership traits and behaviors.

The impact of strong leadership in the work environment has been documented as the cornerstone for operational efficiency and productivity for decades (Bolman & Deal, 2003; Senge, 1990; Useem & Harden, 2000; Weick & Sutcliffe, 2001; Weisband, 2002; Wheatley, 1999, 2005), and there is an expectation that an organization's performance is based on its leader's ability to make the right and often rational decisions about a number of competing priorities. Understanding how leaders perceive change and make decisions during challenging times or when under extreme pressure continues to remain an important topic. Furthermore, this could be an important input into leadership readiness as a requirement for promotion to more senior levels of management.

Leadership scholar Collins (2005) wrote that successful leaders are those who can change their style and take what they learn and quickly convert it into appropriate self-action. Those who are successful have learned to cope with ongoing change and reflect on their behaviors in real-time as situations unfold. However, it is believed by some that executives have access to needed resources and, as a result, coping with work-related stress is not such a significant issue (Luria & Torjman, 2009; Page, 2005). Yet, according to the literature, although executives have available resources, the feeling of guilt from impacting the lives of others through reductions in workforce while demanding more work out of those that remain after restructuring continues to be stressful. In addition, being separated from their own families for extended periods due to expanded job scope, longer work hours,

and more travel continues to be a concern for many. However, there continue to be opposing views that suggest having access to additional resources doesn't significantly reduce organizational types of stressful events (Brien, DeLongis, Pomaki, Puterman, & Zwicker, 2009; DeLongis & Holtzman, 2005; Parent, 2006; Pearlin, Hurrelmann, Kaufmann, & Lasel, 1987). Some scholars believe organizational stressors are out of the control of the individual impacted, suggesting that organization stress is only reduced by eliminating or by redirecting the stressful event (Pearlin et al., 1981; Pearlin, 1989).

One thing we do know is that the work of senior executives and management continues to expand in both complexity and quantity (Amy, 2012; Johnson, 2009; Spiers, Cummings, Langenhoff, Sharlow, & Bhatti, 2010a). Today's leaders must be comfortable with practicing different techniques to reinforce needed new behaviors (Spiers et al., 2010a), and regardless of the researcher's position on this matter, many will agree that leaders and managers alike are essential for an effective, high-performing organization, and therefore must be able to bring the best out in self and others (Frederiksen, 1982; Northouse, 2004; Prigogine & Stengers, 1984).

In addition to the above leadership challenges, gender-specific stressors continue to be a problem for female senior leaders. There continues to be a narrow band of acceptable behaviors to operate from, causing distress and conflict (Anonymous, 1994; Banyard & Graham-Bermann, 1993). However, today many organizations realize that "human capital" is their most important asset, and therefore it stands to reason that there is an ongoing need to understand and develop interventions that support the wellbeing of the workforce and more specifically the female population of their workforce.

The rationale for this selection of the targeted population was based upon the researcher's shared similarities as an executive leader in the biopharmaceutical industry where organizational

change is continuous, fast, and, in some cases, chaotic and unplanned. The researcher also desired to become more informed about organization stress interventions and proactive coping strategies to support up-and-coming leaders and, more specifically, female leaders. In addition, the results of this study can inform human resource organizations on how to maximize the potential of a company's greatest asset: its workforce. It is the researcher's belief that when organizations begin to understand how important leaders are to an organization's overall performance, leaders will perhaps rethink and reshape their organization in a way that is more aligned with the needs and core values of their workforce.

### **Purpose of Study**

Now more than ever the work environment is more demanding and executives are feeling the pressure to work harder to cope with organizational challenges created by economic turmoil. Needed increases in productivity can create conflicting responsibilities and accountabilities, perpetuating poor interpersonal relationships between colleagues. Also, a resource-deprived environment can exacerbate political dynamics in an organization, thus worsening the situation for many leaders. As a result, an increase in stress-related cases is not difficult to imagine (Dewe et al., 2010).

Research shows stress over prolonged periods of time adversely affects the mental performance and the overall effectiveness of executives, thus depriving them of the ability to think clearly and focus, causing short-term memory loss, and undermining decision-making and leadership effectiveness (Dewe et al., 2010; Eilene, 2003; Sternberg, 2000). Mismanaged stress over extended periods of time can result in more severe health-related problems such as depression, headaches, eating disorders, high blood pressure, sleep deprivation, alcoholism, and

ultimately heart disease and some forms of cancer (Nelson & Quick, 1985; Selye, 1984; Sternberg, 2000).

The purpose of this study was to focus on the coping strategies used by executives and senior management to manage stress and strain caused by constant organizational challenges and continued pressure to improve organization performance. The intent of this research was to increase our understanding of the stress that comes with working in a complex and constantly changing environment and so enhance the body of knowledge in executive leadership, stress-management interventions and coping strategies, and the significance and meaning that people apply to stressful events. This complexity influences research to explore stress and effective coping strategies practiced by executives and senior management.

### **Research Questions**

The research questions addressed in this study were essential to provide structure to the study. The questions had to be malleable enough for the exploration of the stress and coping phenomenon, but substantive enough to offer understanding and direction. In that spirit, the following questions were designed to explore stress and coping strategies practiced by senior leaders and executives, and the impacts on the organizations they lead.

A primary goal of this research has been to investigate stress and coping of executive leaders. For this study—the guiding research inquiry focus is:

How do senior leaders confronted by work pressure attempt to cope, and are the coping strategies used effective at reducing and deflecting stress in a way that doesn't inadvertently affect leadership effectiveness?

The specific sub-questions for phase one were:

1. To what degree, if any, are emotional-focused coping strategies (behavioral) practiced by executives?
2. To what degree, if any, are problem-focused coping strategies (cognitive) practiced by executives?
3. What is the relationship between coping disposition and optimism?

The specific sub-questions for phase two were:

4. To what degree, if any, do executives exhibit psychological conditions such as anxiety, anger, and/or depression, headaches or somatic issues (e.g. sleep deprivation)

### **Conceptual Framework**

Two theoretical areas informed this study. First, the literature on stress and coping theory informed our knowledge about the consequences of stress on overall health (both physiological and psychological) in relationship to the performance of executives, and how stress caused by organizational dynamics may or may not be reduced or removed by utilizing a range of coping strategies (Briner & Reynolds, 1999). There is a large body of research that discusses reducing stress and how that might reduce the level of undesirable employee states and behaviors. By analyzing stress and coping practices, evidence can be found that supports clear causal links between specific stressful work conditions, poor decision-making, and leadership effectiveness (Beehr, 2002; Carlson, 2009). The discovery and the general adoption of preventative models to support the many causes and consequences of organizational stressors continue to add value, but without an adequate understanding of the coping phenomenon, there is little hope for making continued recommendations and achieving solutions.

Second, the study of organizational culture and leadership practices help with our understanding of organizations and the total psychological functioning of the organization and

the impact on those who work within them. Schein (1980, 1996, 2004a) pointed out that when organizational patterns (positive or negative) form and evolve they eventually become embedded into the organization's culture, and can ultimately become engrained into leadership practices. In addition, organization culture and leadership styles can inform the discussion of gender-centered stereotypes, contradictions, and leadership practices that may have an impact on female executive leaders and cause specific stressors. The literature on organization and leadership theory proclaims that decision-making practices are, in effect, predetermined by the organization's culture which drives patterns and basic assumptions that are held by the members of the organization (Ott, 1996; Shafritz & Ott, 1996), and many organizations continue to promulgate cultural practices that greatly impact their workforce by creating unnecessary stressors.

### **Definitions of Terms**

Scholars have defined the terms stress, coping, organizational culture, and leadership in a variety of ways throughout the past several decades. This paper adopts the following definitions that will provide a running thread throughout the study.

### **Definitions of Stress and Coping Strategies**

*Stress* is the nonspecific response of the body to any demand (Sethi & Schuker, 1984), any disruption to the orderly working of the body, or a threat to normal processes of the integrated function of living things.

*Chronic or prolonged stress* is a state of ongoing physiological stimulation. This occurs when the body experiences so many stressors that the autonomic nervous system rarely has a chance to activate the relaxation response. The human body is built to handle acute stress, but not chronic stress. Chronic stress responses that occur too frequently, especially with high-



pressured jobs that keep the body in a state of perceived threat, can have a significant impact on overall long-term health.

*Emotional-focused coping strategies (behavioral)* are forms of coping that change the way in which an encounter is construed without changing the objective situation. These strategies are equivalent to reappraising (Folkman et al., 1986).

*Problem-focused coping strategies (cognitive)* are a form of coping that is similar to strategies used for problem-solving such as defining the problem, generating alternatives, weighing the alternatives in terms of cost and benefits, choosing among the alternatives, and then acting. In addition, problem-focused coping includes strategies that are directed inward (Lazarus & Folkman, 1984).

*Well-being:* According to Danna and Griffin (1999):

health, generally appears to encompass both physiological and psychological symptoms within a medical context; therefore, it is suggested that the term health as applied to organizational settings be used when specific physiological or psychological indicators or indexes are of interest and concern. Well-being tends to be a broader and more encompassing concept that takes into consideration the whole person. Beyond specific physical and/or psychological symptoms or diagnoses related to health, well-being should be used as appropriate to include context-free measures of life experiences (e.g., life satisfaction, happiness, etc.), and within the organizational research realm to include both generalized job-related experiences (e.g., job satisfaction, job attachment) as well as more facet-specific dimensions (e.g., satisfaction with pay or co-workers). (p. 364)

*Coping*: Lazarus and Folkman (1984) defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and /or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141).

### **Definitions of Business Terms, Culture, and Leadership Practices**

An *Executive or Senior Leader* is a decision maker who has responsibility and authority for operational, fiduciary, ethical leadership, and business outcomes. Executive levels include Senior Manager, Director, Executive Director, Vice President, Senior Vice President, Executive Vice President, and Chief Executive Officer-level positions with significant decision-making responsibility, as well as policy makers with profit and loss accountabilities.

*Organizational culture*: Schein (1985) defined this as:

. . . a pattern of shared basic assumptions that is learned by a group as it solves its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (p. 17)

*Organization change process* is the content (the “what”) that provides the vision and overall strategy and the process (the “how”) that drives the implementation and adoption phases. Both require leadership in terms of taking a stand, declaring what the new world looks like, and gaining the support of the rest of the organization in a participative manner in hopes of bringing about change (Burke, 2002).

*Female-dominated culture* is an organization in which women are in power and have influence (Peiró, 2008).

*Male-dominated culture* is an organization in which men are in power and have influence (Peiró, 2008).

## **Definitions for Mixed Methods Explanatory Sequential Design**

*Mixed method* is a method that focuses on collecting, analyzing, and mixing both quantitative and qualitative data in a single study or series of studies (Creswell, Hanson, Plano Clark, & Morales, 2007)

*Sequential explanatory design* is a mixed-methods design in which the researcher begins by conducting a quantitative phase followed by a qualitative phase. The qualitative phase is conducted to further explain the quantitative data in more depth (Creswell & Plano Clark, 2011).

*Post-positivism* is a meta-theoretical stance that critiques and amends introspective and intuitional attempts to gain knowledge (Creswell, 1994).

*Positivism* is a philosophical approach, theory, or system based on the view that in the social and natural sciences, sense experiences and logical and mathematical treatment are the exclusive source of all worthwhile information (Creswell, 1994).

## **Summary**

In summary, leaders are spending more time on the job than they have in the past, and this requires finding ways to be successful in multiple areas of life. Their capacity to juggle societal demands, personal goals and objectives, family priorities, and professional responsibilities in a healthy and productive manner will continue to be a significant challenge for many (Olson & Eoyang, 2001; Warner Burke, 2002). Chapter One outlined the continued interest in stress and effective coping strategies, and the actions one can take before stress occurs, contributing to the psychological processes that govern organizational practices.

Chapter Two presents the literature upon which the research was developed, including a review of the historical progression of stress, coping, and coping strategies practiced by executive leadership. Related topics such as organizational change, organizational culture, and

leadership practices are included as they relate to unique stressors for executives and the impact of these factors on organizational performance.

Chapter Three details the research methodology for this project which was limited to examining the lives of leaders who are currently employed in healthcare, biopharmaceutical, and/or other healthcare-related industries. A mixed-method sequential explanatory design was used to collect and analyze both quantitative and qualitative data in order to enrich the findings through interviews from a subset of the participants. Narrowing the sample size helped to simplify the process of understanding the subtle and complex issues involved in the study of executive-level coping strategies.

## **Chapter Two: Literature Review**

Present and past research indicates that stress and the choice of coping strategies varies with the nature of the situation (Innstrand, Langballe, Espnes, Falkum, & Aasland, 2008; Lazarus, 1984; Peiró, 2008; Webber, 2009). With that in mind, a thorough review of the literature is presented, looking briefly at the history of stress, followed by the coping theory in the context of the adaptive process, and then turning our attention to organizational change that influences organizational culture, leadership practices, and effectiveness.

### **Theoretical Aspects and History of Stress**

The first scientific interest in stress arose in the 1940s in connection with World Wars I and II. Every country that had soldiers fighting became concerned with why a substantial number of their soldiers developed symptoms of stress, ranging from mild anxiety to debilitating emotional distress and, in some cases, major mental disorders. It was also noted that the longer soldiers were exposed to battle conditions, the greater the probability of emotional disorders (Lazarus, 1984, 1999a). During World War I, battle-induced emotional breakdowns were erroneously attributed to the noise from explosives. In World War II, a psychological cause was recognized, which was a significant advancement in thinking about stress-induced ailments. Posttraumatic stress disorder, a term originating from the Vietnam War, was an important development in our thinking about combat-induced emotional disorders (Lazarus, 1999a). This raised important questions about military-related stress. First, how should men be selected for combat and what kind of person would be resistant to the stress it inevitably creates? Second, how should men be trained to effectively cope with the effects of combat? These types of important questions continue to be researched by military psychologists today (Farish, 2009).

This finding fueled the growth of the stress-related research, but answers have not been forthcoming because of the complexities that result from individual differences in the conditions that provoke stress. How stress affects us largely depends on how we deal with it. A different approach is needed and it remains important to examine personality factors and how diverse individuals cope with stress. Additionally, it's been recognized by sociologists, anthropologists, physiologists, psychologists, and social workers that stress depends on person-environment relationships that extend beyond personality characteristics (Folkman & Lazarus, 1985; Folkman & Moskowitz, 2003; Lazarus, 1963, 1985, 1999b) involving belief systems, values, and experiences.

### **The Origin of Stress**

The word "stress" was first used in a nontechnical sense in the 14th century to refer to hardship, straits, and adversity. This description along with 17th-century physicist-biologist Robert Hooke's engineering formulation of stress, greatly influenced the 20th-century understanding of three concepts related to stress (load, stress, and strain) (Lazarus, 1984; Lazarus & Baker, 1956). These three concepts are the basis for explaining models of stress. The idea of load as an external force that is a stressor exerted on a social structure, creating a physiological or psychological threat followed by strain, which is the deformation of the structure or system (DeLongis & Holtzman, 2005). These concepts demonstrate stress as an adaptation process imposed by difficult conditions of life. The term "stress" became the dominant term for describing life's daily pressures, as well as for identifying the causes and the emotional consequences associated with these types of disturbances (DeLongis, Folkman, & Lazarus, 1988; Lazarus, 1999b). However, this view of stress is one-dimensional, suggesting a superficial

categorization that ranged from high to low. It was determined that there is much more that needed to be understood about input and output, and about the stress process generally.

### **What is Stress?**

Stress is a natural element of life and although we want to ignore it or eliminate it from our lives, we cannot. Stress cannot be avoided. From a scientific perspective, life does not take place without stress (Selye, 1974, 1984). Stress is essential for health even though it is also related to disease. What matters is how stress is handled by the individual experiencing the event (i.e., how the individual copes with stress).

Sethi and Schuker (1984) posited “stress is the nonspecific response of the body to any demand” (p. 16). What this means is that stress is associated with a variety of dissimilar problems, such as trauma, mental or physical effort, pain, fear, arousal, humiliation or frustration, the need for concentration, and even success. All these problems produce a stereotypical pattern of biochemical, functional, and structural changes when coping with any increased demand put on the body, and particularly during adaptation to new situations.

### **The Physiological Aspects of Stress**

Dr. Hans Selye’s (1984) General Adaptation Syndrome (GAS) describes three biochemical reactions that occur during the non-specific response: adrenal enlargement, thymicolymphatic involution, and gastrointestinal ulcers that show signs when the body is under attack or reacting to the new situation. These changes became the first known physiological manifestation of stress in the human body and the basis for GAS also known as biological stress syndrome. However, it was later discovered that these characteristics did not encompass the entire response process. Further research found that continued exposure of an organism to any noxious agent capable of eliciting this reaction also created a stage of adaptation or resistance (i.e., positive and negative

responses). In other words, no organism can continue to maintain itself when under continuous attack (Bromet, Dew, Parkinson, Cohen, & Schwartz, 1992; Selye, 1984). If the organism continues to be exposed to the damaging agent, it will die; but if the organism survives the initial reaction, it moves into a second iterative phase that is referred to as the stage of resistance. This stage is biologically different from the initial alarm reaction. However, if the organism moves into the third phase due to more exposure to the noxious agent, the stage of exhaustion follows. This triphasic nature of the GAS was the first indication of the body's adaptability. However, the human body is similar to a machine in that it gradually breaks down and wears out. The consequences of continuous stress can accelerate the aging process and increase overall wear and tear on the physical body. Hence, there is evidence that there is a relationship between stress and aging (Schmied & Lawler, 1986; Scott & Jaffe, 1988; Selye, 1984; Sethi & Schuker, 1984; Speisman, Osborn, & Lazarus, 1961; Torkelson & Muhonen, 2008), and therefore the need to manage and use one's adaptation energy wisely is key to enhancing one's quality of life at work as well as outside of work.

Stress is not only just related to physical conditions: a number of studies in the behavioral sciences have shown that stress is related to psychiatric ailments (Arsenault & Dolan, 1983; Coyne & Downey, 1991; House, Strecher, Metzner, & Robbins, 1986; Pearlin, 1989; Pearlin, Horwitz, & Scheid, 1999) and for the purposes of this study the psychology of stress and how it relates to coping will be studied.

### **Understanding the Process of Stress and Coping**

The stress process can be seen as combining three conceptual domains: the source of stress, the mediators of stress, and the manifestation of stress (Pearlin et al., 1981; Pearlin et al., 1987). In the search for sources of stress, there is an interest in life events and chronic life



strains, but in the work environment the concern is the individual's capability of mediating or redirecting the impact of stressful circumstances in an organizational setting. Although the literature is all-encompassing, there is little known about the manner in which the various components are interconnected to form a process, and specifically the role that stress plays.

During the 1950s, research in the military showed the effects of stress on skilled performance, and Lazarus (1963) and other scholars became convinced that the main stimulation of stress and how it affects human functioning is the way an individual evaluates subjectively the personal significance of what is happening; in effect, the personal meaning of what is being perceived. Perception—the ways that people construe events—depends on variations of goals and beliefs. This personality-emotion relationship is referred to as appraisal. Lazarus (1999a) suggested, “the psychological meaning a person constructs about an environmental event is the proximal cause of the stress reaction and the emotions it produces, which can be constructed with distal cause” (p. 55). Meaning-making led to “appraisal,” the definition of the evaluation process that people go through during a stressful encounter. Appraisal became the centerpiece for Lazarus and his followers as the primary theme in psychological stress. Lazarus describes this process as transactional and relational meaning-centered (Gardner, Rose, Mason, Tyler, & Cushway, 2005).

### **The Appraisal Process in Stress Theory**

Environmental demands, pressure, and life hassles play a role in stress for a substantial number of people and groups alike, and the kind of reaction produced is not always evident and therefore difficult to measure. Vulnerability and sensitivity to events, and the interpretation of those events, differ from person to person. For example, one person may respond with anger, while another may respond with depression for similar or comparable conditions. In order to

understand the variations in responses among individuals, we must take the cognitive appraisal process into consideration. In the early days, positivism regarded mediating processes as somewhat suspicious, but the counterargument was that differences occur because of the varying perceptions of the environment and the meanings associated with the event in the environment. People apply meaning to situations, and the interactions between the environment and the individual are factors that make people respond differently (Lazarus, 1984). However, individual differences are not necessarily only due to a person's characteristics (Folkman et al., 1986a, 1986b). In some instances, inappropriate cognitive appraisal may distort reality and therefore the response to the social environment. This argument is consistent with the findings of other scholars who hold that what is important is the psychological situation, which is a byproduct of the interplay between the environment and those personal factors (Lewin, 1938; Weick, 1979). Another reason for understanding the appraisal process is to gain the ability to interpret the subtle and complex variations that reflect the unique personal factors that influence appraisal (i.e., value, commitments, styles of perceiving and thinking, beliefs) in relation to an environment.

Two important determinants impact appraisal: commitments and belief systems. Commitments are determined by assessing wellbeing for any given encounter, and beliefs shape individuals' emotions and coping efforts based on how they comprehend the event and the consequences. Beliefs are preexisting notions about reality that serve as a lens through which individuals view their world. In most instances, beliefs are formed culturally. In appraisal, beliefs determine what is "fact" or "how things are" in the environment, and therefore shape its meaning (Alannah & Mark, 2006; Bell, 2009; Burgis, 2009; Burke, 2003; Grieser et al., 2006; Helis, 2006; Mary, 2005; Murphy, 2005). Conversely, even though these two variables are

measured separately in most studies about stress and coping, Lazarus (1984) emphasized that these variables are interdependent.

It is important to understand that commitments express why the situation is important to the individual and the importance the individual attaches to the commitment. A commitment with a strongly held obligation or duty will be evaluated as meaningful. Commitments affect appraisal through numerous mechanisms, but perhaps the most important one is the relationship to the individual's psychological vulnerability. The greater the strength of the commitment, the more vulnerable the person is to psychological stress in the area of that particular commitment. For example, a student who has longed to become a doctor will experience rejection from medical school as extremely harmful, whereas a student for whom medical school is one of many interesting career options will not find such rejection exceedingly stressful. The depth at which a commitment is held determines the amount of motivation a person is willing to put forth to ward off threats that impact the commitment (Folkman & Lazarus, 1988b; Folkman et al., 1986a).

The centrality of commitments to psychological wellbeing has been discussed extensively with reference to bereavement and depression, but is not often given much attention in the context of psychological stress and coping. Yet, commitments are clearly important determinants of psychological stress. In addition commitments generate motivation, which helps a person sustain coping efforts by guiding them to and away from situations that can harm, threaten, challenge, and, most importantly, define areas of meaningfulness that are relevant to their wellbeing such as exercise.

### **The Structure of Coping**

Understanding coping is the prerequisite for understanding the impact societies exert on their members and how individuals might find ways to overcome these societal influences. At

the heart of the coping concept is the fundamental assumption that people are actively responsive to forces that impinge upon them. Coping practices have been studied for years, but unlike stress, coping has remained in the clinic and much of the existing research was derived from animal experimentation or psychoanalytic ego psychology. Animal models are based on Darwinian precepts that suggest that survival hinges on the animal discovering predictable and controllable solutions when put in an environment in which they must avoid or escape something. This concept is one-dimensional and is based on instinctual drive or arousal (Suls, David, & Harvey, 1996) leaving little to learn about strategies that are so important in human situations such as cognitive coping or defense mechanisms.

There remains relatively little research on the individual's coping repertoires and even less of relative effectiveness of different ways of coping. Thus, it is important to expand our understanding of the coping process in context of the environment and, in this case, the organization. However, it is worth mentioning that Pearlin et al. (1981) found that coping interventions work best for certain problems such as marriage and child rearing, and are least effective when dealing with problems in the workplace.

### **Organization Stressors: An Overview**

Today's workplace requires agility, operational efficiencies, cost effectiveness, and a competitive edge in the market place. Technology has made our world flat (Friedman, 2005) and subsequently leveling the playing field for much smaller companies by lowering entry barriers to markets. The capital markets are changing even more rapidly, and the business environment and organizations are playing catch-up. According to analysts, this will continue for the foreseeable future (Burke, 2002). Thus, the expectations that organizations have of their leaders is great and for that reason, leaders are required to know much more than before about leading an

organization in today's rapidly changing environment and continued economic unrest.

Changes in globalization, technology, knowledge specialization, information services, competition, and the customization of products and services, including just-in-time deliveries, continue to be a challenge for many organizations and their leadership. For example, 20 years ago a moderately sized manufacturing firm located in the Midwest may have received all of its raw materials from domestic suppliers, conducted all the manufacturing and assembling in-house, and sold only to North American customers. Now this same organization might receive raw materials from South America, have a customer call center in India, have all the parts manufactured in China, and sell to customers around the world. Because of all these changes, many leaders no longer know what to do, much less how to get things done. The best leaders in these situations know how to cope with change—they work closely with their employees to gather relevant information and jointly make decisions about what and how to do things in a new way. They understand that mistakes will be made, but they constantly seek feedback about their efforts and are able to rapidly shift direction or processes when needed. These types of changes (i.e., globalization, information, technology, and knowledge specialization) resulted in the work environment being much more complex, and workers, shareholders, and stakeholders have much higher expectations of leaders now than in the past. Simply put, the skills needed by leaders 10 years ago are only a small subset of the skills leaders need to today to perform their roles efficiently and effectively.

### **Understanding Stress and Coping within Organizations**

As stated earlier, to understand stress we must understand how people cope. To understand coping we must extend our knowledge beyond the basic issue of survival by expressing the essence of individual growth and development. This suggests stress management

must be explored in relational terms, where the emphasis is on the nature of the relationship between the individual and the organization (Argyris, 2006; Argyris & Schön 1978; Lazarus, 2000).

There continue to be signs that stress levels at work are increasing, imposing additional burdens on societal and organizational infrastructure (Johnson, 2009; Wechsler, 2009). However, despite the widespread recognition of work-related stress, the level of attention accorded by organizations to address stress-related issues is still relatively small when compared to investments in other areas such as financial budgeting, efficiency, operational excellence, marketing and technological developments (Alannah & Mark, 2006). Research suggests that understanding coping from an individual's developmental perspective may result in a potential benefit to the organization.

The potential for growth from a stressful encounter is being examined as a new way of looking at stress in terms of not just managing stressful conditions but as a process that has the potential to create positive psychological states and learning opportunities (Lazarus, 1999a; Nourizadeh, 2004; Parent, 2006; Walach et al., 2007). In terms of learning agility, organizations need leaders that have flexible learning styles suited for different situations. The concept of developmental themes raises questions about whether stressful situations can be looked at as growth opportunities. Our understanding of the dynamics of growth from stressful situations will become more complete as the research begins to explore the more positive side of coping.

Coping, growth, and survival all involve maintaining the integrity of the system in the face of a changing environment that is constantly causing varying degrees of disequilibrium within the system. Leadership and personal beliefs, attitudes, values, and assumptions play a role in how leaders make sense of new situations. Consistent application of these beliefs,

attitudes, values and assumptions provide a sense of predictability and meaning for individuals in the organization. How, then, does a leader systematically set out to change how an organization operates, recognizing that such change may involve varying degrees of culture change that can create stressors for many?

### **Organizational Culture and its Role in Change**

According to Schein (2004b), cultural change is not usually a valid stand-alone goal. Instead, organizational culture changes come about due to a problem that needs fixing or some new goal or challenge that an organization needs to achieve. It is within this context that organizational culture becomes involved, but it is essential to first understand the general process of organizational change before managed cultural change becomes relevant.

Every organization must somehow survive economically in order to fulfill its mission. The ultimate survival task falls to the executive leadership, who must not only ensure the organization survives and continues to be effective, but who must integrate and/or align the culture to maximize long-term performance. In most organizations, executive performance measurement is tied to the organization's financial results, and consequently, the culture that evolves is inevitably built around the financial community and can often highlight potential conflict between the organization's subcultures. The point being highlighted is the separation of cultures within an organization and the fact that each may have different assumptions. The issue for leadership is to align the goals of the cultures and subcultures, focusing on getting the right job done, while remaining innovative and economically healthy. When one of these goals becomes too dominant, the organization may struggle to survive, which can create stress across the organization (Bolman & Deal, 2003; Schein, 1985, 2004a).

## **Expectations of Executive Leadership**

A significant consequence of today's dynamic, complex, and uncertain business environment is that leadership is required to demonstrate flexibility and agility, and the ability to adapt their behavior and style as situations change. It remains important that leaders have the willingness, the capability, and the capacity to learn from experiences and to apply newly learned skills and actions to new or first-time situations. Leaders need to be attuned to the situation and vary their leadership behaviors to meet the needs of the organizations they lead (DeMeuse, Dai, & Hallenbeck, 2010). The ability to cope with new situations and apply new learning is key for leaders today and tomorrow.

Robert Kaplan and Rob Kaiser (2006) argued that leaders need well-rounded coping repertoires to adapt to the wide variety of changing environmental conditions. Change occurs over time and in some cases requires long-term management of change and transitions. The management of transitions, depicted by Lazarus (1963) as appraisal, consists of the steps individuals go through before change actually occurs or takes root (Bridges, 2003).

Although challenging, transitions can be developmental because individuals faced with new situations are required to develop adequate leadership and supporting behavioral skills. Transitions require the flexibility to learn new ways of coping with unforeseen problems and opportunities, and leaders who cannot let go of old patterns and behaviors, or who don't recognize the nuances in different situations, will fail (Kaplan & Kaiser, 2006). Many leaders fail because they continue to operate based on old patterns and behaviors—those patterns that helped get them to their current level in the organization.

One can derive valuable lessons from understanding principles of behaviors and their relationship to coping. Frederiksen (1982) posited that "leadership is behavior which makes a



difference in the behaviors of others” (p. 41). For example, when groups of people come together in an organization for a primary reason and begin to behave in concert with each other to produce a product or attain a goal, reinforcing group behaviors that far exceed independent behavior is important because the group becomes more successful as each member emerges by the prevailing reinforcement. By virtue of understanding the behavioral requirements of the group, the behavior of the leader, should respond appropriately, promoting the development of the more effective group behavior. Leaders with low learning agility characteristics cannot adjust their style appropriately, and consequently, cannot effectively influence or strengthen an inadequate or dysfunctional subordinate or group (Frederiksen, 1982). The most successful leaders seem to be those who embrace change, both large and small, and who are willing to give up past expectations and adapt to new and different circumstances or needs. This requires well-developed coping capabilities.

Learning agility, in general, is unrelated to gender. However, female leaders have been found to score slightly higher than their male counterparts on agility as it relates to people and behaviors (Joiner & Josephs, 2007). This finding is consistent with the literature in that women appear to more attuned to others, learn more from others, and have more versatile interpersonal skills on average than do men (Duncan, 2007; Jacoby, 1999). However, women continue to encounter additional stressors in the workplace that have little effect on their male counterparts.

### **Gender Difference Stress and Coping**

There continue to be many challenges with regards to gender and stereotypes in the workplace. The following are some current examples that provide a brief glimpse of the challenges and stressors women executives continue to face. Many female leaders remain concerned and confused about contradictory direction and/or feedback. For example, female leaders are asked

to take risk but be successful, be tough but easy to get along with, be direct but not abrasive, be tenacious but not aggressive, work hard, and be ambitious but do not expect equal pay or treatment (Angela, 1997; Carlson, 2009; Noble, 1993).

There is literature that supports the notion that negative judgment is passed when female executives appear to be working fewer hours than their male colleagues (Anonymous, 1994; Duncan, 2007; Page, 2005). However, in 2005 the graduate school of management at the University of California Davis conducted a study and concluded that companies with women in top leadership positions have stronger relationships with staff, customers, and shareholders, and a more diverse and profitable business (Woolsey Biggert, 2005). As women continue to fill more executive positions in increasing numbers, it remains important to consider gender demographics as a part of the stress-and-coping inquiry and research process, particularly regarding stress and coping in an organizational setting (Waston, Yong Wah, & Sukanlaya, 2011).

It's clear that women have overcome many organizational obstacles. According to Catalyst Census, women held 15.2% of boards seats on Fortune 500 companies in 2009, and 90% of these companies had at least one women director while less than 20% had three or more women in other senior positions (Rosati, 2010). Nevertheless, as corporations continue to downsize and restructure to meet their financial objectives, a recent decline in the role of women in leadership positions has been noted (Ovide, 2011; Shipman & Kay, 2009; Shriver, 2009). However, recent studies emphasize that women continue to outpace men in education, and it is important for organizations to utilize top female talent in senior management and decision-making positions (Dan, 2009; Shriver, 2009). Shipman and Kay (2009) posited that women receive 49% of all doctoral degree, which suggest women are more likely to obtain advance degrees. In addition, for the first time, women now make up half of all workers in the United States (Shipman & Kay, 2009; Shriver, 2009); thus, more knowledge

is needed to develop new (or remodel existing) organizational stress-management interventions in the hopes of both helping male and female leaders meet the business challenges of the 21st century. The literature continues to show that men tend to practice problem-solving coping strategies, and women tend to leverage emotion-solving coping strategies. However, the literature indicates that both problem-solving and emotion-solving coping strategies are necessary to fully develop coping skills (Folkman & Lazarus, 1988a; Folkman et al., 1986; House et al., 1986; Kleiman, 1989; Lazarus, 1991; Suls et al., 1996). This study included an examination of men's and women's coping strategies to determine how each might learn from the other. By continuing to study coping across gender lines, the researcher hopes to share the value from both approaches (Ouwehand, de Ridder, & Bensing, 2009).

### **Change in the Biopharmaceutical and Related Industries**

Efficiency, productivity, and operational excellence are not new for most industries. Most organizations are constantly looking to identify the best solutions to common problems. Then why is this research important and what is different today? Until recently, the primary focus of the healthcare industry, and specifically the biopharmaceutical industry, has been on patient safety, new drug regulatory filings, pipeline and innovation, and improving manufacturing processes (Anonymous, 2006; Johnson, 2009). For the past several years, the healthcare and biopharmaceutical industries' biggest challenge was proving to the regulatory bodies, patients, and the medical community that new products and supporting therapeutics are efficacious and safe. Today, the overarching healthcare industry is faced with price controls, low productivity, higher drug development costs, and competition from generics and biosimilar products. No longer can a drug companies be strictly an innovator, and hospitals now have to operate like all other businesses and be profitable. The overall healthcare industry must find ways to make its downstream operations more competitive by reducing

cycle times, controlling costs, improving process consistency, and reducing the overall time-to-market while meeting drug and patient safety, regulatory, and compliance requirements (Anonymous, 2006; Johnson, 2009; Sutton, 2006). This is not a new problem: other highly regulated industries have had similar challenges in the past.

### **Organization in the Biopharmaceutical Industries**

Highly regulated industries, such as the pharmaceutical and other healthcare-related industries, are struggling to meet these challenges. Many are discontinuing research programs, reducing organizational layers, and looking for ways to work more effectively with smaller specialty companies. The right business model for this industry remains in flux and will continue to evolve. Mark McClellan, Director of the Center for Health Reform, suggested that this is just a small step down a tough road of things to come over the next few years and he advises an aggressive approach and real leadership is needed (Spiers, Cummings, Langenhoff, Sharlow, & Bhatti, 2010b; Wechsler, 2009).

### **Leadership Effectiveness and Impact to the Organization**

As organizations face unpredictable futures, there continues to be a growing need to ensure leaders have the skills to generate, utilize, and maintain their social capital. As of the year 2000, corporations spent \$50 billion dollars a year on leadership development (Adler & Kwon, 2002; Burt, 2005), with significant attention directed at developing the capabilities of the individual leader. A shift is taking place emphasizing the relational aspect of leadership such as the nature of decision-making and leader-member exchange quality (Northouse, 2004; Sparrowe, Soetijpto, & Kraimer, 2006; Vidyarthi, Erodogan, Liden, Anand, & Ghosh 2010). In the past, the focus of individual leadership was on traits and situational attribute competencies, and while this remains important, leaders today must operate in a marketplace that is virtual (i.e., computer-generated) and volatile. For

example, in the biopharmaceutical industry, shifts in how work is accomplished demand new business models that include supplier and relationships management, which have become required skills for leaders. As biopharmaceutical extends its arms into the growing international and emerging market space, organizational interfaces are virtual and require leaders to incorporate different negotiation and influence skills as new communication vehicles continue to become available.

Leadership is commonly defined as the use of influence to encourage participation in achieving set goals (Northouse, 2004). However, leadership involves personality, behaviors, and the followers' perception of the leader in the context of the interactions and the relationship between the two (Sparrowe et al., 2006; Spiers et al., 2010b). Central to leadership is the relationship; hence, leadership extends beyond the individual traits or prescribed set of behaviors. Today, much of leadership effectiveness is driven by relationships beyond one's immediate subordinates, peers, and organizational boundaries. For leadership to be effective, Chemers (2002) suggested that leaders must focus on their credibility and legitimacy with followers and others they interact with. This means leaders must embrace change, as well as influence, motivate, and inspire others to move in the desired direction.

Over the past few decades, the healthcare industry has become increasingly complex. This has created significant challenges, and subsequently impacted how organizations operate. The healthcare industry's workforce has been challenged to be creative and encouraged to question the status quo. There continues to be a need for interventions to enhance leadership skills to help leaders grow and cope with change in the organization, as well as a need for leadership culture to be flexible, collaborative, and inclusive (DeMeuse et al., 2010; Spiers et al., 2010a).

## Chapter Summary

In summary, an interest in stress by the military and the early work of Hans Selye (1984) helped to stimulate dialogue between psychological and biological stress scholars. However, many researchers believe understanding the appraisal process (i.e., when the mind recognizes that the stressor or event is seen as a threat, challenge, or harmful) is subjective, but continues to provide important insights. There is clear recognition that there is a major difference between physical stresses and psychological stressors. Physiological processes such as homeostasis are automatic, while psychological processes require an evaluative process that engages the mind to interpret what is happening on the basis of personal values, beliefs, goals, cultural learning, and the particular environment being evaluated. Both coping and stress are recognized as two events that will always be a part of the human experience. Understanding the process through a cognitive appraisal lens provides a mechanism for developing meaningful and perhaps proactive interventions.

Today's business environment of increasing mergers and acquisitions, and demands for operations efficiencies and cost reductions, will continue to challenge leaders to learn how to do things differently. A leader will not be successful unless he or she becomes a thought leader in organizational change in order to change the culture and how the organization operates. The ability to cope with new situations and apply new learning will become a key leadership competency.

Lastly, gender continues to be an important facet of the study of stress and coping. Women in top positions should continue to learn from their male counterparts by increasing their problem-solving coping skills to balance needed emotion-solving coping skills. As the literature suggest, both are needed to fully develop improved coping skills as companies continue to be

faced with ever-increasing challenges. A drug company can no longer be strictly a company whose only focus is on innovation. It must find ways to become more globally competitive by streamlining processes that support drug innovation and control costs, both of which require rapid development and completely new business models across the industry. The complexity of the industry will continue to evolve, and leaders must recognize that change is the new business normal.

### **Chapter Three: Methodology**

The following chapter is divided into several major sections. First, the background and history on mixed methods, along with the rationale for selecting a mixed-methods design for this study, are explored. Next will come an examination of the procedures employed to support the quantitative arm of the study, followed by the procedures used to provide details about the qualitative methods. Lastly, a discussion of the findings from each arm of the study are integrated and interpreted to address and/or augment the research questions.

#### **Background and History**

There has been much debate about mixed methods among both the quantitative and qualitative communities. The quantitative community believes that social observations should be treated in the same way physical scientists treat physical phenomena, while the qualitative community rejects quantitative practices and what they believe as positivism views (Johnson & Onwuegbuzie, 2003). Both communities see their methodology as ideal. However, properly employed mixed methods, which date back to the 1950s, allow the quantitative and qualitative methods complement each other and allow for more complete analysis (Plano Clark, Creswell, Green, & Shope, 2008).

#### **Support for Mixed Methods**

Today, many viewpoints emphasize the need to include qualitative-descriptive research methodologies as a means for understanding both the structure and process of complex human phenomena (Bargagliotti & Trygstad, 1987). Bargagliotti and Trygstad (1987) posited that because of the complexity of research problems today, the merits of the debate regarding qualitative and quantitative methodology are no longer appropriate for research focusing on work-related stress and coping. They maintained that multiple problems exist in single research



designs utilized for complex human phenomena, and therefore the study of such phenomena require methods that incorporate those complexities. Currently, mixed methods are considered a legitimate, stand-alone research method (Creswell, 1994, 2009; Creswell et al., 2007; Ivankova, Creswell, & Stick, 2006), and research questions addressed by combined quantitative and qualitative methodologies potentially yield more robust data. By integrating quantitative and qualitative data, a more comprehensive picture is captured and is better supported.

### **Challenges with Mixed-Methods Design**

Despite the continued growth, development, and widespread acceptance of mixed-methods research, controversy remains. There is considerable debate regarding multiple philosophical paradigms that are associated with mixed methods. Many scholars and researchers question whether mixed-method research could legitimately fit two philosophical paradigms (i.e., postpositivist and naturalistic) in one study successfully. This issue has been referred to as the “paradigm debate” because some researchers argue, for example, that the postpositivist philosophical paradigm or worldview could not be legitimately combined with quantitative methods, nor could a naturalistic paradigm fit with a qualitative method because of incompatibility (Creswell et al., 2007). However, Reichardt and Cook (1979) refuted this by suggesting that different philosophical paradigms and methods were compatible. They hypothesized that quantitative methods are not always objective and qualitative methods are not always subjective. Researchers who use mixed methods take advantage of the representativeness and generalizability of quantitative findings and extend their understanding by including the contextual nature of the qualitative findings (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). This perspective suggests that mixed methods appreciates different paradigmatic views

giving rise to contradictory ideas and contested arguments, which is a feature of research that should be respected and honored (Reichardt & Cook, 1979).

### **Rationale for Mixed Methods**

Because the researcher assumed that neither quantitative nor qualitative methods were sufficient by themselves to capture the details of stress and individual coping practices and responses, this study was conducted as a mixed-method sequential explanatory design (Creswell & Plano Clark, 2011) to answer the study questions regarding coping strategies practiced by senior leaders in the biopharmaceutical and other healthcare-related industries. Quantitative data was used to attain a more generalizable picture of the population being studied, and qualitative data focused on people's experiences from their individual perspectives. The researcher hoped to study qualitative cases that are focused on organizational stressors (Roberts, 2004) and coping strategies that can be effectively applied to reducing stress and maintaining leadership effectiveness in the workplace.

### **Research Design**

Creswell and Plano Clark (2011) defined mixed-methods research as a "method that focuses on collecting, analyzing, and mixing both quantitative and qualitative data in a single study or series of studies" (p. 5). When quantitative and qualitative methods are combined, they provide a more holistic picture of the research problem (Creswell & Plano Clark, 2011). Mixed methods have been found to provide insight for studies that require an understanding of personal experiences and behaviors that contribute to adaptive process such as coping. In addition, mixed-method research builds on the strength of both methods by allowing researchers to assess, compare, and contrast across the two sets of data (Doyle, Brady, & Byrne, 2009; Egan, Harcourt, & Rumsey, 2011).

This study used Creswell and Plano Clark's (2011) mixed-method sequential explanatory design consisting of two distinct arms, with the quantitative arm being the priority phase. The sequential explanatory mixed-method steps were characterized by an initial phase of quantitative data collection and analysis. The quantitative arm had the priority for addressing the research questions, followed by the qualitative data collection and analysis. The sequential collection of data used a quantitative survey related to executive leadership stress and coping practices, followed by qualitative interview data collected to corroborate, refute, or augment findings from the survey data. The qualitative data was also used to further explain and/or substantiate the results from the quantitative arm. The findings of the two arms were analyzed and integrated during the interpretation phase.

### **Human Subjects Considerations**

The ethical issues were addressed at each phase of the study in compliance with Pepperdine University's Institutional Review Board (IRB). All appropriate forms were filed with the IRB before commencement of the study. An application for permission of use for materials to support the study (i.e., surveys) is included along with description of project, methods, procedures, and all required forms. The informed-consent stated that the participants were guaranteed certain rights, agreed to be involved in the study, and acknowledged that their rights were protected. The survey participants were not asked to disclose any information to the researcher regarding their age, identity, or religion. For all electronic delivery mechanisms, the informed consent was affixed to reflect compliance with federal guidelines.

An introductory recruitment letter explaining the study in accordance with the requirements of the IRB was sent electronically to the target population. Those interested were asked to return a response either electronically or via postal mail. Upon receiving the required

forms, a questionnaire and additional information explaining details was sent to each respondent. Phase One—the quantitative arm—leveraged self-administered surveys and therefore presented minimal risk to participants. The qualitative phase posed an anonymity risk due to the face-to-face nature of the interviews. The anonymity of participants was protected by numerically coding each returned questionnaire and then keeping the responses confidential and under lock and key. While conducting the individual interviews with the selected respondents, they were assigned fictitious names for use in descriptions when reporting results. All data will remain under lock and key until destroyed by the researcher after a reasonable period. There will be no possible way to trace responses to individuals.

The researcher, who is an executive leader in the biopharmaceutical industry and who has many business relationships, was involved with data collection in the two phases of this study. During the quantitative phase, the researcher used an online service that administered the survey and collected the data using standardized procedures that have proven reliability and are valid. SurveyMonkey, an online survey service provider, operated as an intermediary between the researcher and participants. Each participant was asked to self-register and identified themselves by title, position, and/or level in their respective organizations. Following the initial email invitation a link was sent to each participant. At this point the identity of the participants was unknown to researcher. Once participants accessed the survey, all email and contact information was masked.

In the qualitative phase, the researcher assumed a participatory role. It bears noting that the researcher may have had previous contact with some of the participants, and that these experiences may have introduces a possibility for subjective interpretations and so created a potential for bias. Where possible, all participants were adequately informed about the nature of

the study including all aspects of research that were likely to affect their willingness to participate. Further, the researcher changed the names of the participants and any details that might make a participant easily identifiable. This was done at the transcription stage.

However, because possible subjects are adults and no more than minimal risk was involved, this study qualified as being IRB exempt according to Federal Guidelines, 45 CFR 46.101(b)(2), which states that research involving survey or interview procedures or observations of public behavior can be considered exempt. Application was submitted for review and approval on September 10, 2012.

### **Quantitative Phase**

The goal of the quantitative phase was to collect survey data representative of a population; in this case, executive and senior leaders in the biopharmaceutical or related industries. The researcher used information gathered from the survey to generalize findings from a drawn sample back to the targeted population, within the limits of a stated random error.

### **Population**

Executives from the biopharmaceutical or related industry were the natural target population for this study due to specific market and economic pressures. The healthcare, biotech, pharmaceutical, and other related organizations employ highly degreed professionals and executive leaders such as medical personnel (e.g., doctors, nurses, scientists, etc.), lawyers, researchers, and an array of technically trained skilled executives. Many do not have a traditional business background or an education that includes basic business and/or management of staff and the complex array of employee challenges that are associated with a leadership role. Many see the healthcare industry as an extremely complex and stressful environment (Cartwright & Panchal, 2001; Dawson, 2009; McBride, 2011) that requires continuous drive and

determination. The target population for this study was executives located in the United States who met the criteria for the survey portion of this study.

The target population was readily available to the researcher through professional and personal social networking sites and consisted of approximately 80 individuals. Forty executives participated in phase one. From these, 10 participants agreed to be interviewed in phase two, the qualitative phase.

To address the research question, and due to the heterogeneity of the population under study, the target group of executives and leaders consisted of senior managers, directors, executive directors, vice presidents, senior vice presidents, and those that operate at the chief executive level. A letter was emailed to executives and senior leaders who work in the healthcare or related industries requesting participation in the study. The researcher used professional contacts from social networking sites such as LinkedIn and Facebook (see Appendix A). Each interested participant was asked to provide a personal email address for further communication about the study details. In addition, a snow-ball sampling method was used to recruit additional participants by asking those who participated if they knew of other colleagues at senior levels who work in a related industry who may be interested in the study.

### **Instruments for Quantitative Phase**

The instruments for this phase of the study included three surveys: the demographic survey developed by the researcher and two other standardized survey tools:

1. The Executive Study Demographic Survey (see Appendix B).
2. The COPE survey instrument (Carver, Scheier, & Weintraub, 1989, see Appendix C).
3. The Personal Attitude Inventory *The Life Orientation Test* (Carver, Scheier, & Segerstrom, 1985, see Appendix D).

These self-administered questionnaires were meant to assess the target population's demographic characteristics, work-related stressors, and coping strategies all believed to impact decision-making and leadership effectiveness capabilities (Milliken, Clements, & Tillman 2007; Nourizadeh, 2004; Puckett, 2008; Yost, 2002).

### **Demographic Survey**

The demographic survey was developed by the researcher to elicit information on educational background, time in position, average number of hours worked per week, gender, ethnicity, current title, position, and number of children. In addition, questions regarding leisure hours per week were also asked (see Appendix B).

### **The COPE Instrument**

The COPE instrument was developed to assess a broad range of coping responses, several of which have an explicit basis in theory (Carver et al., 1989). Coping strategies and how people respond when they are confronted with difficult or stressful events in their lives portray thoughts and actions when under stress. Embedded in the COPE instrument is a distinction between two general types of coping: problem-focused and emotion-focused. According to Lazarus (1963), the term problem-focused coping is aimed at problem solving or doing something to alter the source of the stress, and emotion-focused coping is aimed at reducing or managing the emotional distress associated with the situation. Although most coping practices elicit both types of coping, problem-focused coping tends to predominate when people feel that something constructive can be accomplished, whereas emotion-focused coping occurs when people feel that the stressor is something that must be endured (Folkman et al., 1986a). The COPE questionnaire asks the respondent to indicate what he or she generally does and feels when experiencing stressful events and the COPE instrument have been tested for both coping dispositions and situational or time-

limited coping efforts (Carver et al., 1989). The COPE method considers other scales and findings from other bodies of research leveraging preexisting measures of coping, which contributed to the resulting COPE inventory. The Ways of Coping scale was used to develop the procedures that investigate the applicability of the COPE to situational coping efforts in which subjects describe how they dealt with an actual stressful event (Folkman & Lazarus, 1988b). Coping with a specific event had two purposes: first to investigate the adequacy of using COPE to measure situational coping, and, second, to examine the relationship of general coping styles and the situation-specific coping responses that subjects make to a particular stressful situation. It was found that people vary their use of a specific coping strategy based on the kind of situation in which they find themselves (Lazarus, 1984, 1985, 1999b).

The COPE Inventory model (Carver et al., 1989) was used to specifically measure coping practices and/or strategies used. The inventory includes responses that were expected to be dysfunctional, as well as functional ones. The survey also includes at least two pairs of polar-opposite tendencies because each scale is unipolar and, according to Carver (2007), “people engage in a wide range of coping during a given period, including both of each pair of opposite” (p. 1).

The COPE inventory is a 60-item tool assessing “dispositional” or “trait-like” characteristics: (a) positive reinterpretation and growth, (b) mental disengagement, (c) focus on venting of emotions, (d) use of instrumental social support, (e) active coping, (f) denial, (g) religious coping, (h) humor, (i) behavioral disengagement, (j) restraint; (k) use of emotional social support, (l) substance use, (m) acceptance, (n) suppression of competing activities, and (o) planning (Carver, 2007). Respondents are asked to indicate on a 4-point scale what they generally do and feel when they experience stressful events.



The COPE inventory was tested several times throughout its development. As items were administered to several hundred subjects, weak loadings were revised or removed. In addition to various refinements, the scale also went through a number of iterations validating measurements. Additional information concerning COPE's consistency and reliability comes from the Cronbach's alpha reliability coefficient scale, and in general these values were acceptably high, with only one falling below .60. Evidence of testing and retesting reliability of various scales from two samples (89 students in the initial session and 116 students who completed the COPE 8 weeks later) suggests that the self-report of coping tendencies that are measured by COPE are relatively stable (Carver, 2007). Permission to use the COPE inventory is made available for research and teaching, and all are available without charge.

### **The Life Orientation Test**

Higher levels of optimism are related to wellbeing in times of adversity and, consistent with such findings, optimism has been linked to higher levels of engagement coping and lower levels of avoidance or disengagement coping (Carver et al., 1985). The Life Orientation Test (LOT-r) is a 10-item self-administered test designed to assess expected outcomes in the lives of the test takers to be good or bad. The LOT comprises six questions, with four filler items included to disguise the intent of the tool. Subjects are asked to respond to each item based on extent of agreement from *strongly disagree* to *strongly agree* on a 5-point Likert scale with a 0 to 4 format. Cronbach's alpha for the six-item scale was .78. Test-retest reliability has been measured for different samples of college undergraduates who completed the scale at two points in time separated by different time intervals. The test-retest correlations were .69, .60, .56 and .79, suggesting that the LOT-r is fairly stable (Scheier, Carver, & Bridged, 1994). Permission to

use the LOT-r inventory is made available for use in student research and teaching, and all are available without charge.

Table 1

*Quantitative Survey Instruments*

Variables	Measures	Number of Items	Time
Demographic	Demographic Data	12	5
Characteristics	Survey		
Work and Non- Work Stressors	COPE Survey	60	20
Optimism (LOT-R)	Personal Attitude Inventory	10	5
	Total	85	30

*Note.* Estimate for completion was determined by piloting the survey process following IRB approval.

**Analysis for Quantitative Data**

The goal of the quantitative phase was to collect data and assign a numeric data value via an electronic questionnaire from the target population. The nature of the data lends itself to statistical analyses that depict trends on a set of predefined variables, such as position title, that fall into one of five groups (i.e., Senior Manager, Director, Executive Director, Vice President, and Senior Vice President) and was used as grouping variables. In addition, descriptive statistics were used to analyze participant scores.

## **Qualitative Phase**

In the second phase, a purposeful sample was used, which implies intentionally selecting individuals to learn and understand the central phenomenon (Cozby, 2003; Creswell, 2007; Ivankova & Stick, 2007) coping strategies practiced by executive leaders in the biopharmaceutical industry. Ten face-to-face, semi-structured interviews were conducted to elicit material to help explain why certain factors measured in the first phase may be significant predictors (i.e., title, personality, and emotional traits) of coping strategies practiced by executive leaders. These factors may provide evidence that there is causal linkage between stressful conditions, personality factors, and coping-strategy choices. These factors may represent the relationship between understanding how, for example, personality factor shapes one's adjustment to stress and subsequently, coping choice.

## **Interview Process**

Ten participants agreed to be interviewed. The face-to-face interview meeting took place at the subjects' work settings at a set time agreed to by researcher and subject. At that time, the researcher provided background information and requested permission to record the session as well as to take notes throughout the interview. At the completion of the interview, the researcher requested permission to follow up on issues by email, phone, face-to-face discussion, or any other means suggested by the participant.

## **Interview Protocol**

The researcher's self-developed Interview Protocol was based on the Ways of Coping (Folkman & Lazarus, 1988b; Stone & Neale, 1984; see Appendix C). The Ways of Coping can be purchased from the Mind Garden Inc. web site, which provides the following information about their policies and permission to reproduce: All reproductions require a purchased license

from the publisher. In addition, permission to put sample license items of an instrument such as a dissertation appendix is provided when the license to reproduce is purchased. This provides permission for up to five sample items to show the characteristics of the instruments.

For this phase, the interviews were conducted by the researcher to elicit data from the executive subjects in three major areas: (a) work stressors, (b) coping practices, (c) support, and (d) an inquiry into how these choices impact decision-making and leadership effectiveness (see Appendix D). The interview questions were open-ended and related to major and minor stressors perceived by the participants and the problem the stressors create. Below are examples of the questions included in the interview protocol:

1. What are the five major organizational or work stressors that occur in your role as an executive?
2. Specifically, what problems do these stressors create for you?
3. What kind of things do you do to try to deal with it?
4. Which of the strategies that you use in dealing with your stress at work are most useful or effective for your professional and personal life?
5. Thinking about people both at work and outside, who would you say is supportive to you in relation to your work life?

If the participant did not specifically answer a question, the interviewer probed with other questions about work-related stressors including: (a) lack of funding, (b) organizational change, (c) understaffing, (d) workload, and (e) quality of work.

The coping section asked the respondent open-ended questions describing a specific coping practice utilized on an identified major stressor from the stressor interview section of questions. The coping practices include: (a) confronting, (b) distancing, (c) self-controlling, (d)

seeking social support, (e) accepting responsibility, (f) escape-avoidance, (g) problem-solving, and (g) positive reappraisal. These same eight categories were asked of all participants. There was one question in each category that each participant was asked: “Now I would like to ask some specific questions about things that you might or might not have done in dealing with this situation,” followed by a series of standardized questions. If the respondent answered yes to a question, the second question in the parenthesis was asked.

Table 2

*Qualitative Data Collection Strategies*

Variables	Measures	Time
Work Stressors	6 open-ended, probing Overall rating based on +1 or higher scale	15
Coping	6 open-ended, probing Overall rating based on +1 or higher scale	25
Social Support	8 open-ended, probing	20
	Total	60

The actual time was determined after the completion of a pilot interview. If required to probe further, the questions below were asked:

1. Did you ever try to confront the situation (person) directly, even if it was unpleasant?  
Yes/No (How did you do this?)
2. Did you find yourself trying to put it out of your mind? Yes/No (How did you do this?)

3. Did you ever try to keep your feelings to yourself or not act on your feelings right away? Yes/No (How were you able to do this?)
4. Did you ever try to blame or criticize others or yourself? Yes/No (In what way?)
5. Did you ever wish that the situation would go away, or try to distract yourself in anyway? Yes/No (Tell me about this situation?)
6. Did you find yourself making a plan of action and working extra hard to carry it out? Yes/No (How did you do this?)
7. As a result of this situation, did you change or grow as a person in a positive way? No/Yes (In what way?)

All interviewees received the same set of probes for each of their top stressors. The last two questions in the Coping section of the interview addressed which coping strategies are most beneficial to the respondent.

The social support section asked subjects to specify who, both at work and outside, was supportive. They were also asked how these people provided support. Subjects were also asked about specific types of support (emotional, validation, informational, and practical), based on House (1987). The questions included how others offer support and how important that type of support was and if the interviewee was satisfied with each specific type. The subject was also asked to rate the overall importance of support based on a 10-point scale. The last question asked about negative aspects of support.

### **Analysis of Interview Transcripts**

The tape-recorded interviews were transcribed verbatim and formatted for coding. The qualitative analysis tool *HyperResearch* (Researchware.com) was used to facilitate and document the coding process. A preliminary coding scheme was developed to aid the analysis

process. The coding scheme is based on “Ways of Coping” subscales (House, 1987), and existing literature that defines and classifies the major categories (Folkman & Lazarus, 1988b; House et al., 1986; Stone & Neale, 1984). Additional categories were added as new information emerged and are included in the final analysis. To understand topics and themes gathered through the interviews, content analysis was performed based on Glaser and Strauss’s (1967) constant comparison method. Constant comparison analysis (Glaser & Strauss, 1967) is one of the most commonly used tools for information that is coded, and it can be performed deductively by first identifying the codes prior to analysis and then looking for them in the data. Constant comparison analysis was originally developed to analyze data that were collected over a series of interview rounds, which lead to theoretical sampling in order to develop emergent themes. However, constant comparison has been modified to analyze data collected in a single round. Many refer to this type of analysis as “coding” (Leech & Onwuegbuzie, 2007).

### **Strategy for Connecting Quantitative and Qualitative**

To ensure the study findings address the research questions, the qualitative results were used to explain and or inform aspects of the quantitative phase. Conclusions were made based on the analysis of data from both phases of the study. The data analysis looked at important factors from a coping-practice perspective based on collected demographics information where the top three factors (position title, elaboration of the stressor, and coping practices describing positive or effective outcomes) are considered.

## **Chapter Four: Results and Findings**

This chapter presents and discusses the findings from the data collected from both the quantitative and qualitative phases of the study through an online survey and face-to-face interviews about coping and adapting in the work environment. As explained earlier, mismanaged stress can adversely affect the overall effectiveness of leaders. The purpose of the study was to explore how senior leaders and executives' confronted with organizational stressors cope and is the coping strategies used effective at reducing or deflecting organizational stressors and or challenges. In this chapter, a summary of the participants' demographics and their responses to the COPE and optimism surveys is provided. The COPE survey focuses on how executives respond to stressful or challenging organizational situations. The optimism survey measures personality traits associated with how an individual is more or less likely to remain engaged or gives up on commitments or goals.

The last section presents the study findings from both the quantitative and qualitative responses to closed-ended questions and open-ended interview questions. A software program (HyperResearch) was used to code and analyze the interview responses.

### **Quantitative Phase One**

**Analysis.** The recruitment and data collection were conducted electronically using email and an online survey administration tool, SurveyMonkey. Eighty three potential executives from the biopharmaceutical and related industries were invited to participate in the study. Of the 83 executives, 40 completed the survey, which represents 48% of those invited to participate. The 40 executives' average time in current management position was 5 years; average time in executive level position was 13 years, and the number of staff accountable for ranged from 0 – 850. While most respondents were Caucasian (63%) the second largest ethnic population was



Asian/pacific Islander at 15%. The average number of hours worked per week was 54 and the average education level was Master's degree at 55%. Table 3 includes the frequencies and percentages for the participant demographic characteristics (e.g., ethnicity, number of children living in household, and hours worked per week).

Table 3

*Participants' Demographic Characteristics (N = 40)*

Demographic Characteristic	N	%
Gender		
Female	18	45.0
Male	22	55.0
Total	40	100.0
Ethnic Background		
Asian/Pacific Islander	5	12.8
White/Caucasian	26	66.7
Black/African American	4	10.3
Hispanic/Latino	1	2.6
Other	3	7.7
Total	39	100.0
Role		
Executive Leadership (e.g., EVP, SVP, VP)	10	25.0
Executive Director	9	22.5
Director	10	25.0
Senior Manager	9	22.5
Other	2	5.0
Total	40	100.0

The sample included 18(45%) women executives and 22 (55%) male executives.

Participants' ethnic background was primarily Caucasian (66.7%), but African American (10.3%) and Hispanic (2.6%) executives participated. A total of 47.5% of the participants were considered executive leadership and the remaining 52.5% are considered senior management professionals, as determined by responses to an open-ended question. All participants had fairly

senior roles in their organizations. The two individuals who selected “other” described their role as partner and business managing director.

Most participants reported having more than one child ( $M = 1.59$ ,  $SD = 0.91$ ) and only 3% reported that their children are 16 years or older. On average, participants worked at their current company for 13.20 years ( $SD = 6.14$ ) and had an average of 64.02 staff ( $SD = 161.78$ ). On average participants work 53.42 hours a week ( $SD = 5.66$ ), and spent an average on 11.87 hours a week on leisure activities ( $SD = 6.37$ ). Table 4 includes the descriptive statistics for these survey items.

Table 4

*Descriptive Statistics Participants' Characteristics*

Characteristic	<i>N</i>	Min	Max	<i>M</i>	<i>SD</i>
Number of children living at home	39	0	3	1.59	0.91
Number of staff members	40	.00	850.00	64.02	161.78
Number of years at current company	40	2.00	25.00	13.20	6.14
Number of hours worked each week	40	40.00	65.00	53.42	5.66
Number of hours spent in leisure activities each week	39	3.00	30.00	11.87	6.37

On average senior executive work 53.42 hours a week ( $SD = 5.66$ ), while Directors and Senior Managers work 55 to 60 hours per-week and more than 70% of senior executives spend greater than 4 hours a week on leisure activities. Table 5 includes the descriptive statistics for hours worked and leisure time taken by role. Of all the roles, EVP/SVP/VP worked an average of 58.00 hours per week, Executive Directors worked an average of 55.33 hours per week, Directors worked an average of 52.10 hours per week, Senior Managers worked an average of 49.22 hours per week, and those in other roles worked an average of 47.50 hours per week. In terms of leisure activities, EVP/SVP/VP spent an average of 13.80 hours per week in leisure

activities, Executive Directors spent an average of 12.87 hours per week in leisure activities, Directors spent an average of 9.80 hours per week in leisure activities, Senior Managers spent an average of 10.66 hours per week in leisure activities, and those in other roles spent an average of 14.00 hours per week in leisure activities.

Table 5

*Hours Worked Each Week and Average Leisure Time Each Week by Role*

Variable	Role	<i>M</i>	<i>SD</i>	Min	Max
Number of hours worked each week	EVP/SVP/VP	58.00	4.83	50.00	65.00
	Executive Director	55.33	5.56	48.00	65.00
	Director	52.10	4.30	45.00	60.00
	Senior Manager	49.22	3.92	40.00	55.00
	Other	47.50	3.53	45.00	50.00
	Total	53.42	5.66	40.00	65.00
Number of hours spent in leisure activities each week	EVP/SVP/VP	13.80	7.20	4.00	25.00
	Executive Director	12.87	4.94	8.00	20.00
	Director	9.80	4.98	3.00	20.00
	Senior Manager	10.66	7.88	5.00	30.00
	Other	14.00	8.48	8.00	20.00
	Total	11.87	6.37	3.00	30.00

**COPE survey results.** The version of the Cope Inventory that reflects coping dispositions was used in this study. Items were summed to arrive at score for 15 coping dispositions (Carver et al., 1989). The dispositions include: (a) positive reinterpretation and growth, (b) mental disengagement, (c) focus on venting of emotions, (d) use of instrumental social support, (e) active coping, (f) denial, (g) religious coping, (h) humor, (i) behavioral disengagement, (j) restraint, (k) use of emotional social support, (l) substance use, (m) acceptance, (n) suppression of competing activities, and (o) planning.

Table 6 categorizes the 15 coping dispositions into problem and emotion coping categories in order for data to be analyzed based on the question or strategy selected. Embedded

in the set of survey questions is a distinction between two general types of coping. The first is called problem-focused coping and is aimed at solving problems, taking action, or doing something to alter the source of stress. The second type of coping is emotion focused coping, which is aimed at reducing or managing emotional distress that is associated with a stressful event. Emotion-focused coping usually are more applicable when the situation has to be endured (Lazarus, 2006). Additionally, both problem and emotion coping strategies can include what would be considered dysfunctional coping behaviors (Dewe et al., 2010; Estevez, 2010).

Table 6

*COPE Disposition by Coping Category*

COPE Disposition	Coping Category
Positive reinterpretation and growth	P
Active coping	P
Restraint	P
Acceptance	P
Suppression	P
Planning	P
Mental disengagement	E
Venting emotions	E
Instrument social support	E
Denial	E
Religious coping	E
Humor	E
Behavioral disengagement	E
Emotional support	E
Substance use	E

The descriptive statistics for the 15 coping dispositions can be found in Table 7 (see Appendix C for the complete COPE questionnaire). The survey results for the overall population shows an affinity toward problem solving strategies; the problem-focused coping dispositions with the highest scores was active coping ( $M = 13.67$ ,  $SD = 1.84$ ) and positive reinterpretation

and growth ( $M = 13.20$ ,  $SD = 1.68$ ). The lowest coping scores were for emotion-focused coping disposition including substance use ( $M = 4.42$ ,  $SD = 1.08$ ) and denial ( $M = 4.55$ ,  $SD = 1.06$ ).

Table 7

*Descriptive Statistics for the COPE Inventory Dispositions*

Disposition	<i>N</i>	Min	Max	<i>M</i>	<i>SD</i>	Cronbach's alpha	# of items
<b>Problem-Focused Coping</b>							
Positive reinterpretation and growth	40	10.00	16.00	13.20	1.68	.63	4
Active coping	40	9.00	16.00	13.67	1.84	.57	4
Restraint	40	6.00	15.00	10.95	2.12	.69	4
Acceptance	39	7.00	15.00	11.07	2.05	.57	4
Suppression	39	8.00	16.00	11.53	1.99	.58	4
Planning	40	10.00	16.00	12.97	1.65	.36	4
<b>Emotion-Focused Coping</b>							
Mental disengagement	40	4.00	11.00	7.05	1.83	.47	4
Venting emotions	40	4.00	14.00	7.52	2.14	.67	4
Instrument social support	40	9.00	16.00	12.50	1.97	.70	4
Denial	40	4.00	8.00	4.55	1.06	.40	4
Religious coping	40	6.00	16.00	9.22	3.21	.82	4
Humor	39	4.00	16.00	8.17	2.59	.91	4
Behavioral disengagement	40	4.00	10.00	4.97	1.47	.53	4
Emotional support	40	4.00	16.00	9.40	3.03	.86	4
Substance use	40	4.00	8.00	4.42	1.08	.89	4

**LOT-R survey results.** The Life Orientation Test (LOT) Revised was developed to assess individual differences in generalized optimism versus pessimism. Items 3 (If something can go wrong for me, it will), 7 (I hardly ever expect things to go my way) and 9 (I rarely count on good things happening to me), which were negatively worded, were reversed scored. This was done to assure that higher scores indicated more optimism. Filler items (Items 2, 5, 6, and 8) were excluded from the total score. The descriptive statistics for the LOT-R, which included 6 items, can be found below in Table 8. Scores ranged from 21.00 to 30.00 and the mean score was

25.12 ( $SD = 2.62$ ), indicating the sample as a whole had a high level of optimism. The scale had a Cronbach's alpha of .65, which indicates adequate reliability.

Table 8

*Descriptive Statistics for the LOT-R*

	<i>N</i>	Min	Max	<i>M</i>	<i>SD</i>	Cronbach's alpha	# of items
LOT-R	40	21.00	30.00	25.12	2.62	.65	6

### Results for Research Questions

**Results for research question 1.** Research Question 1 was to what degree, if any, are emotion-focused coping strategies (behavioral) practiced by executives? This research question was explored with Analysis of Variance (ANOVA). In the ANOVAs, role was the independent variable and the emotion-focused coping dispositions were the dependent variables.

The first ANOVA examined differences in mean mental disengagement scores by role (see Table 9). The ANOVA indicated a lack of a statistically significant differences in mental disengagement scores by role (see Table 10;  $F(4, 39) = 0.75, p = .56$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in "other" roles had similar mental disengagement scores. However, Executive Directors had the highest mental disengagement scores ( $M = 7.88$ ).

Table 9

*Descriptive Statistics for Mental Disengagement by Role*

		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Mental disengagement	EVP/SVP/VP	10	6.50	1.77	4.00	9.00
	Executive Director	9	7.88	1.45	5.00	10.00
	Director	10	6.80	1.81	4.00	10.00
	Senior Manager	9	7.00	1.65	5.00	10.00
	Other	2	7.50	4.94	4.00	11.00
	Total	40	7.05	1.83	4.00	11.00

Table 10

*ANOVA for Mental Disengagement by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Mental disengagement	Between Groups	10.41	4	2.60	0.75	.56
	Within Groups	121.48	35	3.47		
	Total	131.90	39			

The next ANOVA examined differences in mean venting emotions scores by role (see Table 11). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 12;  $F(4, 39) = 0.48, p = .75$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar venting emotions scores. However, Directors had the highest venting emotions scores ( $M = 7.90$ ).

Table 11

*Descriptive Statistics for Venting Emotions by Role*

Coping Disposition		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Venting emotions	EVP/SVP/VP	10	6.70	2.21	4.00	11.00
	Executive Director	9	7.77	2.27	4.00	11.00
	Director	10	7.90	1.59	6.00	11.00
	Senior Manager	9	7.77	2.68	5.00	14.00
	Other	2	7.50	2.12	6.00	9.00
	Total	40	7.52	2.14	4.00	14.00

Table 12

*ANOVA for Venting Emotions by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Venting emotions	Between Groups	9.36	4	2.34	0.48	.75
	Within Groups	170.61	35	4.87		
	Total	179.97	39			

The next ANOVA examined differences in mean instrumental social support scores by role (see Table 13). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 14;  $F(4, 39) = 0.99, p = .42$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar instrumental social support scores. However, Senior Managers had the highest instrumental social support scores ( $M = 13.33$ ).



Table 13

*Descriptive Statistics for Instrumental Social Support by Role*

Coping Disposition		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Instrumental social support	EVP/SVP/VP	10	12.80	2.09	9.00	16.00
	Executive Director	9	12.33	1.73	10.00	15.00
	Director	10	11.90	1.79	9.00	15.00
	Senior Manager	9	13.33	2.29	10.00	16.00
	Other	2	11.00	1.41	10.00	12.00
	Total	40	12.50	1.97	9.00	16.00

Table 14

*ANOVA for Instrumental Social Support by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Instrumental social support	Between Groups	15.50	4	3.87	0.99	.42
	Within Groups	136.50	35	3.90		
	Total	152.00	39			

The next ANOVA examined differences in mean denial scores by role (see Table 15).

The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 16;  $F(4, 39) = 1.89, p = .13$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar denial scores. However, Directors had the highest denial scores ( $M = 5.10$ ).

Table 15

*Descriptive Statistics for Denial by Role*

Coping Disposition		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Denial	EVP/SVP/VP	10	4.10	0.31	4.00	5.00
	Executive Director	9	4.11	0.33	4.00	5.00
	Director	10	5.10	1.44	4.00	8.00
	Senior Manager	9	4.88	1.36	4.00	7.00
	Other	2	4.50	.70	4.00	5.00
	Total	40	4.55	1.06	4.00	8.00

Table 16

*ANOVA for Denial by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Denial	Between Groups	7.82	4	1.95	1.89	.13
	Within Groups	36.07	35	1.03		
	Total	43.90	39			

The next ANOVA examined differences in mean religious coping scores by role (see Table 17). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 18;  $F(4, 39) = 0.18, p = .94$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar religious coping scores. However, EVP/SVP/VPs had the highest religious coping scores ( $M = 9.80$ ).

Table 17

*Descriptive Statistics for Religious Coping by Role*

Coping Disposition		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Religious coping	EVP/SVP/VP	10	9.80	3.45	6.00	16.00
	Executive Director	9	8.55	3.12	6.00	16.00
	Director	10	9.00	2.90	6.00	14.00
	Senior Manager	9	9.44	4.06	6.00	16.00
	Other	2	9.50	0.70	9.00	10.00
	Total	40	9.22	3.21	6.00	16.00

Table 18

*ANOVA for Religious Coping by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Religious coping	Between Groups	8.43	4	2.10	0.18	.94
	Within Groups	394.54	35	11.27		
	Total	402.97	39			

The next ANOVA examined differences in mean humor scores by role (see Table 19). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 20;  $F(4, 38) = 0.47, p = .75$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar humor scores. Executive Directors had the highest humor coping scores ( $M = 9.00$ ).

Table 19

*Descriptive Statistics for Humor by Role*

Coping Disposition		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Humor	EVP/SVP/VP	10	8.30	2.90	4.00	13.00
	Executive Director	8	9.00	3.89	4.00	16.00
	Director	10	7.70	2.05	4.00	12.00
	Senior Manager	9	8.22	1.48	5.00	10.00
	Other	2	6.50	2.12	5.00	8.00
	Total	39	8.17	2.59	4.00	16.00

Table 20

*ANOVA for Humor by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Humor	Between Groups	13.48	4	3.37	0.47	.75
	Within Groups	242.25	34	7.12		
	Total	255.74	38			

The next ANOVA examined differences in mean behavioral disengagement scores by role (see Table 21). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 22;  $F(4, 39) = 2.05, p = .10$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar behavioral disengagement scores. Senior Managers had the highest behavioral disengagement coping scores ( $M = 9.80$ ).

Table 21

*Descriptive Statistics for Behavioral Disengagement by Role*

Coping Disposition		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Behavioral disengagement	EVP/SVP/VP	10	4.70	1.05	4.00	7.00
	Executive Director	9	4.55	0.88	4.00	6.00
	Director	10	4.80	1.13	4.00	7.00
	Senior Manager	9	6.11	2.26	4.00	10.00
	Other	2	4.00	0.00	4.00	4.00
	Total	40	4.97	1.47	4.00	10.00

Table 22

*ANOVA for Behavioral Disengagement by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Behavioral disengagement	Between Groups	16.16	4	4.04	2.05	.10
	Within Groups	68.81	35	1.96		
	Total	84.97	39			

The next ANOVA examined differences in mean emotional support scores by role (see Table 23). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 24;  $F(4, 39) = 1.89, p = .13$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar emotional support scores. Senior Managers had the highest emotional support scores ( $M = 11.44$ ).

Table 23

*Descriptive Statistics for Emotional Support by Role*

Coping Disposition		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Emotional support	EVP/SVP/VP	10	8.20	3.70	4.00	16.00
	Executive Director	9	9.77	1.85	7.00	12.00
	Director	10	8.80	2.82	5.00	13.00
	Senior Manager	9	11.44	2.92	6.00	15.00
	Other	2	7.50	2.12	6.00	9.00
	Total	40	9.40	3.03	4.00	16.00

Table 24

*ANOVA for Emotional Support by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Emotional support	Between Groups	64.12	4	16.03	1.89	.13
	Within Groups	295.47	35	8.44		
	Total	359.60	39			

The final ANOVA for this research questions examined differences in mean substance use scores by role (see Table 25). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 26;  $F(4, 39) = 1.53, p = .21$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar substance use scores.

Table 25

*Descriptive Statistics for Substance Use by Role*

Coping Disposition		<i>N</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Substance use	EVP/SVP/VP	10	4.00	0.00	4.00	4.00
	Executive Director	9	4.22	0.44	4.00	5.00
	Director	10	4.50	1.26	4.00	8.00
	Senior Manager	9	5.11	1.69	4.00	8.00
	Other	2	4.00	.00	4.00	4.00
	Total	40	4.42	1.08	4.00	8.00

Table 26

*ANOVA for Substance Use by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Substance use	Between Groups	6.83	4	1.70	1.53	.21
	Within Groups	38.94	35	1.11		
	Total	45.77	39			

**Results for research question 2.** Research Question 2 was to what degree, if any, are problem-focused coping strategies (cognitive) practiced by executives? This research question was explored with Analysis of Variance (ANOVA). In the ANOVAs, role was the independent variable and the problem-focused coping dispositions were the dependent variables.

The first ANOVA examined differences in mean positive reinterpretation and growth scores by role (see Table 27). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 28;  $F(4, 39) = 0.32, p = .86$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar positive

reinterpretation and growth scores. Senior Managers had the highest positive reinterpretation and growth coping scores ( $M = 13.66$ ).

Table 27

*Descriptive Statistics for Positive Reinterpretation and Growth by Role*

Disposition	Role	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Positive reinterpretation and growth	EVP/SVP/VP	10	13.00	1.69	10.00	15.00
	Executive Director	9	13.33	1.73	10.00	16.00
	Director	10	13.00	1.94	10.00	16.00
	Senior Manager	9	13.66	1.65	11.00	16.00
	Other	2	12.50	0.70	12.00	13.00
	Total	40	13.20	1.68	10.00	16.00

Table 28

*ANOVA for Positive Reinterpretation and Growth by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Positive reinterpretation and growth	Between Groups	3.90	4	.97	0.32	.86
	Within Groups	106.50	35	3.04		
	Total	110.40	39			

The next ANOVA examined differences in mean active scores by role (see Table 29).

The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 30;  $F(4, 39) = 1.53, p = .21$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar active coping scores. Director had the highest active coping scores ( $M = 13.90$ ).



Table 29

*Descriptive Statistics for Active Coping by Role*

Disposition	Role	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Active coping	EVP/SVP/VP	10	14.30	1.56	11.00	16.00
	Executive Director	9	13.33	2.23	9.00	16.00
	Director	10	13.90	1.96	10.00	16.00
	Senior Manager	9	13.66	1.41	11.00	15.00
	Other	2	11.00	.00	11.00	11.00
	Total	40	13.67	1.84	9.00	16.00

Table 30

*ANOVA for Active Coping by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Active coping	Between Groups	19.77	4	4.94	1.53	.21
	Within Groups	113.00	35	3.22		
	Total	132.77	39			

The next ANOVA examined differences in mean restraint scores by role (see Table 31). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 32;  $F(4, 39) = 0.92, p = .46$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar positive reinterpretation and growth scores. Senior Managers had the highest restraint coping scores ( $M = 12.00$ ).

Table 31

*Descriptive Statistics for Restraint by Role*

Disposition	Role	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Restraint	EVP/SVP/VP	10	10.70	2.35	6.00	13.00
	Executive	9	11.00	2.64	6.00	15.00
	Director					
	Director	10	10.50	1.26	8.00	12.00
	Senior Manager	9	12.00	2.06	9.00	15.00
	Other	2	9.50	2.12	8.00	11.00
	Total	40	10.95	2.12	6.00	15.00

Table 32

*ANOVA for Restraint by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Restraint	Between Groups	16.80	4	4.20	0.92	.46
	Within Groups	159.10	35	4.54		
	Total	175.90	39			

The next ANOVA examined differences in mean acceptance scores by role (see Table 33). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 34;  $F(4, 39) = 0.84, p = .50$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar acceptance scores. However, EVP/SVP/VPs had the highest acceptance coping scores ( $M = 11.60$ ).

Table 33

*Descriptive Statistics for Acceptance by Role*

Disposition	Role	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Acceptance	EVP/SVP/VP	10	11.60	1.57	9.00	14.00
	Executive	8	11.25	2.37	8.00	15.00
	Director					
	Director	10	11.30	1.94	9.00	15.00
	Senior Manager	9	10.55	2.45	7.00	14.00
	Other	2	9.00	1.41	8.00	10.00
	Total	39	11.07	2.05	7.00	15.00

Table 34

*ANOVA for Acceptance by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Acceptance	Between Groups	14.54	4	3.63	0.84	.50
	Within Groups	146.22	34	4.30		
	Total	160.76	38			

The next ANOVA examined differences in mean suppression scores by role (see Table 35). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 36;  $F(4, 39) = 0.86, p = .49$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar suppression scores. Senior Managers had the highest suppression coping scores ( $M = 11.77$ ).

Table 35

*Descriptive Statistics for Suppression by Role*

Disposition	Role	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Suppression	EVP/SVP/VP	10	11.70	2.11	8.00	16.00
	Executive	8	11.75	2.37	8.00	16.00
	Director					
	Director	10	11.50	2.06	9.00	15.00
	Senior Manager	9	11.77	1.48	10.00	14.00
	Other	2	9.00	1.41	8.00	10.00
	Total	39	11.53	1.99	8.00	16.00

Table 36

*ANOVA Suppression by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Suppression	Between Groups	14.03	4	3.50	0.86	.49
	Within Groups	137.65	34	4.04		
	Total	151.69	38			

The final ANOVA examined differences in mean suppression scores by role (see Table 37). The ANOVA indicated a lack of a statistically significant differences in these scores by role (see Table 38;  $F(4, 39) = 0.73, p = .57$ ). EVP/SVP/VPs, Executive Directors, Directors, Senior Managers, and those in “other” roles had similar suppression scores. Senior Managers had the highest planning coping scores ( $M = 13.55$ ).

Table 37

*Descriptive Statistics for Planning by Role*

Disposition	Role	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Planning	EVP/SVP/VP	10	12.70	2.31	10.00	16.00
	Executive	9	13.33	1.11	12.00	16.00
	Director					
	Director	10	12.60	1.17	10.00	14.00
	Senior Manager	9	13.55	1.81	10.00	16.00
	Other	2	12.00	1.41	11.00	13.00
	Total	40	12.97	1.65	10.00	16.00

Table 38

*ANOVA for Planning by Role*

		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Planning	Between Groups	8.25	4	2.06	0.73	.57
	Within Groups	98.72	35	2.82		
	Total	106.97	39			

**Results for research question 3.** Research Question 3 assessed the relationship between coping dispositions and optimism. A Pearson correlation was used to determine the relationship between the LOT-R scores and emotion-focused and problem-focused coping. As reflected in Table 39, the LOT-R was significantly and negatively correlated with Denial ( $r = -.33, p = .03$ ). As optimism (LOT-R scores) increased denial as a coping mechanism decreased. The LOT-R was not significantly correlated with any other emotion-focused coping dimensions.

Table 39

*Correlation Between Emotion-Focused Coping Dimensions and the LOT-R*

		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. LOT-R	<i>r</i>	1									
	<i>p</i>										
	<i>N</i>										
2. Mental disengagement	<i>r</i>	-.06	1								
	<i>p</i>	.71									
	<i>N</i>	40									
3. Venting emotions	<i>r</i>	-.12	.24	1							
	<i>p</i>	.44	.12								
	<i>N</i>	40	40								
4. Instrumental social support	<i>r</i>	.12	-	.28	1						
			.10								
	<i>p</i>	.45	.51	.07							
	<i>N</i>	40	40	40							
5. Denial	<i>r</i>	-.33*	.24	.21	.01	1					
	<i>p</i>	.03	.12	.17	.94						
	<i>N</i>	40	40	40	40						
6. Religious coping	<i>r</i>	-.26	.25	.35*	-.09	.39*	1				
	<i>p</i>	.10	.11	.02	.57	.01					
	<i>N</i>	40	40	40	40	40					
7. Humor	<i>r</i>	-.03	-	.08	.18	.19	.04	1			
			.11								
	<i>p</i>	.81	.50	.60	.26	.22	.80				
	<i>N</i>	39	39	39	39	39	39				
8. Behavioral disengagement	<i>r</i>	-.11	.01	-.18	-.09	.04	-.12	-.06	1		
	<i>p</i>	.49	.95	.26	.57	.79	.42	.71			
	<i>N</i>	40	40	40	40	40	40	39	40		
9. Emotional support	<i>r</i>	.00	.17	.47**	.56**	.04	-.08	.39*	-.04	1	
	<i>p</i>	1.00	.29	.002	.00	.80	.61	.01	.79		
	<i>N</i>	40	40	40	40	40	40	39	40		
10. Substance use	<i>r</i>	-.02	-	-.06	.21	.19	-.25	.15	.45**	.32*	1
			.08								
	<i>p</i>	.86	.58	.68	.19	.23	.11	.36	.00	.04	
	<i>N</i>	40	40	40	40	40	40	39	40	40	

*Note.* \*indicates the correlation is significant at the .05 level (2-tailed). \*\* indicates the correlation is significant at the .01 level (2-tailed). *r* = Pearson correlation, *p* = statistical significance, *n* = sample size.

As reflected in Table 40, the LOT-R was significantly correlated with several problem-focused coping dimensions. As reflected in Table 40, the LOT-R was significantly and positively correlated with suppression ( $r = .48, p = .002$ ). As optimism (LOT-R scores) increased suppression as a coping mechanism also increased. The LOT-R was not significantly correlated with any other problem-focused coping dimensions.

Table 40

*Correlation Between Problem-Focused Coping Dimensions and the LOT-R*

		1.	2.	3.	4.	5.	6.	7.
1. LOT-R	<i>r</i>	1						
	<i>p</i>							
	<i>N</i>							
2. Positive reinterpretation and growth	<i>r</i>	.15	1					
	<i>p</i>	.33						
	<i>N</i>	40						
3. Active coping	<i>r</i>	.11	.31*	1				
	<i>p</i>	.48	.04					
	<i>N</i>	40	40					
4. Restraint	<i>r</i>	-.05	.01	.22	1			
	<i>p</i>	.71	.91	.16				
	<i>N</i>	40	40	40				
5. Acceptance	<i>r</i>	-.09	.16	.30	.28	1		
	<i>p</i>	.57	.32	.05	.08			
	<i>N</i>	39	39	39	39			
6. Suppression	<i>r</i>	.48**	.21	.44**	.09	.28	1	
	<i>p</i>	.002	.19	.005	.57	.08		
	<i>N</i>	39	39	39	39	38		
7. Planning	<i>r</i>	-.13	.23	.45**	.16	.24	.27	1
	<i>p</i>	.40	.15	.004	.30	.13	.08	
	<i>N</i>	40	40	40	40	39	39	

*Note.* \* indicates the correlation is significant at the .05 level (2-tailed). \*\* indicates the correlation is significant at the .01 level (2-tailed). *r* = Pearson correlation, *p* = statistical significance, *n* = sample size.

**Summary of quantitative analysis.** Research Question 1 was to what degree, if any, are emotion-focused coping strategies (behavioral) practiced by executives? For the entire sample, the highest emotion-focused coping scores were for instrument social support ( $M = 12.50$ ), emotional support ( $M = 9.40$ ), and religious coping ( $M = 9.22$ ). However, there were no statistically significant differences in emotion-focused coping dispositions by role as determined by the ANOVAs.

Research Question 2 was to what degree, if any, are problem-focused coping strategies (cognitive) practiced by executives? For the entire sample, the highest problem-focused coping scores were for active coping ( $M = 13.67$ ), positive reinterpretation and growth ( $M = 13.20$ ), and Planning ( $M = 12.97$ ). However, there were no statistically significant differences in problem-focused coping dispositions by role as determined by ANOVA.

Research Question 3 assessed the relationship between coping dispositions and optimism. The LOT-R was significantly and negatively correlated with denial ( $r = -.33, p = .03$ ) such that optimism (LOT-R scores) increased denial as a coping mechanism decreased. In addition, the LOT-R was significantly and positively correlated with suppression ( $r = .48, p = .002$ ). As optimism (LOT-R scores) increased suppression as a coping mechanism also increased. The LOT-R was not significantly correlated with any other problem-focused or emotion-focused coping dimensions.

## **Qualitative Findings**

The purpose of the qualitative phase of the study was to gain a more in depth understanding of executive coping practices and strategies in hopes of elaborating those responses gathered and analyzed from the quantitative phase. The interviews were designed to yield several types of information. First, the interview questions asked about potential



organizational conflicts, strain, threats, and frustrations. Second, the interview included a number of questions about the coping repertoires respondents employ when dealing with stress in their roles as executives and senior leaders. The overall goal of the study was to extend understanding of individual and personality factors that play a role in the evaluative and mediation process when coping with organizational stressors.

A vast array of experiences arose from the multiple roles the respondents play, however this study focused on the strains participants encountered as executives and senior leaders. Similarly, this study emphasizes the importance of cognitive coping behaviors and situational determinants versus unconscious defensive processes and traits. Respondents provided retrospective descriptions of specific cognitive coping episodes involving stressful or challenging encounters and described several appraisal situations.

The rich descriptions from the 10 face-to-face interviews, which yielded 100 pages of transcribed data, were coded and resulted in three thematic domains: Work stressors, coping practices, and seeking support. Each transcript was read multiple times to identify and confirm major and minor categories. Coding was performed to review, remove, and consolidate codes. Through this process additional coping codes emerged. Codes were aggregated based on response similarities, in some cases, further validating the “*meaning*” of situations with the respondents. During the second reading of the transcripts “*reflection*” and “*honesty*” emerged as ways of coping. The third reading was used to validate the themes with a subset of the interviewees for further clarification and validation. Upon further analysis, “*seeking feedback*,” which was considered a subcomponent of emotional support emerged as a major theme. Below is the final coding structure.

Stressor responses were originally grouped into eight categories. These included work demands, politics, and constant organizational changes described, in some cases, as transforming the organization to meet future economic and competitive challenges. Five additional codes emerged during the interview and analysis process and are identified below in Table 41.

Table 41

*Work Stressor Domain Codes (N =13)*

Code	Definition	O=orig. code E= emergent code
Funding (Lack of)	Problems concerned with or related to financial resources	O
Program Changes	Problems concerned with or caused by reduction in headcount due to downsizing or restructuring	O
Understaffed	Problem concerning lost of resources caused by headcount freezes, attrition	O
Work-Overload	Downsizing or Restructuring creating increased workload	O
Quality of Work Demand	Increase in caused by unexpected projects More work than resources	O O
Leadership Direction	Lack of Vision	O
Interpersonal Conflict	Ambiguity or role or politics	O
Organization Change	Restructuring, Merges, Acquisition, Organic Growth; Transforming the org	E
Resources	Lack of resources to support Demand	E
Self-Imposed Expectations	Described as self-imposed deadlines and accepting and or feeling responsible for others accountabilities	E
Lack of Alignment	Lack of agreement on direction	E
Politics	Bureaucracy, unnecessary approvals, socialization of ideas	E

Coping practices were originally coded into eight different codes. Seven additional codes emerged through the analysis process and are included below in Table 42.

Table 42

*Coping Domain Codes (N=15)*

Code	Definition	N=new code O=orig. code
Confronting	Comprised of letting feelings out, standing ground and may expression of anger.	O
Distancing	Trying to forget, procrastination, ignoring.	O
Self-Controlling	Holding one's feeling inside, not reacting immediately, or emotionally.	O
Seeking Social Support	Sharing feelings or seeking advice by talking to other.	O
Accepting responsibility	Criticizing self and owning problem.	O
Escape-avoidance	Hoping for a miracle, wishing problem will go way, and refusing to believe there a problem or situation.	O
Problem-solving	Focus on making a plan of action and working hard to carry it through and drawing on lesson learned from past experiences.	O
Positive reappraisal	The use of religion, feeling as if one has grown in a positive way, or changed in some way.	O
Leadership Effectiveness	The ability to communicate the organizations strategy and objectives in a way that are meaningful and understood by the people in the organization	N
Planning *Subset of <i>Problem-Solving</i>	The ability to analyze a problem, identify an approach based on risk and cost, influence stakeholders, and implement change accordingly.	N
Physiological	Physical or somatic problems such as headaches, loss sleep, stomach issues	N
Psychological	Issues describes as anxiety, anger, hostility, disengagement	N
Personality Trait	Defined as aggressive, driven, "A-type" personality	N
** Reflecting	Taking time to think deeply about a subject, topic, or incident in order to gain perspective	N
** Honesty	A quality earned for being honest and forthcoming, without deception or fraud	N

There were four social support categories. There were no additional codes added as an outcome of multiple readings and validating interview transcripts and notes (see Table 43).

Table 43

*Social Support Domain Codes (N=4)*

Code	Definition	N=new code O= orig. code
Emotion Support	Incorporates caring, trusting, concern, and listening to superiors, mentors, colleagues, and others at work	O
Appraisal Support	Feedback, affirmation, and validation of strategy.	O
Instrumental (Practical or Tangible Support)	The use of religion, feeling as if one has grown in a positive way, or changed in some way.	O
Information Support	Information Advice or suggestions	O

**Interview participant demographics.** Ten participants completed the interview including 40% men and 60% women. Each level of management was represented including senior vice presidents, vice presidents, executive directors, or directors. All participants had a wide range of leadership responsibilities, on average manage three to eight direct reports, and managed departments staffed by 10 to 850 organization members. Thirty percent of the participants were Vice Presidents, 20% were Senior Vice Presidents, 20% were Executive Directors, 20% were Directors, and 10% were Managers or in other positions. The 10 interviewees provided the desired variation based on gender and position.

**Work stressors findings.** It is evident from the interviews that the sources of social stress can be traced to the very boundaries of social organizations, but as one moves closer to understanding the individual experience, stress can be seen as arising from the identification of the discrete events, the presence of a continuous problem, and how it's to be mediated. When

interviewed and questioned about stressors and challenges, the majority of participants articulated a lack of alignment, politics, and self-imposed deadlines and expectations as the top ranked areas for work related stressors. Table 44 shows top ranked stressors by percentage across all respondents.

Table 44

*Highest-Ranking Stressors Among Subjects (N=10)*

Major Stressor	Rank Order	Number of times stressor mentioned by Participants	Percent of Participants	Mean Stressor
Lack of Alignment	1	10	100%	6.60
Politics	2	9	90%	7.00
Self-Imposed Deadlines	3	7	70%	6.40
Work Overload	4	5	50%	6.80

*Note.* The number and percent of participants refers to the number of times the stressor was identified. Mean represents the mean score reported by the number of subjects mentioning the stressor. Ratings were obtained for each subject's top four stressors. Report and data supplied by HyperResearch.

***Lack of alignment.*** Ten participants (100%) mentioned concerns with a “lack of alignment” as a significant stressor. The perception of “misalignment with others” as it was described in some cases, exemplifies stress for executives. Work priorities that conflict, lost focus when being pulled into many directions, and leading to task not being completed in a timely fashion were mentioned. It takes much more planning given the complex interdependent processes and cooperative relationships needed across the organization. Concerns over product

quality were also raised. All organizations in the study are considered “highly regulated” and therefore, mandate rigorous quality metrics be met on a continuous and ongoing basis (e.g., drug development, pharmaceuticals, biotechnology). Several executives lacked confidence that their organizations and staff are always working on the right things due to constant change in direction. It was mentioned that unexpected changes in the business can interrupt both strategic and regular work, often requiring short turn-around times and many resources require redirection. Many voiced concerns about managing various parts of their jobs given the complexity of the organization and the demands of the external environment. Ramifications from “a lack of alignment” are described as challenges that impair their ability to scale their organizations to meet strategic objectives and to meet performance objectives.

Five executives (50%) indicated the need to ensure the company can transform over the next 5 years given the increased regulatory scrutiny, competition along with patent expiry of marketed products. Preparing for the future requires coordination by all. For example, Vice President stated, “How do we scale the organization? There is no time for misalignment and meeting our aggressive timelines. Managing this risk becomes key to managing the change...”

Another 50% of the subjects mentioned lack of effective decision-making and the negative impact it has on the organizations overall performance. An Executive Director stated, “When communication is not clear and adequately understood, important issues can sneak up and in some cases are not recognized as such and decisions could be overlooked. We can’t afford lost opportunities in this environment....” A Senior Vice President shared the following:

To many decisions require senior leadership when there is a lack of alignment. This is a waste of resources. Leader must make sure direction is understood or no matter what if decisions are made, they will be incorrect. Also too much rapid change can cause this...

A Director mentioned, “One of the many complaints from people in the organization is that that don’t understand how their activities contribute to the organizations strategic objectives...”

Additional issues faced by executives related to misalignment indicate a lack of productivity and internal competitiveness, which can sometimes lead to deliberate derailment and sabotage of colleagues. However, as discussed later in the paper, participants mentioned the importance of honesty and trust as a core value, which may influence this type of behavior.

***Politics.*** Although politics were amplified as a key stressor, it is defined differently as a stressor across management levels. Nine respondents indicated political dynamics as disputative and or stressful. It was also recognized that stress is heightened during times of significant change. Political concerns centered on bureaucratic processes, dysfunctional leadership, and required cultural changes that are slow to implement and take too much time to take hold within the organization. Respondents indicated the leaders of the “political” system are dysfunctional and do not choose the customer first as a part of their decision making principles. Choosing the customer first is part of many organizations’ mission statement that participated in this study. In fact, lower levels of management described situations where some senior leaders prioritized personal or functional objectives ahead of company objectives. Thirty percent of Directors and senior managers who were interviewed raised this as a concern.

***Bureaucratic process.*** The concern about process complexity due to more oversight and the loss of autonomy was mentioned by 70% of subjects. A Senior Vice President described this as This was described as growing pains: “As our organization grows and our industry continues to scrutinize compliance, our need for more coordination and control have become more complex, therefore driving more policies and rules...” Another participant described the following: “Bureaucratic control was described by one senior manager as necessary evil and

appropriate but in some cases it appears merely drive conformity with policies and rules. The lost in productivity is frustrating. Most agree it is an unnecessary overhead...” (Directors, Senior Manager Subjects).

*Leadership.* A director and senior manager respondent (20%) discussed their perception of dysfunctional leadership. It remains important to understand how leaders embed and transmit culture through their own behaviors. The concept that the leader’s reputation, which includes human, social, political style and leadership skills, appear to be motivated by personal gratification or intentions directed toward career trajectory and are attributed to dysfunctional behavior and consequently, poor leadership (Dewe et al., 2010; Estevez, 2010; Folkman & Moskowitz, 2003). A Senior Manager mentioned, “There is no faster death of great ideas than a dysfunctional management team. I’ve seen fear based mgmt. or staff describe functions as “toxic...” A Director stated, “Operating in a very complex, multilayer organizational structure makes it difficult to know who to align with. Conflict seems typically more serious and prone to disruptive work schedules and projects....” Another Director indicated, “Passive-Aggressive behavior is damaging. For instance, when an important decision maker is intentionally late or misses a meeting. This is a problem. Junior staff question their commitment...” In a final example of this issue, an Executive Director explained:

It’s a terrible feeling when direction keeps changing. While change is difficult, it can be adapted more rapidly in a stronger culture than in a dysfunctional one. I’ve seen staff be broken by positive change. Change with negative undertones can break staff if....”

*Self-imposed deadlines and expectations.* This work stressor was described as dealing with the tremendous amount of pressures that executives and senior manager feel to push their team to accomplish work the work-load. Many feel it will be impossible to accomplish all that



has been put in motion, but will only make this comment in private, behind closed doors.

Seventy percent of the respondents voiced that lack of accountability is a factor. There is a significant feeling of responsibility without the necessary time or bandwidth to accomplish everything. In addition, there were concerns raised about overwhelming volume of work, anticipated long hours, and how it will negatively impact home and work life.

A Senior Manager, Director said, “The Prado rule comes into play. 80% of the work is accomplished by 20% of the staff...” An Executive Director, Senior Manager summarized in the following manner:

The accountable for quality for inspections, acquisitions and other business arrangements have a negative financial impact if issues are noted and resolved. It’s difficult to get the subject matter experts to own the actions for their respectful functions, so I take the accountability because someone has too...

A Vice President, Executive Director stated, “The amount of responsibility I feel as a senior manager is significant. The pressure to make sure the company objectives are met and I worry about my team. They are very important. Many times they seem in conflict...”

**Work overload.** Work overload, described by subjects as work demand, was mentioned by 50% of the respondents and although lower ranked than the other stressors (e.g. lack of alignment, politics, and self-imposed deadlines) work demand and excessive workload impacts expected performance levels. Some felt that exemplary performance is punishing, in that more and more work is expected without having the necessary support workload. An Executive Director expressed the following sentiment:

Needing to do more with less is a concern. There is more work than resources. This is a big issue for me. I feel like I can’t be responsive to my customers’ needs. When I was

promoted there was no backfill for my old responsibilities. The work was divided among the already overwhelmed team that was remaining...

Similarly, a Vice President shared:

The sanity of my people is important. They are all stressed out and the reason for outsourcing is meant to reduce the load, but from my perspective it is increasing the load.

We only have the next two years to get it right. To transform the company for the future as well as meet today's business objectives or...

To conclude, during the portion of the interview addressing stressors portion of the interview each respondent was asked, "as you think about your professional work life in general how stressed do you really feel?" Please rate your stress level on a scale of 1 to 10, 10 being extremely stress. The mean score reported by the entire sample ( $N = 10$ , 100%) was 4.00.

**Coping practices and strategy findings.** Content analysis from each interview transcript followed a particular pattern and the growing concern and recognition that while stress is inevitable in the work environment, it is coping that makes the most significant difference in adaptation type outcomes. Similarly, the second part of the interview was directed at how subjects cope with stress and what coping practices are used to reduce stress and or work related challenges. All subjects articulated problem solving, seeking support, accepting responsibility, and confronting as major coping strategies. Table 45 includes an overview of most used coping strategies utilized for specific identified major stressor. Interestingly, more than 50% of participants used "*reflection*" and "*honesty*" to describe coping.

Table 45

*Coping Strategies Utilized for Major Stressors Described During Face-to-Face Interviews*

Major Stressor	Coping Strategies				
	Problem Solving	Confront	Honesty	Seeks Support	Reflection
Lack of Alignment (10)	10 [0.1]	6 [0.6]	7 [0.7]	6 [0.6]	2 [0.2]
Politics (9)	22 [2.4]	15 [6.0]	19 [2.1]	20 [2.2]	15 [1.6]
Self-Imposed Deadlines (7)	20 [2.9]	24 [3.4]	8 [1.1]	12 [1.7]	10 [1.4]
Work Overload (5)	37 [7.4]	8 [1.6]	30 [6.0]	30 [6.0]	22 [4.4]
Total (31)	89	53	64	68	49

*Note.* Major stressors are in ranked order and numbers in parentheses represent the frequencies of the stressor. Numbers in brackets represent percentage of coping strategies per stressor.

In this study, women leveraged “seeking support” more than male respondents. Male respondents that reported “seeking support” as a coping strategy employed “seeking support” differently when dealing with organizational stress. Male respondents reported that they engage in certain types of “*seeking support*,” usually in the form of “*seeking advice*” or “*seeking information*.” Seeking support will be discussed in a separate section supported by rich and detailed descriptions that adds to the body of executive leadership research.

Table 46

*Percentage of Highest-Ranking Coping Strategies Utilized for Major Stressors Identified During Face-to-Face Interviews (N = 10)*

Major Coping Strategies	Rank Order	Number of times Participant mentions coping	Percent of Subjects
Problem Solving	1	10	100%
Confront	2	6	60%
Honesty	3	7	70%
Seeks Support	4	6	60%
Reflection	5	2	10%

*Note.* The percent of coping strategies and the number of the times the coping strategy was mentioned by the participants during the interview.

***Problem-solving.*** Problem-solving coping strategies were describes in a similar manner as strategies used for problem-focused. Although 100% participants described problem solving as a primary coping strategy, 80% defined strategies that illuminate steps of problem solving as generating strategic ideas. However, problem-solving includes a wide array of strategies across participant levels. Thirty percent of the Directors and Senior Managers described problem solving as the ability to search for information and analyze the situation to identify the problem and generate action. An Executive Director stated:

I focus on pulling together all the actions, confirming with others that we are aligned and heard the same actions. Then we put an action plan in place to resolve the issues. As a quality management individual process improvement, documentation, and developing a plan of action, that's very important to me.

A Senior Manager said, "I need order, so putting a plane in place with documented actions and assigned accountabilities is the first step to resolving an issue that is stressful for me."

Participants at the Vice President and above level also included strategies directed externally and more importantly inwardly as reflected in the following exemplar quotes:

I think self-awareness and self-reflecting are very important coping skills for senior executives. The fact is we are dealing with people and people skills are highly required...  
(Vice President Subject).

Knowing when to retreat and reflect is an important coping strategy for any leader  
(Senior Vice President Subject).

Reflection reduces ego involvement and channels behavior toward good for overall

(Vice President Subject).

Participants' responses highlighted process that focuses on the interaction of the people and the environment. One respondent stated, "reflection as a strategy seems to benefit the organization and the people that work inside the organization."

**Confront.** When conflict arises, 60% of respondents leveraged confronting as a strategy to resolve some issues. Two respondents (20%) described situations in which senior leaders confronted and attacked junior staff members when under stress. It was mentioned that situations leading to confrontational attacks stem from misalignment, poor assumptions, and in many cases poor leadership. However, the literature states that "confronting" is an illegitimate coping strategy given the appropriate situation. A Vice President stated, "A senior vice president went on the attack in an open forum, when being presented to by junior manager. As the second in command, I felt compelled to come to the defense of the manager." Another Vice President said, "I have to confront personal conflict between the business side of my brain and the more personal level, fully recognizing that we need to do whatever it takes to get meet our 2022 goal."

Additional conflict requiring confronting occurs whenever members of two groups display an inability to make group decisions in the best interest of all concerned. Participants in this study indicated that when group dynamics impact decision-making, senior leaders intervening shows a lack of confidence in the team resolving their own issues. In the case of most biopharmaceutical organizations where the organizational structure are heavily matrixed and are quite complex, requiring teams to develop decision-making confidence and autonomy. For example, a Senior Manager and Director simply stated, "I have no confidence in our decision-making framework because senior leaders override most decisions made by their teams."

**Honesty.** Surprisingly, honesty was deemed as an important coping strategy. Honesty can clearly be understood when we consider the opposite. The majority of respondents (70%) described honesty similarly, such as “to be a good leader, leaders need to be honest.” Dishonesty in the form of lying and misrepresenting reality causes people to lose faith in what leaders say, stand for, and their respect is diminished. Senior leaders emphasized the importance of trust, respect, and honesty with staff and others as seen in the following quotations:

There is a certain amount of change we have to go through and I know there are certain things that I can't share but I try to provide directional information. I try to be as honest and as open as I can without putting the company at risk (Vice President Subject).

Being honest with people is a big one. During my mid-year reviews I think it's important to be clear with people and where they need to improve. I try not to surprise people by providing honest feedback throughout the year (Senior Vice President Subject).

Seven participants indicated honesty was an important coping strategy in times of significant change. One respondent indicated the culture of the organization should include and value trust, respect, and honesty. Two respondents indicated ethical leaders are honest leaders.

**Reflection.** Respondents discuss reflection as another coping mechanism. The analysis highlights this strategy is used more by senior executive, vice and senior vice presidents. Participants mentioned occasional self-analysis is important and comparatively easy and is an effective way of producing immediate results. Ten (10%) respondents indicated that those who cannot tolerate the idea that there is no flaw in self are unaware. The following quote exemplify this theme:

I always try to reflect and that sometimes during certain challenges if I over react because I know it takes two to have a disagreement or misunderstanding. I try to understand the

other person's perspective or what assumptions I'm making (Senior Vice President Subject).

Seek to know and understand. I question why the conversation bothers me. This is the advice I give others and I do it myself. Sometimes it's just my ego (Vice President Subject).

In economic challenging times reduction in headcount is always the way the cut cost. I get it, but it doesn't make it any easier. I look at the world, I see the chaos, the mental degradation, the social injustice, and the economic down turn, and then we put people out of work. So many problems in the world, so many problems in the organization especially those that are meant to save lives. My conscious has to shift. I have to find some good in these tough decisions. Also the impact on those that remain with the organization (Vice President, Executive Director).

As mentioned previously by respondents, *honesty* and *reflection* as coping strategies are reflective of effective leadership. One respondent reflected:

We don't want to re-live the ENRON days. Through our collective knowledge, scientific, molecular biology, nanotechnology and other technological advances, it remains equally important for leaders to understand with respect to globalization, the economy and the greater world". This requires us to advance our deeper understanding of human nature and its interaction with the world... (Vice President Subject).

Table 47

*Seeking Support by Gender (N = 10, Females = 6, Males = 4)*

Seeking Support	Gender
Support from Mentor	F = 100%
Informational Advice	M = 20%
Emotional	F = 60%
Appraisal	M = 80%
Instrumental	F = 60%
	M = 0%
	F = 70%
	M = 30%
	F = 10%
	M = 70%

**Seeking support.** As a part of seeking support, respondents described five emotion-type coping strategies (i.e., support from mentors, information advice, emotional, appraisal, and Instrumental). Appraisal was described as the evaluative process respondents go through to determine options to resolve events defined as stressful or challenging. In most cases, the stressful situations were expressed as things that could not necessarily be changed, but in most cases could be improved. Behavioral strategies such as engaging in venting anger or turning to religion were mentioned as equally important ways of coping with stress by a portion of the interview population. Directors and senior managers relied more heavily on internal mentors, while executive directors seek emotional support from friends, family, and colleagues. There was clearly a lack of trust when exposing reliance on support. In addition, the data shows social support was used significantly more as a coping strategy by 60% of the female respondents, as reflected in the following quotations:

I confided in someone I trust. It's not acceptable to seek emotional support...

(Director Subject).



I seek support to help when escalation is required... (Senior Manager Subject).

One presumes that the more rapid the change, the more it is likely to be a source of stress and that change greatly depends on the individual and how they internalize the change. It is no different at any other company, so seeking advice on how to accept or make the change is imperative in today's environment. You can run from it, you have to face it and deal with it. It should be clear that people also need change otherwise they get bored... (Senior Vice President Subject).

When there is a challenge, something I may be facing for the first time, I seek external support from professional colleagues. I don't seek advice from my team because I feel they are looking to me for the knowledge... (Senior Vice President Subject).

Overall, seeking support, which is an emotion-focused strategy, is not explicitly identified in most naturalistic descriptions. Nevertheless, participants provided examples of how social support facilitates and or impedes coping.

## **Summary**

This mixed methods approach consisted of two phases. The first phase leveraged closed-end questions to address the quantitative phase of the study. The survey consisted of 60 Likert scale questions for which each respondent indicated their agreement or disagreement with the statements related to stress and coping. The responses to the 60 questions, although categorized into 15 dimensions, support findings that executives use both problem and emotion focus strategies to deal with organizational stress. In contrast, the qualitative phase was designed to measure individuals' experiences, behaviors, and coping practices and to illuminate the effectiveness of coping. Despite the absence of the terms "problem" or "emotion" focus as commonly used language when describing coping strategies, the 10 participants answered the

questions about the coping construct by providing sample dialogues that aligned with the functional definitions provided in the definition of terms. The open-ended data provided insights into how executives cope, but the findings call into question the ability to assess the effectiveness of coping in the workplace setting. In the final chapter, the findings will be summarized in the context of their significance for organizational science, as well as managing oneself during stressful and or challenges in the work environment. In addition, suggestions for future research will be included.

## **Chapter Five: Discussion**

The final chapter of this dissertation reviews the study purpose, the methodology, and a summary of the findings. The study's conclusions were drawn from data collected from both the qualitative and quantitative phases of the study. In addition, the significance and the implications of these findings are covered. The chapter ends with suggestions for future research that continues to extend our knowledge of stress and coping in the workplace.

### **Summary of Study**

The study set out to explore the coping phenomenon and how biopharmaceutical executive and senior leaders deal with organizational challenges such as meeting financial and productivity objectives during a time of increased regulatory scrutiny and economic upheaval. The study also sought to understand whether the coping strategies used resulted in decreasing stress and potentially improving leadership effectiveness.

The mixed method study consisted of an online survey and with some follow-up face-to-face interviews. The online COPE survey consisted of 60 closed-ended questions, which prompted participants to respond to Likert scale questions related to stressors and coping strategies used in the work environment. In addition, a sub-group of respondents answered open-ended (qualitative) questions describing organization stressor and or challenges and coping strategy used to alleviate the situation. The study was conducted using a convenience sampling of the researcher's professional and personal networks. It bears noting that the researcher has had previous contact with some of the participants and the organizations they work for and that these experiences may have introduced a potential for bias. Inclusion in the study was limited to individuals currently employed in the United States in a senior management position in the biopharmaceutical and other related industries. Forty-two participants completed the

questionnaire and 10 face-to-face interviews were conducted during a thirteen-week period in 2013.

### **Summary of Findings for Research Questions**

The study sought to explore the overarching coping phenomena and how senior leaders confronted by work pressure and or organizational challenges attempt to cope and are the coping strategies used effective at reducing or deflecting stress in a way that doesn't inadvertently affect leadership effectiveness. As discussed, the following key findings emerged from the analysis of the quantitative and qualitative data:

1. To what degree, if any is emotional-focused coping strategies practiced by executives?

*Finding 1:* Participants across all roles engaged in some level of emotion and problem focused coping practices; however, the study population also used dysfunctional adaption.

*Finding 1a.* Senior managers at a greater percentage than other roles use instrumental social and religious support.

*Finding 1b:* A percentage of executive directors use mental disengagement as a coping strategy, directors' report using venting emotions at a much greater rate. Substance abuse was reported higher among directors than senior and executive vice presidents, however coping strategies such as alcohol and substance abuse was reported at a higher percentage from the female respondents.

2. To what degree, if any is problem-focused coping strategies practiced by executives?

*Finding 2:* Participants used a variety of problem-focused strategies. For example, positive reinterpretation and growth and active planning was discussed by all roles.

3. What is the relationship between coping disposition and optimism?

*Finding 3:* High levels of optimism correlated positively with problem focused coping strategies.

4. To what degree, if any, do executives exhibit conditions such as anxiety, anger, and or depression, high blood pressure, headaches, and or somatic issues impact their performance?

*Finding 4:* The qualitative data collected in this study provided greater insight in the phenomenon of coping and how psychological and physiological aspects play a role in how individuals adapt. Because of the nature of the face-to-face interviews, the respondents were encouraged to be as descriptive as possible when describing challenging work related situations and in many cases anxiety, anger, and sleep deprivation were described as outcomes of organization stress.

*Findings 4a:* Conditions such as anger, depression, anxiety, headaches were apparent from the descriptions provided during face-to-face interviews.

*Findings 4b:* Personality traits varied from person to person, but universality all subjects described themselves as over achievers and as a consequence some respondents described having headaches and or sleep lost.

**Emotional-focused coping.** A series of ANOVAs revealed that all roles, Executive, Senior, and Vice Presidents, Executive Directors, Directors, Senior Managers and those in “other” roles had similar emotional coping dispositions in particular instrumental social support, similar disengagement, religious, and humor coping styles. Dysfunctional emotional coping, denial, behavioral disengagement, and substance abuse were similar across all roles as well. These results are consistent with other research findings. Other studies conceptualized coping by

identifying and focusing on organization stressors and preventative methods like moderators and management interventions that have also been used by members of the clinical psychology profession in the UK. A review of seven studies report emotion focused coping such as seeking support from colleagues in the form of mentoring to address excessive workloads, professional self-doubt and poor management challenges was consistent with the majority of the population for this study (Hannigan, Edwards, & Burnard, 2004).

The executives in this study made it clear that challenges are present in their jobs and they are real and subsequently stressful. Although they seem to welcome the many challenges that come with the role of senior management and the skills required to do it well, more interventions are needed. In fact, they also respond that the amount of work that they are asked to do is expected, but the lack of resources and increased pressure to increase productivity and reduce cost make it difficult to execute on the organizations vision.

Learning a variety of coping strategies could be important so that we do not lose current leaders. In addition, tools that expand our ability to assess skills for future leaders would be a useful tool for talent management and recruitment (Spiers et al., 2010b). Rethinking the traditional role of leadership with regards to stress and coping should continue to be studied. The role of the leader is valued and expectations have increased however this continued trajectory will continue to push stress levels up (Cooper & Sutherland, 1992).

**Problem-focused coping.** A series of ANOVAs revealed that all roles, Executive, Senior, and Vice Presidents, Executive Directors, Directors, Senior Managers and those in “other” roles, has a similar affinity for problem-focused strategies. Study participants report using positive reinterpretation and growth, active coping, restraint, acceptance, suppression, and planning as coping methods for dealing with organization stress. These finding are similar to

findings by Gonzalez-Morales, Peiro, Rodriguez, and Greenglass (2006) who investigated ways of coping with distress in organizations and preliminary results show that a significant difference across roles in the use of social support coping (i.e., emotion focused) exists, whereas there were no differences in the use of active coping (i.e., problem-focused). They also stated there is a relationship between coping strategies, distress and psychosomatic complains. However, the study does not provide role specific data, although the gender variable in this study provides additional data points that could be further analyzed.

The number of leadership responsibilities have continued to increase through the passage of time, but a great deal of today's challenges such as greater and greater responsibilities has to do with technology and the speed of change, but how one experiences these events is even more important. Executives in this study shared that they continue to feel energized by their personal work accomplishments and their ability to impact the staff, patients, and the wellbeing of the lives of others. They also highlighted the key to effective leadership requires the ability to demonstrate empathy for others and react calmly under pressure.

**The relationship between coping disposition and optimism.** The purpose of this research question was to determine if optimism has an impact on coping of study participants during times of significant organizational challenge. Optimism is conceptualized as a variable that measures personal attitude and its relationship with adapting. A Pearson correlation revealed that all roles, Executive Vice President, Senior Vice President, Vice President, Executive Directors, Directors, Senior Managers, and those in "other" roles show that optimism negatively correlates with Denial, which is considered an emotion focused coping strategy, which would be considered dysfunctional. The data shows as optimism increased problem-focused coping increased. However, optimism was not significantly correlated with several

other problem-focused dimensions. This is consistent with two longitudinal studies involving 79 male and 62 female undergraduates who respond to survey questions over a four-week period before the end of a semester. The survey included a number of questions meant to measure optimism. Consistent with predictions, being highly optimistic were subsequently less likely to report being bothered by distress (Carver et al., 1985). In addition, Scheier, Weintrab, and Carver (1986) found when dealing with stressors, optimist appear to take a more problem-focused approach and are more planful than pessimists.

During the face-to-face interviews, executives in this study were asked to describe major organizational stressors and what specific problems, either physical or emotional, these stressors create for them.

**Executives exhibit psychological and physiological conditions.** The executives in this study demonstrated frustration, anger, and depression, which are categorized as psychological conditions. These emotions were described as a part of the interview process. Executives described situations in which misalignment and internal competitiveness are becoming a common practice. The constant threat of job stability has a tremendous impact on executives and their ability to stay focused on day-to-day operations. In addition, organizations continue to pressure leaders to reduce cost and increase productivity without additional resources. Some respondents described anger when dealing with deliberate derailment and sabotage by peers and colleagues. Many feel this is now a part of the business culture.

In addition, we know from the research of Selye (1984), his early experiments with animals resulted in a consistent pattern of responses to stress, including gastrointestinal ulcers and size changes to various glands. He further defined three phases that the body goes through,



however, over time the ongoing demand on the system can cause headaches, disruptions to sleep patterns, and, if not addressed, overtime high blood pressure (Sternberg, 2000).

In this study, all respondents described some kind of physiological condition such as headaches and occasional stomach issues caused by ongoing stress. In addition, the interviewees described situations where colleagues exhibited passive-aggressive behavior or what was described as dysfunctional leadership, which caused anxiety and heart palpitations as described by participants.

The effectiveness of leaders in organizations is extremely important to the success or failure of the organization. They need to know when they feel emotionally exhausted and that resources are available. While some questions whether organizations can teach optimism there is research that suggest optimism can be learned by implementing interventions that enhance optimist behavior. Future research in this area should be examined.

### **Significance of the Findings and Study Conclusions**

From the researcher's perspective, the most significant contribution of this study was seeking insight into today's work challenges and how senior leaders are adapting. The connection between the cognitive and behavioral sciences, which has contributed to stress and coping research and the interaction of these processes, and how they affect an individual's interpretation of a situation and subsequently, their ability to adapt is still not well understood. Researchers and theorist have sought to explain how the process of stress and coping are interconnected to form a view (Dewe et al., 2010; Egan et al., 2011; Estevez, 2010; Folkman & Moskowitz, 2003) that provides a holistic perspective. Articles by Carver et al. (1989) and Scheier et al. (1989) provided a theoretical approach to assessing coping strategies by providing a framework for investigating coping from a multidimensional perspective, which includes

activities for which individuals have associated deep meaning toward (e.g., religion, goals, and commitments). Lazarus and Folkman (1984) found that important goals and commitments cause some individual to take a proactive approach if resources are available.

In the coping literature, scholars extensively researched aspects of cognitive processes and the transactional nature of these interactions, the interaction of the individual and the environment. In addition, the act of applying meaning to the situation determines how one might react (Lazarus, 1999a). The cognitive and behavioral efforts a person is required to use when managing stressful situations can exceed their resources and impeded their ability to effectively cope. A great deal has been learned from hundreds of studies on stress and aspects of the adaption processes; however, less has been learned from research about how the coping process works (Lazarus, 2000; Pearlin et al., 1981).

In addition to the broader significant, understanding coping and adaption from a multifaceted perspective will be important as our world continues to change requiring constant coping and adaption. The results of this research project make important contributions to the existing literature. This study has three distinct.

1. Proactive coping, as a part of problem-focused coping, is a phenomenon practiced by executives in dealing with work-related challenges and stressors.
2. Perceived evidence of improved leadership effectiveness through proactive emotional support has a positive impact on the overall performance of the leaders and the organization.
3. Optimism results show evidence of increased problem and emotion focused strategies, which lend themselves to effective coping practices and less reliance on dysfunctional coping behaviors.

**Conclusion 1: Proactive coping practiced by executives dealing with work-related challenges and stressors.** There was evidenced that senior leaders leverage both emotion and problem focused coping strategies when dealing with work related challenges. Proactive coping when responding to challenging situations was apparent in responses to the “concept of coping” by generating examples of pre-planned adaption activities. Their responses to both open-ended and closed-ended questions indicate that people working in organizations and institutions readily leverage the concept of coping and adaptation, but senior leaders seem to be more adapt at recognizing when proactive coping is required. Further, in the open-ended responses and sample dialogue, participants demonstrated a competence in their coping strategies and managing themselves during unexpected stressful situations during working hours. Proactive adaptation included being situational aware, followed by reviewing possible outcomes given a particular response, rehearsing, and preparing for the upcoming situation.

Despite the findings that all the participants engage in problem and emotion focused coping, senior executives leverage proactive coping strategies more than less senior leaders. Still, there is a gap in understanding the term “proactive coping” as a means for dealing with organization stress. This research study suggests that more understanding of adaptive strategies such as “proactive” approaches (DeMeuse et al., 2010) versus “reactive” or innate behavioral reactions (Ouwehand et al., 2009; Rome, 2000) is required. Better-defined interventions that include proactive approaches will facilitate awareness and our ability to integrate proactive approaches as well as problem and emotional focus approaches which contribute to leadership effectiveness. Thus, a major contribution of this research study is the introduction of proactive coping as a construct that gets incorporated into leadership practices (Wickramasinghe, 2010).

**Conclusion 2: Perceived improved leadership effectiveness through proactive emotional support positively impacts leaders and organizations' performance.** The topics of recent stressors addressed by emotional coping strategies reveal positive organizational performance. Participants spoke at length about seeking support from colleagues, internal and external, to gain insight into similar work challenges and problems. Many described these interactions as positive and useful when driving significant change through the organization. In addition, many emphasize their overall performance was enhanced in their role as leaders. Some highlighted difficult changes require testing or practicing strategies that help move the organization through the change (Nourizadeh, 2004; Puckett, 2008). Otherwise the change would be perceived as more difficult.

Research on social support as a coping strategy has shown that leaders find it helpful in coping with work related stress such as preparing for difficult conversations, difficult change and preparing for new roles (LaRocco, Hourse, & French, 1980; Yost, 2002). LaRocco, Hourse, and French (1980) found social support, as a precursor to a challenge such as those stated above, allows leaders to “prepare and buffer the impact of stressful situations on the organization” (p. 202). Mindful leaders proactively seek support in a purposeful, preparatory fashion, especially when their attitude impact others in the work environment at especially at lower levels where the experience of stressors such as role conflict, role ambiguity, and work complexity is apparent (Walach et al., 2007).

The findings from this research project contribute to the literature on our understanding how proactive social support works, especially those that support difficult work-related stressors.

In sum, the use of proactive emotional focused strategies, which includes social support, appears to serve as a useful skill for executive leadership effectiveness.

**Conclusion 3: There is evidence of increased problem and emotion-focused strategies.** Analysis of both quantitative and qualitative data collected in this dissertation research study found that majority of participants described themselves as optimistic and they also felt that good things would happen. Further, most described themselves as someone who is driven and who primarily use problem focused strategies.

These finding align with existing theories in research on behavioral self-regulation and dispositional optimism which show that optimistic persons adjust more favorable to important life and work changes than persons who are more pessimistic in outlook (Carver et al., 1985; Scheier et al., 1994) and therefore seek more problem focused strategies. When problem-focused strategies are not available optimist, turn to more adaptive emotion-focused coping strategies such as acceptance or use of humor.

The significant of personality traits as it relates to optimism and effective coping strategies as documented by Carver et al.'s (1985) work on self-regulation which proposes that optimistic people are seen as remaining engaged in efforts to overcome challenges and adversity to reach goals as long as their expectations of the eventual success are sufficiently favorable. In general, optimist are people who tend to hold on to positive expectancies for their future; pessimists are those that tend to hold more negative expectations for their future and pessimists tend to cope through overt denial or behaviorally disengaging from the goal. The findings indicate that handling workplace stress can improve emotional awareness and self-regulation when goals are perceived threatened.

In summary, research on coping practices of executive leaders makes significant contributions to the coping, stress, and leadership research by continuing to understand the multidimensional complexities of stress and the coping process, personality traits, and the interaction with the external environment, in this case the workplace. A number of implications of this research exist for both the executive and the organization that seek to better understand coping in today's work environment and who have a responsibility for the work lives of others. The next section provides insight into the implications for practice.

**Implications for practice.** Research on stress and coping in the workplace provides implications for practice, primarily with the interplay between the environment (e.g., the organization) and the leader, who are members of the organization's top management team. Highly stressed executives directing large organizations responsible for drug development and delivery of health care products and services for public consumption can pose a problem. Not only may executives be personally affected both psychologically and physically, but also problems associated with the inability to cope effectively with their stressors might directly affect others. However, as discussed in the literature review, the theoretical perspective of assessing stress and coping in the workplace occur through two important determinants, beliefs, and commitments.

It is possible stressed executives could negatively affect the organization and staff directly one level down and perhaps down through the entire organization. Lastly, staff responsible for other important activities, might work in a less optimal manner that perhaps are detrimental to patient safety, organizational objectives, and or personal goals. Therefore, stressed executives not only negatively affect their direct management layer, but can influence

the entire organization. In addition, negative outcomes from work related stress usually permeate non-work life as well (DeLongis, 1985).

The health care platform in the United States exists within a very turbulent environment. The societal and political forces currently affecting this system foster a great deal of anxiety and uncertainty for those that work within the system. The combination of stressed executives and the uncertain, tumultuous environment in which they must work can be addressed through intervention strategies.

Education and programs focusing on enhancing effective coping strategies can be developed. Consultation services offered for expectation management, management skill development and other available activities would be easy to implement. Employing techniques that foster attitude change, in regard to enhancing one's optimism perhaps can be formulated and offered to this group. The correlation between effective coping and optimism is reflected in Table 38. Several coping strategies significantly correlated with increased optimism. For example, denial as a coping strategy decreased as optimism increased.

The findings from this dissertation study on coping strategies of senior management in the biopharmaceutical industry have multiple implications for leaders. Although implications for practice can be considered based on this research, ultimately more research will be needed to better understand stress and coping in the workplace and how to best construct interventions based on the phenomenon.

**Limitations of the study and internal study validity.** The limitations to this study include the selected research design, sampling strategy, and data collection instrument. The non-longitudinal design employed in this study is the antithesis to the study of humans and processes

and dependent on the research questions, stress, coping strategies, and optimism are variables best studied overtime.

The study was conducted using a convenience sampling and completion of a survey may be somewhat biased towards certain leaders. All participants were senior leaders in the biopharmaceutical or related field in the United States. Yet because the investigator wanted a homogeneous population, going to other industries to recruit subjects would have defeated the purpose. Whether the study's findings are generalizable to executives in other industries will depend on similarities regarding demographic characteristics, work related stressors, and other key factors associated with stress.

The last limitation addresses the data collection strategy, which incorporated several self-report measures. The most valid and reliable tools were chosen. However, it is possible that characteristic of the situation and past experience influence the subjects' responses. Yet, it is the researcher's opinion that the participants did not appear to misrepresent their thoughts or feelings, although it is impossible to test this assumption any further.

Mixed methods designs do provide an opportunity to validate self-reported survey data. Because the second qualitative phase was included, in depth understanding of personal experiences and behaviors contributed to our ability to understand the self-reported data.

**Recommendations for future research.** Future research would be served well by conducting a similar study with a longitudinal design. The static view offered in this study is not the most optimal approach. Repeated measures of the variables of interest might be a better way to examine processes known to change over time.

Gender analysis of the data can be conducted, comparing the responses of 18 female participants with the 22 male participants. In the psychology research studies, gender analysis is



conducted to assess whether patterns in the data vary by gender (Banyard & Graham-Bermann, 1993). For example, one study found that women report more frequent stressful events related to parenting and job demand than men and that emotional support from other senior women with similar circumstances tend to be a positive method of coping (Banyard & Graham-Bermann, 1993; Barnett, 1994).

An additional suggestion for future research includes the examination of positive coping as a concept to measure (Nelson & Simmons, 2003; Peiró, 2008). This concept would incorporate the explicit learning from the stressful experience during the information support phases allowing non-work sources to be tapped more adequately.

Another important study that could augment the present project could examine the same concepts at different management levels (e.g., Associate Director, Manager). There is still a lack of definitive evidence regarding levels of stress at different levels in the management hierarchy. At the conclusion of that study, findings could be compared for similarities and or differences.

The idea of future research is an endless endeavor, although very exciting topic to consider. New information leads to new a question, which is the ultimate job of the researcher.

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## APPENDIX A

## Participant Request

ID# \_\_\_\_\_

Date: \_\_\_\_\_

&lt;Date&gt;

Dear [Friend/Colleague]:

As many of you know, I am completing my doctorate from Pepperdine University and my dissertation is titled “Leading Under Pressure, Coping Practices of Executives: A Mixed Methods Study” under the direction of my dissertation committee chaired by Dr. Kay Davis.

As a fellow colleague and someone in a senior leadership role, perhaps you are dealing with the many challenges facing leaders today such as meeting cost reduction targets, organizational efficiency efforts, and restructuring initiatives in hopes of increasing organizational productivity. Additionally, financial, customer, and employee objectives and expectations need to be met as well. All during a time when global macroeconomics continues to challenge most companies and the complexity and speed of change are at odds, which make this a perplexing opportunity for today’s leaders.

My study looks at senior leaders and/or executives in their current work environment who are required to make the right strategic and/or “first-time” situational decisions that could significantly impact their organizations, the industry, and in some cases society for the unforeseeable future, which can be extremely challenging and stressful.

I really hope you will volunteer to participate in my study. I understand this requires your time and I appreciate the consideration. If you choose to participate please send me an email

address you would like for me to use to contact you. I will email the details about the study and the informed consent information. Also, if you know of other executives and or senior leaders who you think would be a good candidate for this study, please feel free to forward my contact information on to them.

By participating in the study I will ensure the following conditions:

- I will use the survey information only for my research study and will not sell or use it with any compensated activities.
- All information will be confidential. Details about privacy will be included as a part of the Informed Consent process
- All participants, if you choose, will be provided individual reports from the survey provider for your own personal data and use.

If these are acceptable terms and conditions, please indicate so by replying via email or signing one copy of this letter and returning it to me either through postal mail or with your signature.

Thank you



## APPENDIX B

## Executive Study Demographic Information

1. Current Title: \_\_\_\_\_ Current Position Level: \_\_\_\_\_
2. Gender: (1) Male \_\_\_\_\_ (2) Female \_\_\_\_\_
3. Ethnic Background:
  - (1) Asian/Pacific Islander \_\_\_\_\_
  - (2) White/Caucasian \_\_\_\_\_
  - (3) Black/African American \_\_\_\_\_
  - (4) Hispanic/Latino \_\_\_\_\_
  - (5) Native American Indian \_\_\_\_\_
  - (6) Mixed/Multiple ethnic groups \_\_\_\_\_
  - (7) Other \_\_\_\_\_
4. Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_ Number Living at Home: \_\_\_\_\_
5. Educational Background:
  - a. Highest degree completed: \_\_\_\_\_
  - b. Field of Study: \_\_\_\_\_
  - c. Are you currently enrolled in an academic degree program? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
6. Brief Position Description: \_\_\_\_\_
7. Time in present position: \_\_\_\_\_
8. How many staff members (FTE) do you manage or size of organization? \_\_\_\_\_
9. Total number of years in executive or senior leadership position?  
\_\_\_\_\_
10. Total number of years at current company? \_\_\_\_\_
11. On average, how many hours do you work each week? \_\_\_\_\_
12. On average, how many hours do you spend in leisure activities each week? \_\_\_\_\_

## APPENDIX C

## COPE Survey Questions

- 1 I try to grow as a person as a result of the experience.
- 2 I turn to work or other substitute activities to take my mind off things.
- 3 I get upset and let my emotions out.
- 4 I try to get advice from someone about what to do.
- 5 I concentrate my efforts on doing something about it.
- 6 I say to myself "this isn't real."
- 7 I put my trust in faith or God.
- 8 I laugh about the situation.
- 9 I admit to myself that I can't deal with it, and quit trying.
- 10 I restrain myself from doing anything too quickly.
- 11 I discuss my feeling with someone.
- 12 I use alcohol or drugs to make myself feel better.
- 13 I get used to the idea that it happened.
- 14 I talk to someone to find out more about the situation.
- 15 I keep myself from getting distracted by others thoughts or activities.
- 16 I daydream about things other than this.
- 17 I get upset, and I am really aware of it.
- 18 I make a plan of action.
- 19 I seek Gods help.
- 20 I make jokes about it.
- 21 I accept that this has happened and that it can't be changed.
- 22 I hold off doing anything about it until the situation permits.
- 23 I try to get emotional support from colleagues, friends, or relatives.
- 24 I just give up trying to reach my goal.
- 25 I take additional action to try to get rid of the problem.
- 26 I try to lose myself for a while by drinking alcohol or taking drugs.
- 27 I refuse to believe that it has happened.
- 28 I let my feelings out.
- 29 I try to see it in a different light, to make it seem more positive.
- 30 I talk to someone who could do something concrete about the problem.
- 31 I sleep more than usual.
- 32 I try to come up with a strategy about what to do.  
I focus on dealing with this problem, and if necessary let other things slide a
- 33 little.
- 34 I get sympathy and understanding from someone.
- 35 I drink alcohol or take drugs, in order to think about it less.
- 36 I kid about it.
- 37 I give up the attempt to get what I want.

- 38 I look for something good in what is happening.
- 39 I think about how I might best handle the problem.
- 40 I pretend that it hasn't really happened.
- 41 I make sure not to make matters worse by acting too soon.  
I try hard to prevent other things from interfering with my efforts at dealing
- 42 with this.
- 43 I go to the movies or watch TV, to think about it less.
- 44 I accept the reality of the fact that it happened.
- 45 I ask people who have had similar experiences what they did.
- 46 I feel a lot of emotional distress and I find myself expressing those feelings a lot.
- 47 I take direct action to get around the problem.
- 48 I try to find comfort in spirituality or my religion.
- 49 I force myself to wait for the right time to do something.
- 50 I make fun of the situation.
- 51 I reduce the amount of effort I'm putting into solving the problem.
- 52 I talk to someone about how I feel.
- 53 I use alcohol or drugs to help me get through it.
- 54 I learn to live with it.
- 55 I put aside other activities in order to concentrate on this.
- 56 I think hard about what steps to take.
- 57 I act as though it hasn't even happened.
- 58 I do what has to be done, one step at a time.
- 59 I learn something from my experience.
- 60 I pray more than usual.

## APPENDIX D

## Leadership Coping Interview Protocol Tool

ID# \_\_\_\_\_

Date: \_\_\_\_\_

The purpose of this study is to find out what the stressors are in your work life and the ways, which you deal with them. A stressor is something that is difficult for you, or upsets or worries you in some way. I will be asking you questions that address these issues.

Work Stressors

1. What are the five major organizational or work stressors that occur in your role as an executive?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

2. Specifically what problems do these major stressors create for you?

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3. How do you physical and emotionally response to these stressors?

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4. How do they affect you or your work, decision-making, and or leadership effectiveness?

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5. What difficulties do these stressors create for you?

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6. Overall, How stress are you?

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Using the rating scale below

Not at all											Extremely
1	2	3	4	5	6	7	8	9	10		

### Coping Practices

“Now, let’s discuss how you deal with your stress at work”

“Look at one major stressor mentioned as a part of earlier questions”

1. What does it mean to you to cope?

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2. What kinds of things do you do to try to deal with it?

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3. Do you do anything else?

“Now I like to ask some specific questions about things that you might or might not have done in dealing with this situation. If yes, the second question in the parenthesis will be asked.

- a. Did you ever try to confront the situation (person) directly, even if it was unpleasant?  
Yes/No (How did you do this?)
- b. Did you find yourself trying to put it out of your mind? Yes/No (How did you do this?)
- c. Did you ever try to keep your feeling to yourself or not act on your feelings right away?  
Yes/No (How were you able to do this?)
- d. Did you ever try to blame or criticize others or yourself? Yes/No (In what way?)
- e. Did you ever wish that the situation would go away, or try to distract yourself in anyway?  
Yes/No (Tell me about this situation?)
- f. Did you find yourself making a plan of action and working extra hard to carry it out?  
Yes/No (How did you do this?)
- g. As a result of this situation, did you change or grow as a person in a positive way?  
No/Yes (In what way?)

4. When you do everything you can to solve a problem, and it does not work, is there anything else that you do to make yourself or the situation better?

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5. Which of the strategies that you use in dealing with your stress at work are most useful for you personally?

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6. Overall, how would you rate your coping?

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Using the rating scale below

Not at all											Extremely
1	2	3	4	5	6	7	8	9	10		

### Social Support

1. Thinking about people both at work and outside, who would you say is supportive to you in relations to your work life? (List up to three people and include their roles)

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2. Are there any others who are supportive? If so, who? (Only ask if question 1 is less than 3)
3. How do these people support you?

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4. What about emotional support? (Get clarification about trust, concern, listening, caring)
- 4.1.a. How do others support you emotionally?
- 4.2.a. How important is this to you?
- 4.3.a. How satisfied are you with this type of support?

### Social Support (Continued)

5. Another type of support is validation (endorsement, positive reinforcement)
- How do others offer this validation?
- How important is this to you?

- How satisfied are you with the validation?
6. What about information, advice, and suggestions?  
How do others go about offering information and advice?  
How important is this to you?  
How satisfied are you with the information?
7. What about practical or tangible help in dealing with your work demands?  
(Specific tasks done by others to help you.)  
How do others help you?  
How important is this to you?  
How satisfied are you with the help?
8. Have you experienced any negative aspects of support? (If yes, explain and what did you do as a result)

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Is there anything else I did not ask you about that you feel is important?

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Closure – Thank you for taking the time to talk to me about stress, coping, and how it might impact you and or your leadership style.



## APPENDIX E

## Permission to Use

ID# \_\_\_\_\_

Date: \_\_\_\_\_

&lt;Date&gt;

Permissions Editor

&lt;Address of Publisher&gt;

Dear [Permissions Editor/Author]:

I am a doctoral student from Pepperdine University writing my dissertation tentatively titled *Leading Under Pressure, Coping Practices of Executive Leadership: A Mixed Method Approach* under the direction of my dissertation committee chaired by Dr. Kay Davis.

I would like your permission to reproduce to use <insert name of survey> in my research study.

I would like to use and print your survey under the following conditions:

- I will use this survey only for my research study and will not sell or use it with any compensated activities.
- I will include the copyright statement on all copies of the instrument.
- I will send my research study and one copy of reports, articles, and the like that make use of these survey data promptly to your attention.

If these are acceptable terms and conditions, please indicate so by signing one copy of this letter and returning it to me either through postal mail, fax, or e-mail with your signature:

Sincerely,

Darlene Thomas-Woods  
 Doctoral Candidate

---

 Signature
 

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 Expected date of completion: June 2013



6. I understand that the possible benefits to myself or society from this research are: To continue to understand why stress levels at work are increasing, imposing additional burdens on societal infrastructure and despite the widespread recognition of work related stress, the level of attention accorded by organizations to address stress-related issues is still relatively small when compared to investments in other area such as financial, budgeting, efficiency, operational excellence, marketing, and technological developments (Alannah, 2006). Additionally, this research perhaps lends itself to future research that is examining stress as a positive state in terms of learning agility.
7. I understand that I may choose not to participate in this research.
8. I understand that my participation is voluntary and that I may refuse to participate and/or withdraw my consent and discontinue participation in the project or activity at any time without penalty or loss of benefits to which I am otherwise entitled.
9. I understand that I am not required to answer all questions.
10. I understand that my participation in the study allows me to request result from the survey and interview data specific to me as a participant. I understand that I will be required to send an email directly to the researcher to request the data.
11. I understand that the investigator(s) will take all reasonable measures to protect the confidentiality of my records and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws.
12. I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact Dr. Kay Davies, [KDavis@Pepperdine.edu](mailto:KDavis@Pepperdine.edu), faculty supervisor, if there are other questions or concerns about this research. If I have questions about my rights as a research participant, I understand that I can contact the Internal Review Board (IRB) at Pepperdine University at [www.Pepperdine.edu](http://www.Pepperdine.edu).
13. I will be informed of any significant new findings developed during the course of my participation in this research, which may have a bearing on my willingness to continue in the study.

14. I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form, which I have read and understand. I hereby consent to participate in the research described above.

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Participant's Signature

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Date

I have explained and defined in detail the research procedure in which the subject has consented to participate. Having explained this and answered any questions, I am cosigning this form and accepting this person's consent.

Darlene Thomas Doctoral Candidate  
Pepperdine University  
Darlene.Thomas@Pepperdine.edu

Signature \_\_\_\_\_

Doug Leigh Ph.D., Chairperson  
Graduate and Professional School Institutional Review Board  
[doug.leigh@pepperdine.edu](mailto:doug.leigh@pepperdine.edu)  
(310) 568-5600

APPENDIX G  
IRB Approval Letter

**Protocol #: E0213D13**

**Project Title: Leading Under Pressure, Coping Practices of Executives: A Mixed Methods Study**

Dear Ms. Thomas-Woods,

Thank you for submitting the revisions requested by Pepperdine University's Graduate and Professional Schools IRB (GPS IRB) for your study, *Leading Under Pressure, Coping Practices of Executives: A Mixed Methods Study*. The IRB has reviewed your revisions and found them acceptable. You may proceed with your study. The IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46 - <http://www.nihtraining.com/ohsrsite/guidelines/45cfr46.html> that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(2) states:

(b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

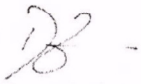
**Category (2) of 45 CFR 46.101**, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact me. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,



Doug Leigh, Ph.D.  
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Graduate School of Education & Psychology  
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cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives  
Ms. Alexandra Roosa, Director Research and Sponsored Programs  
Dr. Kay Davis, Graduate School of Education and Psychology