



QUALITY OF LIFE IN RELATION TO STRESS TOLERANCE AMONG INDIAN EXPATRIATE WORKERS IN THE UNITED ARAB EMIRATES

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ABSTRACT

Considerable number of Indian expatriate workers are living in the United Arab Emirates (U.A.E.). Their span of stay varies from 1 year to 30 plus years due to the liberal work culture of that country. These workers, both blue collar and white collar have contributed to the economic development and modern image of this GCC country. At the same time the remittances of these people have significantly contributed to the economies of many Indian states in particular and earning foreign currency to India as a whole. The present investigation explore the relationship between quality of life and stress tolerance and socio demographic variables among Indian expatriate workers living in the U.A.E. Study is an attempt to find out if an existence of a correlation between quality of life and stress tolerance among these men and how far the socio-demographic variables affect their quality of life. The results indicate that there is a marked relationship between the quality of life and stress tolerance. It also indicates a marked relationship with quality of life based on the monthly income of these men, the number of children they have and the duration of their stay in the country.

Keywords: Indian Expatriate, Expatriate Worker, Stress, Quality of Life, Stress Tolerance

INTRODUCTION:

The study has been designed to explore the relationship among quality of life and stress tolerance in Indian expatriate workers / professionals in the United Arab Emirates. The study also considered the impact of some of the socio-demographic factors on quality of life and stress tolerance of the study group. The sample consisted of 100 Indian expatriate workers from various institutions in different emirates of the United Arab Emirates.

United Arab Emirates (U.A.E.) thus became the second home for thousands of expatriate Indian workers. Over a million Indian migrants are estimated to be living in the U.A.E. who form over 30% of the total population of the U.A.E. Most Indians live in the three largest cities of the U.A.E. — Dubai, Abu Dhabi and Sharjah. More recently, the U.A.E. has experienced a tremendous increase in the population of Indians who, having migrated to the country as a result of opportunities in petroleum, construction and other industries, far outnumber the population of



local Emiratis. Gulf countries grant Visas to live and work or to do business for limited period which may be renewable from time to time. Visa is an endorsement on a passport indicating that the holder can enter, leave or stay for a specified period in a country. Lack of permanent residency deprives expatriate workers from social security benefits or many of other rights constituted under the host country's law. This study envisages the quality of life of these expatriate workers in relation to their stress tolerance.

Expatriates, especially from Kerala and other south Indian states are primarily attracted by the employment opportunities of the U.A.E. Migration to gulf countries from Kerala in search of employment began even before crude oil was discovered there in 1970s. Kerala had trade relations with Arabs for many centuries. The U.A.E.'s liberal and open-minded society has resulted in mass immigration from all over the world.

While working abroad as an expatriate worker in the U.A.E. there are many reasons for building up stress in the daily life. Major cause of stress is from the work environment which is multi-national and multi-cultural. Other stressors are from social, physical, mental, familial and environmental. Some of them are lack of time, lifestyle issues like too much of junk food, smoking, excessive drinking of alcohol, lack of physical exercises, getting more than one can handle, expecting too much, depriving oneself from good things in life etc. Limited income, alien culture, lack of privileges of a citizen, away from dear and near ones also cause mental stress to the expatriate workers. In this context coping up with stress is very important to the quality of life of a person living in the United Arab Emirates.

The variables included in the study were Quality of Life and Stress Tolerance. Socio-demographic variables like age, religion, educational qualifications, income, marital status, number of children, living with family in the U.A.E. and duration of stay in the U.A.E. were also included in the study.

QUALITY OF LIFE

The term quality of life (QOL) references the general well-being of individuals and societies. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging. The quality of life of a population is an important concern in clinical and health psychology. There are many components to well-being. A large part is standard of living, the amount of money and access to goods and services that a person has; these numbers are easily measured. Others like freedom, happiness, art, environmental health, and innovation are far harder to measure. This has created an inevitable



imbalance as programs and policies are created to fit the easily available economic numbers while ignoring the other measures that are very difficult to plan for or assess.

Considering, the individual differences that persist in the case of human beings, it would be hard to say that the term ‘quality of life’ means the same to all. There may be individual differences in the extend to which people value different things in their lives. Owing to these differences, it can be said that the high quality of one’s life may not be of that quality to another. The former’s perception may be very different from that of the latter. But still, it can be said that quality of life is viewed as a positive aspect by all. It can be said to be a positive value given to one’s physical, mental and social life. Thus, quality of life can be understood clearly only if we see a person. Wellness in all aspects of a person’s life should be given equal importance when speaking about the concept of quality of life. So, due regard must be given to different aspects of life to maintain and improve the quality of one’s life.

In every society and every nation, prosperity or success is usually decided by occupational status and by economic attainment. Now, with the importance of opulence and growing longevity of populations, there is a prevalent concern in how to attain the ‘goodness’ of life, often called life satisfaction or quality of life. Walter and Shannon (1990) described the current interest in ‘quality of life’ in the developed world, as ranging from current concerns for the environment to the marketing of the products we buy, and to the evaluation of the benefit – burden ratio involved in medical treatments. More globally, quality of life as an outcome indicator has been added to social, we well as health, service programmed development (DHSS, 1989).

The expression quality of life suggests the antonym quantity of life and prompts debate on the efficiency of the qualitative rather than quantitative appraisal of the aspects of reality concerned (Mukharjee, 1989). As a general term, quality can be defined as a degree of ‘goodness’. Quality of life in relation to health is a broader concept than personal health status and takes social well-being into account. There is no consensus over a definition of quality of life. The literature involves a range of components: functional ability including role functioning (e.g. domestic, return to work), the degree and quality of social and community interaction, psychological well-being, somatic sensation (eg. pain) and life satisfaction (Bowling, 1991). Thus, quality of life is an amorphous and vague multi-dimensional notion which theoretically consolidates all aspects of an individual’s life and has a usage across many disciplines-social services, philosophy, health promotion and medical sciences, health economies, advertising, geography and literature.

STRESS TOLERANCE

Before discussing Stress Tolerance, we need to discuss the term stress. Stress is defined as a psychological and physical response of the body that occurs whenever an individual must adapt



to changing conditions. The conditions may be real or perceived. Stress has a powerful effect on mental functioning.

In psychology, stress is a feeling of strain and pressure. Symptoms may include a sense of being overwhelmed, feelings of anxiety, overall irritability, insecurity, nervousness, social withdrawal, loss of appetite, depression, panic attacks, exhaustion, high or low blood pressure, skin eruptions or rashes, insomnia, lack of sexual desire (sexual dysfunction), migraine, gastrointestinal difficulties (constipation or diarrhea), and for women, menstrual symptoms. It may also cause more serious conditions such as heart problems. Also, experimental research which has been performed on animals, also displayed results relating to stress and negative effects on the body. It has been shown that stress contributes to the initiation and development of specific tumors within the body.

Small amounts of stress may be desired, beneficial, and even healthy. Positive stress helps improve athletic performance. It also plays factor in motivation, adaptation, and reaction to the environment. Excessive amounts of stress, however, may lead to many problems in the body that could be harmful. Two diseases that are influenced by stress are clinical depression, cardiovascular disease.

Stress can be external and related to the environment, but may also be created by internal perceptions that cause an individual to have anxiety or other negative emotions surrounding a situation, such as pressure, discomfort, etc., which they then deem stressful, for example in Posttraumatic Stress Disorder (PTSD).

Triggers can be stressful, such as when a person reports stress when hearing a song on the radio or seeing a type of object that may remind the person of prior threatening events. Humans experience stress, or perceive things as threatening, when they do not believe that their resources for coping with obstacles (stimuli, people, situations, etc.) are enough for what the circumstances demand. When we think the demands being placed on us exceed our ability to cope, we then perceive stress.

Stress Tolerance is a term very closely related to effecting coping. Carson and Butcher (1998) defined stress tolerance as the ability to endure stress, strain and pain without serious harm. Stress can clearly have anywhere from minor to devastating effects on the physical and psychological health of people. But people usually respond differently to stress and not all people equally vulnerable to its effects. Everyone who is exposed to the same potentially stressful event does not experience stress and those who experience stress may do so to different degrees. This variability in stress experience is due to the resources people bring to any stressful experience that may moderate the impact to stress. Job stress refers to any characteristics of the job environment which pose a threat to the individual. Two types of job stresses may threaten the



person either demands which he/she may not be able to meet or insufficient supplies to meet the needs. It is defined as a condition at work interacting with worker characteristics to disrupt physiological or psychological homeostasis. The causal, situational conditions are job stressors and the disrupted homeostasis is job related stress.

METHODOLOGY

The sample for the present study consists of Indian, Male, Professionals working in different organizations across United Arab Emirates. To select the sample, purposive random sampling method is used, and this has yielded a sample of 100 expatriate workers.

The present study involves variables like quality of life and stress tolerance. Hence different measures are needed. The following tools were used for present study.

- Personal Data Sheet
- Quality of Life Scale - Adapted version of WHOQOL-100 (Deepa Elizabeth Thomas and Immanuel Thomas, 1999)
- Stress Tolerance Scale (Reshmy C.S and Dr.Sam Sanada Raj, 1999)

A brief description of the tools used including their psychometric properties are given below.

PERSONAL DATA SHEET

The personal data sheet was prepared to collect the general information about Indian, male professionals in U.A.E. This include information such as age, religion, educational qualifications, income, marital status, number of children, living with family and duration of stay in U.A.E.

QUALITY OF LIFE SCALE

The Quality of Life (QOL) scale used in this study was developed by Deepa Elizabeth Thomas and Immanuel Thomas, 1999. This scale has an objective of numerically expressing the QOL of an individual. This instrument is an adapted version of WHOQOL-100 developed by World Health Organisation.

The scale has 36 items which produces a quality of life profile. Based on these items, it is possible to derive

1. Six domain scores
2. An overall QOL score (based on two questions)
3. A total QOL score (based on 36 questions)



The QOL is scored through straightforward summative scaling.

The six domains are

1. Physical
2. Psychological
3. Level if independence
4. Social relationships
5. Environment and
6. Personal beliefs / spirituality / religion

The reliability of Quality of Life was determined by the split half method and Cronbach's Alpha. By the split half method, a reliability of 0.86 was obtained after correction for attenuation using Spearman Brown formula (N = 122). The Cronbach's Alpha for the questionnaire was found to be 0.91 (N=120). An inter correlations among the six domains revealed that the coefficients ranged from 0.26 to 0.62. These values are high and significant indicating that the domains scores have rather high internal consistency.

An examination of the items which make up the scale may convince anyone that the scale has high levels of content validity and face validity, Further the fact that the scale is an adaptation of the widely used WHOQOL-100 popularised by the WHO also lends support for the claim of validity for the tool.

STRESS TOLERANCE SCALE

The Stress Tolerance scale used in this study was developed by Reshmy C.S and Dr.Sam Sanada Raj, 1999. The Stress Tolerance Scale test's form and answer sheets are distributed to the subjects. The subjects are asked to fill in the particulars in the answer sheets. The test was administered individually. The subjects are also informed. That time is not restricted.

Split half reliability method was used to estimate the reliability of the test. The test was split into 2 equal halves on the basis of odd items and even items (odd-even reliability method). A correlation coefficient between the two halves was found using Car Pearson's product moment formula. Thus, the half test reliability coefficient of 0.7 was estimated. The reliability of the whole test was found out using Spearman's Brown formula. Thus, a reliability coefficient of 0.82 was obtained. This index of the reliability shows that Stress Tolerance Scale is highly reliable. This value of reliability is significant at 0.01 levels.



The validity of the test was estimated with the help of empirical or criterion related to validity. It was found out by correlating the present scale with “Stress Tolerance Inventory” of Asha Balagangadharan, 1998. Both the tests were administrated to a sample of 40 subjects and the correlation coefficient was estimated as 0.72. The index of validity shows the Stress Tolerance Scale is adequately valid. This value is significant at 0.01 levels.

CONCLUSION:

There is a large population of Indians live in the United Arab Emirates (U.A.E.). Out of this population of expatriates, majority are from the southern Indian state of Kerala. Due to favourable work and living conditions and geographical proximity, there has been an ongoing influx of professionals to the U.A.E. These professional workers normally live in the country for a longer period. They bring in their immediate family to the U.A.E. and live with them despite the higher cost of living. Many a times they struggle to make both ends meet. They educate their children in the U.A.E. as there are schools which offer Indian curriculum. They tend to socialize with fellow countrymen by taking advantage of the innumerable social organizations existing in the U.A.E. There are organizations based on religion, community, caste and even gatherings from various districts, towns of states of India and different political beliefs and social causes. These men who live in the U.A.E. undergo immense stress of different kinds and of varying degrees. These stresses include mental, physical, social and environmental. Quality of life of these men was seldom measured in relation to their stress tolerance level.

This study was an attempt to find out if is an existence of a correlation between quality of life and stress tolerance among these men and how far the socio-demographic variables affect their quality of life. The results indicate that there is a marked relationship between the quality of life and stress tolerance. It also indicates a marked relationship with quality of life based on the monthly income of these men, the number of children they have and the duration of their stay in the country.

It is obvious that an increase in income can affect positively on the quality of life of an Indian expatriate. The more the number of years lived in the country, the better the financial stability and adjustment to the society, which in turn could lead to better quality of life. But the finding which shows that, “the increase in the number of children has a positive implication on quality of life”, does not match with the common belief that, “the increase in the number of children decreases quality of life”. It can be explained as below. If a person is having one child, the family’s expectation on that child will be much more than those having more than one child. Parents tend to give more than they can to the single child and at the same time, they will keep very high expectations on the child with respect to his/her academic and non-academic matters. This will cause immense stress on the parents. As stress tolerance is nothing but coping up with stress, the father’s quality of life will be negatively affected when he cannot positively cope up



with the stress. On the contrary when a person has two or more children, parent has to distribute his financial and non-financial resources among all children. Hence the expectation level also will be distributed and thus stress levels also will be reduced. Besides, bringing up children is something that every parent has to experience and learn on the go. When the first child is brought up, parents gain hands-on experience on parenting. This experience will be then used in bringing up second or third child. This also can positively affect the quality of life of the parent.

REFERENCES:

- Antonovsky, A, (1979). *Health, Stress, and Coping*. San Francisco, CA: Jossey-Bass.
- Arnold, M B, (1960). *Emotion and Personality (2 Vols.)*. New York: Columbia University Press.
- Bandura, A, (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, pp. 191–215. Abstract-MEDLINE | Abstract-PsycINFO
- Bruner, J S and Postman, L, (1947). Emotional selectivity in perception and reaction. *Journal of Personality*, 16, pp. 69–77. Abstract-PsycINFO
- Brunswik, E, (1947). *Systematic and Representative Design of Psychological Experiments: With Results in Physical and Social Perception*. Berkeley, CA: University of California Press.
- Byrne, D, (1964). Repression–sensitization as a dimension of personality. In B A Maher (Ed), (1964). *Progress in Experimental Personality Research* (pp. 169–220). New York, Vol. 1, Academic Press.
- Engel, B T, (1985). Stress is a noun! No, a verb! No, an adjective. In T M Field, P M McCabe and N Schneiderman (Eds), (1985). *Stress and Coping* (pp. 3–12). Hillsdale, NJ, Erlbaum.
- Eriksen, C W, (1966). Cognitive responses to internally cued anxiety. In C D Spielberger (Ed), (1966). *Anxiety and Behavior* (pp. 327–360). New York, Academic Press.
- Folkman, S and Lazarus, R S, (1980). An analysis of coping in a middle-aged Community sample. *Journal of Health and Social Behavior*, 21, pp. 219–239. Abstract-MEDLINE | Abstract-EMBASE | Abstract-PsycINFO
- Folkman, S and Lazarus, R S, (1988). *Ways of Coping Questionnaire Research edition*. Palo Alto, CA: Consulting Psychologists Press.
- Freud, A, (1936). *Das Ich und die Abwehrmechanismen [The ego and the mechanisms of defense]*. Vienna: Internationaler Psychoanalytischer Verlag.
- Freud, S, (1926). *Hemmung, Symptom und Angst [Inhibitions, symptoms and anxiety]*. Vienna: Internationaler Psychoanalytischer Verlag.
- Hinkle, L E, (1974). The concept of `stress' in the biological and social sciences. *International Journal of Psychiatry in Medicine*, 5, pp. 335–357. Abstract-PsycINFO | Abstract-MEDLINE
- Hobfoll, S E, (1989). Conservation of resources: A new attempt at conceptualizing



- stress. *American Psychologist*, 44, pp. 513–524. Abstract | Abstract + References | PDF (1354 K)
- Hobfoll, S E, Freedy, J R, Green, B L and Solomon, S D, (1996). Coping reactions to Extreme stress: The roles of resource loss and resource availability. In M Zeidner and N S Endler (Eds), (1996). *Handbook of Coping: Theory, Research, Applications* (pp. 322–349). New York,: Wiley. Abstract-PsycINFO
- Hobfoll, S E and Leiberman, J R, (1987). Personality and social resources in immediate and continued stress-resistance among women. *Journal of Personality and Social Psychology*, 52, pp. 18–26. Abstract-MEDLINE | Abstract-PsycINFO
- Hobfoll, S E and Lilly, R S, (1993). Resource conservation as a strategy for Community psychology. *Journal of Community Psychology*, 21, pp. 128–148. Abstract-PsycINFO | Order Document
- Holmes, T H and Rahe, R H, (1967). The social readjustment rating scale. *Journal of Psychosomatic Research*, 11, pp. 213–218. Abstract | Abstract + References | PDF (430 K)
- Janis, I L, (1958). Psychological Stress: Psychoanalytic and Behavioral Studies of Surgical Patients. New York: Wiley.
- Janis, I L, (1983). Stress inoculation in health care: Theory and research. In D Meichenbaum and M Jaremko (Eds), (1983). *Stress Reduction and Prevention* (pp. 67–99). New York,: Plenum.
- Karoly, P, (1999). A goal systems self-regulatory perspective on personality, psychopathology, and change. *Review of General Psychology*, 3, pp. 264–291. Abstract | Abstract + References | PDF (2359 K)
- Kobasa, S C, (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, 37, pp. 1–11. Abstract-MEDLINE | Abstract-PsycINFO
- Kohlmann, C-W, (1997). Persönlichkeit und Emotionsregulation: Defensive Bewältigung von Angst und Streß [Personality and the regulation of emotion]. Bern, Switzerland: Huber.
- Krohne, H W, (1978). Individual differences in coping with stress and anxiety. In C D Spielberger and I G Sarason (Eds), (1978). *Stress and Anxiety* (pp. 233–260). Washington, DC, Vol. 5,: Hemisphere.
- Krohne, H W, (1993). Vigilance and cognitive avoidance as concepts in coping research. In H W Krohne (Ed), (1993). *Attention and Avoidance. Strategies in Coping with Aversiveness* (pp. 19–50). Seattle, WA,: Hogrefe & Huber. Abstract-PsycINFO
- Krohne, H W, (1996). Individual differences in coping. In M Zeidner and N S Endler (Eds), (1996). *Handbook of Coping: Theory, Research, Applications* (pp. 381–409). New York,: Wiley. Abstract-PsycINFO
- Krohne, H W, Egloff, B, Varner, L J, Burns, L R, Weidner, G and Ellis, H C, (2000). The assessment of dispositional vigilance and cognitive avoidance: Factorial structure, psychometric properties, and validity of the Mainz Coping Inventory. *Cognitive Therapy and Research*, 24, pp. 297–311. Abstract-EMBASE | Abstract-PsycINFO
- Krohne, H W, Hock, M and Kohlmann, C-W, (1992). Coping dispositions,



- uncertainty, and emotional arousal. In K T Strongman (Ed), (1992). *International Review of Studies on Emotion* (pp. 73–95). Chichester, UK, Vol. 2,: Wiley. Abstract-PsycINFO
- Lazarus, R S, (1966). *Psychological Stress and the Coping Process*. New York: McGraw-Hill.
- Lazarus, R S, (1974). Psychological stress and coping in adaptation and illness. *International Journal of Psychiatry in Medicine*, 5, pp. 321–333. Abstract-EMBASE | Abstract-PsycINFO | Abstract-MEDLINE
- Lazarus, R S, (1990). Theory-based stress measurement. *Psychological Inquiry*, 1, pp. 3–13. Abstract-PsycINFO
- Lazarus, R S, (1991). *Emotion and Adaptation*. New York: Oxford University Press.
- Lazarus, R S, (1993). Coping theory and research: Past, present, and future. *Psychosomatic Medicine*, 55, pp. 234–247. Abstract-EMBASE | Abstract-PsycINFO | Abstract-MEDLINE
- Lazarus, R S and Folkman, S, (1984). *Stress, Appraisal, and Coping*. New York: Springer.
- Lazarus, R S and Folkman, S, (1986). Cognitive theories of stress and the issue of circularity. In M H Appley and R Trumbull (Eds), (1986). *Dynamics of Stress. Physiological, Psychological, and Social Perspectives* (pp. 63–80). New York,: Plenum. Abstract-PsycINFO
- Lazarus, R S and Launier, R, (1978). Stress-related transactions between person and environment. In L A Pervin and M Lewis (Eds), (1978). *Perspectives in Interactional Psychology* (pp. 287–327). New York,: Plenum.
- Mason, J W, (1971). A re-evaluation of the concept of 'non-specificity' in stress theory. *Journal of Psychiatric Research*, 8, pp. 323–333. Abstract | Abstract + References | PDF (943 K)
- Mason, J W, (1975). A historical view of the stress field. Part I. *Journal of Human Stress*, 1, pp. 6–12. Abstract-PsycINFO | Abstract-MEDLINE
- Mason, J W, (1975). A historical view of the stress field. Part II. *Journal of Human Stress*, 1, pp. 22–36. Abstract-PsycINFO
- Mason, J W, (1975). Emotion as reflected in patterns of endocrine integration. In L Levi (Ed), (1975). *Emotions: Their Parameters and Measurement* (pp. 143–181). New York,: Raven.
- McGrath, J E, (1982). Methodological problems in research on stress. In H W Krohne and L Laux (Eds), (1982). *Achievement, Stress, and Anxiety* (pp. 19–48). Washington, DC, Hemisphere. Abstract-PsycINFO
- Miller, S M, (1980). When is little information a dangerous thing? Coping with Stressful events by monitoring versus blunting. In S Levine and H Ursin (Eds), (1980). *Health and Coping* (pp. 145–169). New York,: Plenum.
- Miller, S M, (1987). Monitoring and blunting: Validation of a questionnaire to assess styles of information seeking under threat. *Journal of Personality and Social Psychology*, 52, pp. 345– 353. Abstract-MEDLINE | Abstract-PsycINFO
- Miller, S M and Mangan, C E, (1983). Interacting effects of information and coping



- style in adapting to gynecologic stress: Should the doctor tell all?. *Journal of Personality and Social Psychology*, 45, pp. 223–236. Abstract-MEDLINE | Abstract-PsycINFO
- Mischel, W and Shoda, Y, (1995). A cognitive-affective system theory of personality: Reconceptualizing situations, dispositions, dynamics, and invariance in personality structure. *Psychological Review*, 102, pp. 248–268.
- Mullen, B and Suls, J, (1982). The effectiveness of attention and rejection as coping styles: A meta-analysis of temporal differences. *Journal of Psychosomatic Research*, 26, pp. 43–49. Abstract | Abstract + References | PDF (532 K)
- Roth, S and Cohen, L J, (1986). Approach, avoidance, and coping with stress. *American Psychologist*, 41, pp. 813–819. Abstract-PsycINFO | Abstract-MEDLINE | \$Order Document
- Scheier, M F and Carver, C S, (1992). Effects of optimism on psychological and Physical well-being: Theoretical overview and empirical update. *Cognitive Therapy and Research*, 16, pp. 201–228. Abstract-PsycINFO
- Schwarzer, R and Leppin, A, (1991). Social support and health: A theoretical and Empirical overview. *Journal of Social and Personal Relationships*, 8, pp. 99–127. Abstract-PsycINFO
- Schwarzer, R and Schwarzer, C, (1996). A critical survey of coping instruments. In M Zeidner and N S Endler (Eds), (1996). *Handbook of Coping: Theory, Research, Applications* (pp. 107–132). New York,: Wiley. Abstract-PsycINFO
- Selye, H, (1976). *The Stress of Life* (rev. edn.). New York: McGraw-Hill.
- Thoits, P A, (1983). Dimensions of life events that influence psychological distress: An evaluation and synthesis of the literature. In H B Kaplan (Ed), (1983). *Psychosocial Stress:Trends in Theory and Research* (pp. 33–103). New York,: Academic Press.
- M Zeidner and N S Endler (Eds), (1996). *Handbook of Coping: Theory, Research, Mosadeghrad AM, Ferlie E, Rosenberg D, A study of relationship between job stress, quality of working life and turnover intention among hospital employees.*
- H. W. Krohnea, Stress and Coping Theories, a Johannes Gutenberg-Universität Mainz Germany
- Quality of Life Theory I. The IQOL Theory: An Integrative Theory of the Global Quality of Life Concept
- Soren Ventegodt, Joav Merrick, and Niels Jorgen Andersen, The Quality of Life Research Center, Copenhagen K, Denmark.

Websites

- <http://www.ncbi.nlm.nih.gov/pubmed/22040944>
www.wikipedia.com
<http://indembassyuae.org/>
<http://www.norkaroots.net>
<http://knrajlibrary.wordpress.com/2013/11/01/7w5/>
<http://www.ask.com/question/what-is-the-psychological-definition-of-stress>
<http://www.alleydog.com/glossary/definition.php?term=Stress>
http://userpage.fu-berlin.de/~schuez/fohlen/Krohne_Stress.pdf

