Proactive coping and preventive coping: Evidence for two distinct constructs

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Aim: Proactive coping and preventive coping are the two most commonly researched forms of future-oriented coping that have informed health and well-being research in recent years. However, inconsistent results have emerged regarding the dimensionality and distinctiveness of these constructs as measured with the Proactive Coping Inventory (PCI), which has implications for research conducted with these measures. This research aimed to inform these discussions by empirically assessing the factor structures of both proactive and preventive coping to investigate their dimensionality and distinctiveness. Design: Quantitative survey methods were utilised as this form of data collection is well-suited to capturing individuals' thoughts and perceptions on a range of psychological constructs. Method: Three independent samples were surveyed on measures of proactive and preventive coping, personality (optimism and neuroticism), and psychological strain. Sample 1 (N = 181) was comprised of undergraduate university students, Sample 2 (N = 282) was a convenience sample recruited through online networks and university sources, and Sample 3 (N = 345) was comprised of employees from not-for-profit organisations involved in health and community service work. Results: Using Confirmatory Factor Analyses (CFA) in AMOS, the results in Sample 1 revealed proactive and preventive coping were both uni-dimensional constructs, and produced a good fit to the data with the deletion of poor-performing scale items. The results of Sample 2 and Sample 3 validated the revised versions of these two measures. Across all three samples, the best fitting CFA models were those in which the items loaded on their respective factors, justifying the distinctiveness of proactive and preventive coping. Conclusions: These results contribute to recent discussions by demonstrating proactive and preventive coping are both uni-dimensional constructs as measured by the PCI, and the conceptual distinctions are supported empirically. The revised versions of the scales present a shorter tool for the assessment of both proactive and preventive coping.