

Moderating Role of Thought Suppression Between Work Centrality, Life Role Salience and Dyadic Adjustment in Emergency Service Providers

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Dyadic adjustment is a major facilitating factor in lifestyle of Emergency Service Providers (ESP). This research hypothesized that work centrality and life role salience are likely to be positively related to dyadic adjustment of ESP and thought suppression is likely to moderate the relationship between the above mentioned. using a within group research design, a sample of 110 male emergency service providers with age range from 24 to 40 years was obtained from Rescue 1122 headquarters and two government hospitals of Lahore, Pakistan. Dyadic Adjustment Scale (Spanier, 1988); Work Centrality Scale (Paullay, Alliger, & Stone-Romero, 1994); Life Role Salience Scale (Amatea, Cross, Clark, & Bobby, 1986); and White Bear Suppression Inventory (Wegner & Zanakos, 1994); were translated in Urdu. The findings indicated that occupational role commitment has significant positive relationship with dyadic adjustment while parental and homecare role commitment has significant negative relationships with it. Hierachal Moderated Regression revealed that thought suppression significantly moderates the relationship between variables. This research offers an avenue to researchers to explore the trauma coping strategies and their influence in other healthcare professionals and implementation of couple and counseling therapies for those working under stressful conditions.

Keywords. Work centrality, dyadic adjustment, thought suppression, emergency service providers, life role salience

Widespread psychological morbidity and social dysfunction have been reported in emergency service personnel who have been engaged

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to supply helpful healthcare facilities. They aim to provide services in a safe and prompt manner to patients with life threatening conditions. Emergency service professionals work in a domain that includes usual experience of saving people who are dealing with potentially fatal and traumatic conditions. Workplace conditions for emergency service personnel customarily include exposure to repellent victim scenes, suicides and homicides, and treatment of mass casualty incident patients. How their work life influences their dyadic relations is largely neglected and least researched area.

Spanier (1988) precisely defined dyadic adjustment as a process that determines the degree of problematic differences in a couple, interpersonal tension and personal anxiety. In addition, it assesses their dyadic satisfaction, cohesion and consensus on matters. Its importance lies not only in its impact on an individual's well-being and mental health but also in its significance as a predictor of individual and family functioning.

Dyadic adjustment of emergency service personnel can be studied in this regard as they tend to sustain in the highly charged work environment and as a result the consequent stress is likely to seeps into their personal lives. Thus, couples interactions are often negatively affected by such circumstances leading to arguments, neglect, sudden outbursts of temper, and physical aggression. In order to investigate this phenomenon, the present research aims to assess role of work centrality, life role salience, and dyadic adjustment in emergency service providers. As work centrality and life role salience both are factors that are important in the context of behavioral emergencies management and crisis response, so the research also focuses on the moderating role of thought suppression in the relationship between work centrality, life role salience, and dyadic adjustment of these emergency service providers.

If a balance is not sought between work and family life it is likable that with the passage of time, such conflicts lead to decreased intimacy and lack of emotional support from the spouse. Work atmosphere and stressors are found to infuse the household and couple's interactions. Constant exposure to work dissatisfaction, stress and traumatic scenarios, emergency service providers are apt to face a state of alienation from their work. This gives way to less significance of work in their lives and more of a duty as the breadwinner of their families, ultimately leads to less work productivity and poor dyadic relationships.

Work centrality is the degree of significance of work in one's life (Paullay et al., 1994). High work centrality specifies that an individual

identifies with his work role, and views it as a significant sphere of life (Diefendorf, Brown, Kamin, & Lord, 2002). One way of exploring the numerous roles that people of all walks of life balance is through an examination of life role salience.

Life role salience refers to an individual's internalized beliefs and attitudes about the personal relevance of a role, the standards for performance of the role, and the manner in which personal resources are to be committed to performance of the role (Amatea et al., 1986).

The construct of life role salience reveals one's interest in and keenness to execute a given role it reflects on the individual as a merged whole with uncountable coexisting needs and liabilities and is therefore, a good lens to examine the numerous roles that emergency service personnel juggle while employed in harsh environmental and emotionally challenging surroundings is need of the hour (Korabik, Lero, & Whitehead, 2011).

The working life of an emergency healthcare worker is automatically designed for inspiring self-worth, caring for another individual, playing a role in helping them get better or preventing them from getting worse (de Jonge, Blanc, Peeters, & Noordam, 2008). With this type of job, however, goes an enormous amount of responsibility, psychological strains of demands both at work and at home. Now the point arises about how these individuals manage to face these strains and challenges and one answer is the role of thought suppression.

Thought suppression plays a buffering role in the life of individuals who encounter emotionally draining situations like those serving in health-care services including nursing, paramedics and social workers. In these professions there is a direct contact involved with other individual's traumatic experiences (Cordes & Doughtery, 1993). So these emergency workers in order to reduce their stress and extraordinary psychological demands tend to use thought suppression as a coping strategy (Altun & Insaf, 2002).

Emergency health care delivery in hospitals and on ground is a challenge, especially in a developing country like Pakistan with meager resources and immense financial constraints add on to life stresses. It has been observed professionals working and catering for emergency situations tend to face stress at their work places which eventually leads to emotional exhaustion. Role of thought suppression as a buffering factor is likely to be investigated in the current research.

In a nutshell, the psychological discourse about emergency provision services in the context of work centrality and life role salience is nascent, yet it provides an excellent springboard for future

investigations. The indigenous literature is limited in its scope regarding the significance of work and family life in the backdrop of Emergency Service Providers. Available literature mostly focuses on organizational commitment, job burnout, job resources; personality traits, emotional expressivity and prosocial behavior; terrorism catastrophizing on the mental health of rescue workers (Khan & Khalid, 2013) and job involvement, affective commitment, continuance commitment and normative commitment (Khan, Jam, Akbar, Khan, & Hijazi, 2010).

Although the tough work conditions of emergency service providers have been well documented (Beaton, Murphy, Pike, & Corniel, 1997; Kowalski & Vaught, 2001; Sparrius, 1992; Young & Cooper, 1995). However to fully understand the cost of human life, it is pertinent to construe the harrowing effects of time spent in the emergency departments and duration of work on the wellbeing of such personnel. With profound emphasis on physician–patient rapport and dealing with trauma inducing situations, the servicemen remain neglected in the understanding of the effects of exposure to such distressing conditions on their work, mental health, and the state of dissonance they suffer from (Burley, 1995). There is a paucity of foreign and indigenous research on this subject as well as a substantial lack of empirical evidence regarding the moderating role thought suppression. The relevant discourse is fractioned as a result of diverse areas which are explored in relation to the variables under study and the moderating role of thought suppression.

In the arena of emergency services, the literature showcases controversy and inconclusive findings regarding the connection between work centrality, life role salience, dyadic adjustment, and the moderating role of distressing thought suppression (Altun & Insaf, 2002; Amatea et al., 1986).

Objectives

The study was guided by the following objectives; investigating the relationship between the emergency service employees' perception of the centrality of their profession, importance of various life roles and corresponding dyadic adjustment: Studying the moderating effect of thought suppression in the relationship between work centrality, life role salience, and dyadic adjustment of emergency service providers.

Hypotheses

1. Work centrality and life role salience are likely to be positively related to dyadic adjustment of emergency service providers.
2. Thought suppression is likely to moderate the relationship between work centrality and dyadic adjustment of emergency service providers.
3. Thought suppression is likely to moderate the relationship between life role salience and dyadic adjustment of emergency service providers.

Method

Sample

Within group research design was used to conduct the research. The sample was comprised of 110 operational employees i.e., of emergency services departments, namely Rescue 1122 and selected government hospitals etc., falling within the age ranges of 24 to 40 years, working in emergency medical services, disaster rescue services, fire fighters services and community emergency.

Response service employees at the managerial and supervisory level in the operations emergency service departments were not be included in the sample (i.e., the persons at executive positions or assisting staff) were excluded as they are a part of the background support staff. Furthermore, their jobs are not as emotionally draining and demanding in comparison to the target population. The sample was selected through Purposive sampling. The response rate was calculated to be 82%. The marital status of the entire sample was same, i.e. all were married. The mean working hours were 7.98 hours with a standard deviation of .19.

Table 1

Demographic Characteristics of Participants (N=110)

Characteristics	f	%)
Age (in years)		
20 – 29	55	50.0
30 – 39	19	17.3
40 – 49	36	32.7
Number of Children		
0 – 2	48	43.6
3 – 5	53	48.2
6 – 8	08	7.3

Continued...

Characteristics	<i>f</i>	%
Type of Marriage		
Love	26	23.6
Arranged	84	76.4
Education		
Intermediate	45	40.9
Bachelors	65	59.1
Family System		
Joint	45	40.9
Nuclear	65	59.1
Salary (in Pakistani Rs.)		
10,000 – 19,000	5	4.5
20,000 – 29,000	61	55.5
30,000 – 39,000	9	8.2
40,000 – 49,000	19	17.3
50,000 – 59,000	12	10.9
Residential Status		
Personal	45	40.9
Official	02	1.8
Rental	63	57.3
Type of Job		
Regular	74	67.3
Contractual	36	32.7
Duration of Employment (in years)		
1 – 5	31	28.2
6 – 10	37	33.6
11 – 15	31	28.2
16 – 20	11	10.0
Emergency Service Department		
Emergency Medical Service	37	33.6
Disaster Rescue Service	35	31.8
Fire Fighters Service	26	23.6
Community Emergency Response Service	12	10.9

Note. *M* = Mean, *SD* = Standard deviation, *f* = frequency, % = percentage.

Instruments

Demographic Information Sheet. A self-constructed demographic information form enquiring about age, marital status, type of marriage, type of job, monthly income, job type, working hours, duration of job, education, residential status and family system was used.

Work Centrality Scale. The construct of Work Centrality was measured by the Work Centrality Scale developed by Paullay et al. (1994). The Work Centrality scale comprises of 27 items, five of which were taken in a modified format from Work Involvement Questionnaire. A 6 point Likert scale (6 = strongly agree to 1 = strongly disagree) with total scores ranging from 12 to 84 is constituted as a scoring format. Split half reliability yielded a correlation coefficient of .75. In a slightly elevated result, internal consistency reliability (alpha coefficient) of the scale was evaluated at .80. Reliability analyses of the scale for the current study generated a .81 as reliability. The scale was translated into Urdu for the current study as it was more understandable for sample and some of its items are:

میں اپنے آپ کو اپنے ساتھ کام کرنے کے لیے اکثر جلدی پہنچ جاتا ہوں۔ میں کام کرنے کے لیے اکثر جلدی پہنچ جاتا ہوں۔

Life Role Salience Scale. Significance attributed to life spheres other than work, such as family was assessed by utilizing the Life Role Salience Scale (Amatea et al., 1986). The assessment scale comprises of four precise subscales estimating individual's subjective expectations regarding occupational, marital, parental, and homecare roles. The subscales are designed to measures a person's commitment to the specific role. A 5 point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) is used as a response format.

The overall reliability coefficient of the scale is .96 and a validity of .80. This is in accordance with the original results by Amatea et al. (1986) who reported Cronbachs alpha coefficient values for the subscales ranging between .79 and .94, as well as previous research findings by Campbell and Campbell (1995) who reported satisfactory values ranging between .67 and .87. Reliability analyses of the subscales for the current study generated a .84, .87 and .81 as reliabilities for occupational role commitment, parental role commitment and homecare role commitment respectively. The scale was translated into Urdu and items included:

میں بچوں کی پرورش میں بہت زیادہ شامل ہونے کی توقع نہیں رکھتا۔ میں کام کرنے پا چاہتا ہوں لیکن تقاضے کا حامل پیشہ نہیں چاہتا

Dyadic Adjustment Scale. The Dyadic Adjustment Scale (Spanier, 1988) was utilized to assess the quality and nature of relationship between married or cohabitating couples. The scales' psychometric evaluation revealed a reliability of .96 and a validity of .86. It has four subscales: dyadic consensus, affectionate expression, dyadic satisfaction and dyadic cohesion and consists of six items. Its response format is designed on a 7 item self-report scale. Reliability analyses of the scale for the current study generated a .84 as reliability. The scale was translated into Urdu and some of its items are:

۱۔ زندگی کا فلسفہ۔ ۲۔ جو شیلے تبادلہ خیالات۔

White Bear Thought Suppression Inventory. The White Bear Thought Suppression Inventory (WBTSI) developed by Wegner and Zanakos (1994), a 15 item questionnaire, is constructed to estimate thought suppression. This assessment measure has its significant utility in recognizing individuals who have a tendency in developing chronic thought suppression in addition to persons who are in denial concerning their depression. It is also a valid and reliable measure to evaluate a client's progress. The WBSI is scored on a 5 point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5). The total score can range from 15 to 75.

With alphas ranging from .87 to .89, the WBSI has generated excellent internal consistencies. The WBSI is a scale possessing test-retest reliability of .92 after a one week gap, whereas a 3 week to 3 month test-retest reliability of .69. Reliability analyses of the scale for the current study generated a .94 as reliability. The scale was translated into Urdu and some of its items are:

۱۔ کچھ چیزیں ہیں جن کے بارے میں میں سوچنا پسند نہیں کرتا۔
۲۔ میں ہمیشہ مسائل کو اپنے ذہن سے دور رکھنے کی کوشش کرتا ہوں۔

Procedure

The permission for the utilization of the scales was sought from the concerned authors. The assessment measures were translated in Urdu and approved by an expert panel before implementation. The authority letter was obtained from the Institute of Applied Psychology, University of the Punjab, Lahore, which explained the nature of the research study and request for permission to collect data. This authority letter was presented to the concerned authorities of emergency services departments, i.e., Rescue 1122 and various hospitals from where the data was collected. Official permission was sought. The researcher identified the inclusion and exclusion criteria

as well as offered assurance to the participants about the utmost confidentiality of all the information obtained from them. The purpose of the research was explained to them and their consent was requested. Instructions were given to the participants. At the end, the researcher conveyed her gratitude to the administration and participants for their cooperation.

Results

The research primarily aimed to explore the relationship between work centrality, life role salience and dyadic adjustment in Emergency Service Providers. The research further aimed to investigate the moderating effect of thought suppression among work centrality, life role salience and dyadic adjustment. The data analytic strategy involved performing the following statistical analyses: Pearson Product Moment correlation to analyze the relationship between work centrality, occupational role commitment, parental role commitment, homecare role commitment and dyadic adjustment. In addition, moderated hierarchical regression was applied to assess the moderating effect of thought suppression between work centrality, life role salience and dyadic adjustment.

Table 2 indicated that dyadic adjustment has a significant positive relationship with occupational role commitment and significant negative relationship with parental role commitment and homecare role commitment. Thought suppression has significant positive relationships with work centrality and parental role commitment of the participants. Level of education has significant positive relationship with dyadic adjustment.

As evident in Table 3, for dyadic adjustment, first step included demographic variables and model was not significant. The second step model which included predictor variables (thought suppression, work centrality, occupational role commitment, parental role commitment and homecare role commitment) turned out to be highly significant and indicated that occupational role commitment and homecare role commitment are significant predictors of dyadic adjustment.

The third step model which included interactions between the moderator and independent variables i.e., thought suppression and work centrality, occupational role commitment, parental role commitment and homecare role commitment were also significant which indicated that interaction terms of thought suppression and work centrality as well as thought suppression and parental role commitment are significantly predicting change in dyadic adjustment.

Table 2
Correlation of Demographics, Work Centrality, Life Role Salience Subscales i.e., Occupational Role Commitment, Parental Role Commitment, Homecare Role Commitment, Thought Suppression and Dyadic Adjustment (N = 110)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	M	SD
1.Age	-.52***	-.06	.23*	.45***	-.22*	.04	-.32***	.49***	.38***	.09	.01	-.19*	-.29*	-.08	-.40***	-.24*	1.83	.90	
2.NoC	-	.01	.05	.08	-.16	-.04	-.081	.09	.16	.09	-.09	-.02	-.25**	-.06	-.23	-.17	1.66	.69	
3.Marriage	-	-.03	-.08	.15	.09	-.16	.00	.13	.17	.04	-.09	.11	.06	.08	.02	1.76	.43		
4.Education	-	.22*	.02	.03	.03	.15	.01	-.08	.23*	-.00	.03	.02	.02	-.21*	-.08	2.59	.49		
5.Salary	-	-.05	.00	-.17	.48***	.20*	.20*	.12	-.29**	-.18	.01	-.15	-.12	-.12	2.63	1.25			
6.FS	-	.01	.23*	-.04	-.11	-.08	.05	.07	.09	.09	-.06	.09	.09	.17	.26**	1.59	.49		
7.RS	-	-.08	-.03	.03	-.08	.13	.08	.00	.00	.07	.07	.04	.04	-.02	2.16	.98			
8.JT	-	-.29**	-.16	.07	-.09	.13	-.06	-.08	-.08	.12	.12	.16	.16	.16	1.32	.47			
9.YoE	-	.28**	.12	.09	-.14	.01	-.13	-.13	-.18	-.18	-.18	-.04	-.04	2.20	.97				
10.ESD	-	.11	.02	-.17	-.02	.06	-.02	.06	.06	.06	.06	.02	.02	.09	2.11	1.00			
11.WH	-	.03	-.06	.14	.02	.02	.02	.05	.05	.05	.05	.00	.00	.00	7.98	.19			
12.DA	-	-.07	.10	.49***	-.19*	-.19*	-.19*	-.19*	-.19*	-.19*	-.19*	-.35***	-.35***	19.63	5.72				
13.TS	-	.26**	-.04	.29**	.29**	.29**	.29**	.29**	.29**	.29**	.29**	.06	.06	57.08	9.32				
14.WC	-	.15	.22*	.22*	.22*	.22*	.22*	.22*	.22*	.22*	.22*	.06	.06	103.00	13.70				
15.ORC	-	.04	-.20*	.18.58	.18.58	.18.58	.18.58	.18.58	.18.58	.18.58	.18.58	.2.78	.2.78						
16.PRC	-	.38***	15.96	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89								
17.HRC	-											16.96	3.59						

Note. df=109; NoC = Number of Children; FS = Family Status; RS = Residential Status; JT = Job Type; YoE = Years of Employment; ESD = Emergency Service Providers; WH = Work Hours; DA = Dyadic Adjustment; TS = Thought Suppression; WC = Work Centrality; ORC = Occupational Role Commitment; PRC = Parental Role Commitment; HRC = Homecare Role Commitment.

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

Table 3

Hierarchical Multiple Regression (Moderation) Analysis of Work Centrality, Occupational Role Commitment, Parental Role Commitment, Homecare Role Commitment and Thought Suppression as Predictors of Dyadic Adjustment (N=110)

Predictors	Dyadic Adjustment	
	ΔR^2	B
Step 1	.01	
Age		-.01
No. of Children		-.05
Type of Marriage		.01
Education		.23*
Salary		.08
Family System		.04
Residential Status		.12
Type of Job		-.01
Years of Employment		.05
Emergency Service Departments		.00
Step 2	.32***	
Work Centrality		.01
Occupational Role Commitment		.44***
Parental Role Commitment		-.07
Homecare Role Commitment		-.29**
Thought Suppression		-.04
Step 3	.13***	
TS x WC		-2.31*
TS x ORC		1.06
TS x PRC		3.68***
TS x HRC		-1.01
Total R^2		.542

Note. R^2 = R Square change; β = Standardized Coefficient; DA = Dyadic Adjustment; WC = Work Centrality; ORC = Occupational Role Commitment; PRC = Parental Role Commitment; HRC = Homecare Role Commitment; TS = Thought Suppression.

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

Discussion

Emergency service providers face extraordinary circumstances in the course of their routine work. Balancing such a demanding profession amid the combined financial, familial, occupational and national strains requires utilization of strategies that tend to buffer the

negative effects of stressful life (Bellman, Forster, Still, & Cooper, 2003; Rostami, 2013).

The importance that the dyadic relationship and adjustment assumes in such personnel's psychological, occupational, parental and homecare adjustment is gaining greater prominence (Adeb-Saeedi, 2002). Cory (2007) reiterates the influence of optimal dyadic adjustment, highlighting it as important for successful adaptation after witnessing the harsh and stressful work life. Spousal support is determinant in dealing with and managing a profession as demanding as the emergency services.

The present study found that occupational role commitment is significantly associated with dyadic adjustment. This shows that a component of Life role salience, concerning professional aspect and its salience in life is correlated with dyadic adjustment. This finding is consistent with former research evidence (Akpinar, Tas, & Okur, 2013; Killian, 2008; Rothbard & Edwards, 2003).

In addition, other aspects of life role salience, namely parental role commitment and homecare role commitment, were significantly negatively associated with dyadic adjustment. This indicates that as parental role commitment and homecare role commitment increases there is a marked decrease in dyadic adjustment of emergency service providers. These findings are consistent with past research (Mojir & Pilealm, 2013). These findings demonstrate the fact that in Pakistan, the primary responsibility of taking care of the day to day needs of the children and the household is the wife's domain. She is entrusted with and expected to fulfill these responsibilities while the men, breadwinners of the family, provide the financial resources for their up keep.

This finding can also be explained in the light of role dynamics theory which explicates and define the self as a collection of identities. Identities are derived from experiences acquired from occupying a particular role. Thus, role-identities are defined as the subjective meanings that form through individuals' experiences in various roles. Parental and homecare roles though are significant aspects of an emergency service professional's identity, but do not dominate their life as there is a diffusion of responsibility, well taken care by their spouses and fitting well within the religious-cultural perspective.

The contrasting findings indicates that in the Western cultures, higher dyadic adjustment is a consequence of shared responsibility regarding various life domains unlike in Pakistan, where regardless of the nature of a man's occupation, the primary child rearing and household responsibility is on the woman's shoulders.

Analysis based on hierachal moderated regression indicated that interaction term of thought suppression and work centrality significantly predicts change in dyadic adjustment. This finding is in line with the previous research (Davis & Rusbul, 2001). It indicates that the relationship between work centrality and dyadic adjustment was strengthened due to the presence of thought suppression. Personnel employed in providing healthcare services, especially in emergency situations, may experience conflicts in their personal lives due to highly tense and nerve wracking work hours. As suppression of unpleasant and traumatic experiences and images takes place, the significance of work remains consistent, thereby enabling the continuance of harmonious relations with spouses (Cory, 2007).

According to the theory of Role Dynamics, role overload due to constraints of time poses serious familial and occupational problems for the emergency service providers. The combined demands of their numerous life roles coupled with distressing conditions at work are moderated by utilizing a coping strategy called though suppression (Alexander & Klein, 2001; Killian, 2008).

In addition, hierachal moderated regression analysis also revealed that there is an interaction term of thought suppression and parental role commitment which in turn is significantly predicting change in dyadic adjustment. Global empirical research provides ample evidence in line with our findings (Alexander & Klein, 2001; Wegner & Zanakos, 1994). It can be aptly stated that in the light of the above mentioned findings the hypothesis that thought suppression is likely to moderate the relationship between life role salience and dyadic adjustment in emergency service providers is partially supported by the statistical outcome as only a single component of life role salience i.e., parental role commitment had an interaction with the moderator and dyadic adjustment.

Some of the findings generated by the current study were contrary to available literature (Akpinar, Tas, & Okur, 2013; Tosun & Ulusoy, 2017). This offers a new dimension to explore and obtain unanimous results in the context of emergency service professionals. The current study offers an insight into the lives and trauma alleviating strategies of the people who are involved in this profession on a daily basis. It also provides empirical support to the emergency service personnel use of thought suppression in the course of their work and its buffering consequences on their dyadic and parental roles.

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Conclusions

The findings coupled with global empirical literature support the hypothesis that work centrality is positively associated with dyadic adjustment of the emergency service providers. The maintenance of significance of work and an individual's optimal performance are imperative for a satisfied dyadic life. Occupational role commitment was found to be significantly associated with dyadic adjustment as well. This further strengthened the claim that dyadic adjustment is greater for those who have a determined stance and commitment towards their work.

The results further revealed that interaction term of thought suppression and work centrality is significantly predicting change in dyadic adjustment. This is evident of the impact of trauma inducing thoughts on the emergency service personnel and the alleviating influence of thought suppression. Interaction term of thought suppression and parental role commitment is significantly predicting change in dyadic adjustment. This implies that thought suppression also strengthens the relationship between parental role commitment and dyadic adjustment. During the course of the analysis thought suppression has emerged as a significant moderator between work centrality and dyadic adjustment as well as that between parental role commitment and dyadic adjustment.

Limitations

The generalizability of the study is low due to selective nature of the organizations from where the study sample was recruited.

Implications

The study offers an avenue for researchers to explore the trauma coping strategies and their influence on people employed in emergency healthcare professions. Thought suppression can be implemented in couple and counseling therapies to the employees providing emergency service providers.

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