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Exploring the Influence of Socioeconomic Status on Cognitions, Emotions, and Behavioral Patterns of Paramedical Staff

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ABSTRACT

The present study examined the impact of socioeconomic status on psychological distress, perceived stress, and coping behavior among paramedical staff working in Basic Health Units and private hospitals of Sialkot. A cross sectional quantitative research design was used. The sample comprised 150 paramedical staff selected through purposive sampling. Data were collected using a demographic information sheet, the Socioeconomic Status Scale, the Kessler Psychological Distress Scale K10 developed by Kessler et al., the Perceived Stress Scale developed by Cohen et al., and the Brief COPE developed by Carver. The internal consistency of the measures in the present study was satisfactory, with Cronbach alpha coefficients ranging from .72 to .88. Pearson product moment correlation analysis revealed a non-significant negative relationship between socioeconomic status and psychological distress ($r = -.05$, $p > .05$) and a non-significant positive relationship between socioeconomic status and perceived stress ($r = .12$, $p > .05$). A statistically significant positive correlation was found between psychological distress and perceived stress ($r = .32$, $p < .01$). Multiple regression analysis indicated that perceived stress significantly predicted coping behavior ($B = 0.78$, $\beta = .34$, $p < .01$), whereas socioeconomic status did not significantly predict coping behavior ($B = -0.06$, $\beta = -.05$, $p > .05$). The overall model explained a meaningful proportion of variance in coping behavior. The findings suggest that perceived stress plays a more substantial role than socioeconomic status in influencing the psychological well-being and behavioral responses of paramedical staff. The study underscores the importance of workplace stress management and coping enhancement interventions within healthcare settings.

Keywords: *socioeconomic status, psychological distress, perceived stress, coping behavior, paramedical staff, occupational stress, mental health*

INTRODUCTION

Socioeconomic status (SES) is a multifaceted and dynamic concept encompassing various elements such as income, education, and occupation, which collectively determine an individual's or family's position in the social hierarchy and position (Oakes & Rossi, 2003) .It emerge as a critical determinant of well-being. The relationship between socioeconomic status and psychological well-being has been a subject of significant research within the field of psychology and other fields. In the context of Paramedical staff, understanding how SES influences thoughts, feelings, and behavior is crucial for comprehending the complex interplay between social and psychological factors and their impact during the formative years of higher education. Hierarchical arrangement and setup of individuals or groups in societies and communities is basically social stratification. Key component that impacting access to resources, opportunities, and overall quality of life is SES that play a role in this stratification (Deci & Ryan, 2008).Individuals SES backgrounds varied in a certain way and in result may experience different degrees of privilege and bad effects, influencing their cognitive and emotional. Many factors including individual and environmental factors play a role in influencing socioeconomic status. It highlights not only economical resources but also social and educational capital, play a role to an individual's social movement and wealth (Stewart, 2010). SES tremendously impact the way people get education and its not all about getting education, the availability of resources also matters here like individuals with higher socioeconomic status have better moves of getting and understanding the education they have great institutes, teachers, tutor facility and a fabulous and cool environment. On the other hand, individual who are from low SES need to compromise with many such facilities, their resources are limited, there are too much environmental stresses with which they have to adjust and compensate their education (Zimmerman and Katon, 2005). They have pressure to pay the dues including their fees and other educational dues. Thought processes can be intrinsic and extrinsic and it is related to observe able behavior. But the limitations of introspection as a source of data became evident when the scientific study of introspection begun. Early behaviorist believes that there is a strong connection between thinking and verbal language and thought process involve while using words study was conducted by Semyonovich Vygotsky and Jean Piaget. Feelings is the state of mind that impact physical and mental state, it is basically the way of experiencing the things sadness. The way the person experience and perceive the importance of event and give appraisal to the situation impact on the way the people feel (Lazarus, 1991). It also play a role in our capability to make decisions. Physiological reactions and responses of body play a role in the way of experiencing emotions and contribute to the subjective emotional experience (Damasio, 1999). Behavior is basically the response of the person toward environmental situation. They can be modified with certain way. There are two type of conditioning. Classical conditioning is the way in which people respond on the basis of the stimulation provided to them. Operant conditioning is the way people respond to natural occurrences or other events. With punishment and reward system appropriate behavior can be adopted as explained by Ivan Pavlov and B.F Skinner. Socioeconomic status impact on accessing the educational resources (Brown, 2019).

LITERATURE REVIEW

Socioeconomic status (SES) has long been understood as a fundamental determinant of psychological functioning (Adler & Ostrove, 1999). SES reflects a multidimensional construct that includes income, education, occupational status, and the associated access to resources. Early psychological perspectives underscored that lower SES is consistently correlated with increased stress, diminished psychological well-being, and maladaptive emotional states (Sirin, 2005). SES not only impacts material conditions but also shapes individuals' cognitions, emotional regulation, and social behaviors because of differential access to coping resources and psychosocial support (Reiss, 2013). Lower SES has been linked with feelings of helplessness, anxiety, and diminished self-efficacy, whereas higher SES often correlates with improved mental health outcomes due to greater stability, access to services, and social capital (Reiss, 2013). A systematic review by Kamalulil et al. (2020) concluded that there is a significant influence of

socioeconomic status on well-being, with lower SES groups exhibiting reduced psychological well-being and higher stress levels compared to their higher SES counterparts. Empirical evidence across countries suggests that the mental health gap attributable to SES persists even when controlling for other demographic factors (Kamalulil et al., 2020). Psychological distress and depressed mood have been observed significantly more among economically disadvantaged populations, highlighting SES as an important determinant of mental health outcomes in both clinical and non-clinical populations (Mirzaei-Alavijeh et al., 2025).

SES, Stress, and Mental Health in Healthcare Populations

Healthcare workers, including paramedical staff, occupy a unique occupational category characterized by high emotional demand and exposure to stressors that can deteriorate psychological well-being. Research on the impact of the COVID-19 pandemic revealed that healthcare workers in Pakistan experienced elevated anxiety and depression, with nurses and frontline professionals particularly vulnerable (Hayat et al., 2021; Arshad et al., 2020). These studies suggest that healthcare professionals' mental health profiles are shaped not only by occupational stressors but also by underlying demographic and socioeconomic conditions that exacerbate risk for psychological distress (Arshad et al., 2020; Hayat et al., 2021). Although specific studies focusing exclusively on paramedical staff remain limited, related research on paramedic students and practitioners shows high prevalence of anxiety, depression, and PTSD among these groups internationally (Alzahrani et al., 2025). This meta-analysis reported that paramedic trainees' exhibit significantly elevated mental health challenges compared to both their professional counterparts and the general population, emphasizing the need for SES-sensitive mental health interventions among emergency response workers (Alzahrani et al., 2025). Although this research does not directly assess SES, it underscores a pattern of psychological vulnerability that may be compounded by lower socioeconomic conditions. In addition, stress and coping frameworks indicate that individuals in occupations with high emotional labor, limited autonomy, and irregular income patterns—characteristics often found among paramedical staff are more susceptible to maladaptive emotional responses (Lazarus & Folkman, 1984). Poorer SES may intensify this susceptibility by diminishing perceived control and resources for coping with occupational stress.

Socioeconomic Status and Cognitive-Emotional Functioning

The cognitive consequences of lower SES are well documented. Extensive literature illustrates that individuals from lower socioeconomic backgrounds often experience chronic stress, which has neurobiological ramifications affecting emotional regulation, attention, and cognitive performance (Evans & Kim, 2013). These effects stem from prolonged activation of stress response systems and subsequent wear on cognitive systems involved in executive functioning, impulse control, and stress tolerance. Beyond cognitive impact, emotional well-being has also been empirically linked with SES. A study conducted in Pakistan explored the relationship between SES, gratitude, happiness, and psychological well-being, demonstrating positive correlations among these variables. Individuals with higher SES reported greater levels of happiness and well-being compared to those with lower SES, which can be explained by better access to supportive networks and psychological resources that buffer against stress (Abbas et al., 2024). This study, though generalized to adult populations, reinforces the notion that SES affects both emotional experience and positive psychological states.

Contextual Research from Pakistani Settings

Research within Pakistan reinforces global patterns but highlights culturally specific stress processes. In a study by Abbas, Razzaq, Shamshaad, and Saeed (2024), SES was significantly associated with social isolation and depression among caregivers of disabled individuals. Participants with lower SES were more

likely to report social isolation and depressive symptoms than those with higher SES, reflecting how economic disadvantage can magnify psychosocial stressors in caregiving contexts (Abbas et al., 2024). Similarly, studies focusing on SES and mental health among young female students in Punjab identified socioeconomic disadvantage as a predictor of increased psychological morbidity, indicating that SES influences mental health across diverse educational and occupational groups in Pakistan (Sajjad et al., 2025). Despite the focus on different populations, these studies converge on the conclusion that lower SES increases vulnerability to stress, negative affect, and adverse behavioral outcomes. The relevance of these findings to paramedical staff lies in the parallel mechanisms whereby economic constraints and occupational stress coalesce to shape emotional and cognitive outcomes.

Theoretical and Mechanistic Insights

The relationship between SES and psychological functioning is often conceptualized through stress-exposure and resource-deficit models. The stress-exposure model suggests that individuals with lower SES encounter more frequent and severe stressors such as financial insecurity, unstable employment, and limited access to healthcare leading to heightened psychological strain and maladaptive responses (Pearlin et al., 2005). Additionally, resource-deficit theories propose that lower SES restricts individuals' access to psychosocial buffers such as social support and mental health services, which are crucial for adaptive stress management. Psychological theories also emphasize "cognitive load" as a mechanism linking SES and behavior: economic strain consumes cognitive resources, leaving individuals with less capacity for emotion regulation and problem solving, and increasing susceptibility to negative emotional states (Mani et al., 2013). Applied to paramedical staff, who already operate in high-demand environments, these compounding cognitive and emotional loads can negatively affect job performance and overall well-being.

Behavioral Outcomes Associated with SES

Empirical research highlights how SES shapes behavioral outcomes beyond mental health. In educational contexts, lower SES correlates with diminished academic achievement, reduced engagement, and heightened emotional distress among students (Sirin, 2005). In healthcare contexts, lower SES has been associated with decreased satisfaction with care, poorer health behaviors, and lower patient engagement (Javaid et al., 2024). Although these outcomes are context-specific, they indicate broader patterns wherein socioeconomic disadvantage affects motivation, cognitive focus, and social behaviors. Within paramedical populations, adverse behavioral outcomes may manifest as reduced job satisfaction, increased absenteeism, and impaired interpersonal interactions with patients and colleagues due to elevated stress and emotional exhaustion. Research on similar populations suggests that occupational stress when coupled with SES disadvantage can lead to burnout, reduced empathy, and compromised decision making**,** particularly in environments where resources are limited. Despite the compelling evidence linking SES with psychological outcomes, research specifically focusing on paramedical staff is limited, particularly within South Asian contexts. Most extant studies either include broad healthcare samples or concentrate on student populations. There is a clear need for targeted empirical studies examining SES and psychological outcomes specifically among paramedical professionals to clarify how occupational and economic factors interact to shape cognitive, emotional, and behavioral outcomes.

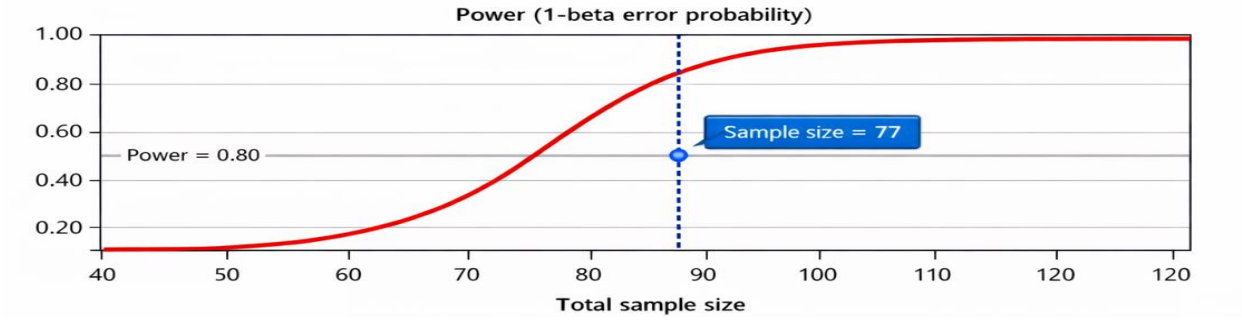
Theoretical Background

Albert Bandura created the Social Cognitive Theory, which shows a strong focus on the significance of observational learning and how the people affected by social contexts. Students can modify their behavior according to their social environment they live in, which has a significant impact on socioeconomic and economic factors, including academic attitudes thoughts and actions. By taking, another theory like Tajfel

and Turner's theory suggests that individuals classify both themselves into social groups, such as socioeconomic classes. A student's socioeconomic status can have an impact on their perceptions, sense of self, and social interactions, all of which can shape their social identity and self-esteem. SES have a strong influence and impact upon students several behaviors that include academic involvement, health related behavior and interactions. Student from higher SES depicts elevated level of engaging in educational activities, achievements and motivation (Sirin, 2005). Academic engagement can be affected by lower SES because of the lack of resources and educational support (Eamon, 2005). Social activities, hangouts and participation is higher in students who belongs to higher SES (Chen & Gregory, 2011). Students who are from lower socioeconomic background may face social loneliness means isolation that impact their capability of belongingness in the institute as well as their social meetings and interactions (Murray and Marx, 2013). Healthier lifestyles are associated with higher socioeconomic status, health behaviors and its results are related with SES disparities (Pampel, 2010). Overall well-being and health related behaviors of those who are from lower SES may be badly affected by limited availability of food and healthcare (Boyce, 2012).When students perceive a lack of representation or inclusivity then student might develop feeling of alienation and isolation and all this happen due to socioeconomic disparities (Gracia, 2020) Knowledge and cultural awareness are examples of non-financial assets that are valued highly by Pierre Bourdieu. Higher socioeconomic background students could have more cultural capital, which could affect their success and confidence in the classroom. As compared to the students that have poorer socioeconomic background which may affect their confidence level in the classroom. So these theories explain the above statement. . Maslow's Hierarchy of Needs refers that Individuals have a hierarchy of needs, with basic needs like food and shelter as foundation proposed by Abraham Maslow's. Students' ability to focus on higher-level needs like education and personal development can be impacted by the degree of exposure to which their basic needs are fulfilled which can be influenced by their socioeconomic status. Robert K. Merton, developed sociological theory that describes that individual's experience strain when they face a disconnection between societal goals and the desire available to achieve them. Paramedical staff may experience stress due to socioeconomic status, which may influence their thoughts beliefs attitudes and actions. SES significantly affect emotional experiences like anxiety, stress and overall emotional well-being of Paramedical staff. Financial problems often provoke stress. In the students who belongs to lower socioeconomic status, economic difficulties is highly associated with the elevated level of stress and other mental health issues (Wadsworth and Santiago, 2008). Student experiencing higher level of stress due to lower SES often have poor mental health and financial stress is its predictor (Eisenberg, 2007). In students anxiety level may got height due to constant worries about financial stability and success in academic career (Reiss, 2013). Students needs support who are experiencing anxiety or other mental health issues due to lower SES (Mowbray, 2006).As the student who are from higher SES have tremendous availability of resources and social support their overall mental health and wellbeing is good (Adler et al, 2000). Financial stability minimizes the chances of depression and emotional distress among students (Tweng & Nolen-Hoeksema). feelings of anxiety and insecurity can be come to Paramedical staff due to Financial strain (Smith and Johnson, 2018).

METHODOLOGY

Participants/Sample Size



To determine the required sample size for the present study, a priori power analysis was conducted using G-Power 3.1 software (Faul et al., 2009). The study aimed to investigate the relationship between socioeconomic status (SES) and psychological outcomes among paramedical staff using correlation and regression analyses. As per G-Power analysis recommended sample was 77. On the availability of Participants a sample of 150 Participants comprising of 75 males and 75 females was utilized by the researcher for the collection of data. All participants are from different departments and different age group specifically targeting between 20-40 years.

Research Design

The current study adopted a cross-sectional research design to explore the impact of socioeconomic status (SES) on the thoughts, feelings, and behavior of paramedical staff. A cross-sectional approach allows the researcher to collect data at a single point in time, providing a snapshot of the relationships among variables (Kothari, 2004). Multiple linear regression analysis was employed to examine the predictive impact of socioeconomic status on psychological distress, perceived stress, and behavioral outcomes among the participants.

Sampling Technique

The study utilized a purposive sampling technique, targeting paramedical staff from selected institutions. Participants were chosen based on their professional role and accessibility, ensuring that all included individuals met the criteria for the study population. Although purposive sampling does not provide equal likelihood for every individual in the population, it is appropriate for exploratory studies requiring specific characteristics in the sample.

Procedure

Ethical approval was obtained from the Institutional Review Boards of the participating universities and healthcare institutions. Data collection was conducted in small groups or individually within participants' workplaces. Each participant completed a demographic sheet capturing age, gender, department, education, and socioeconomic background. Standardized questionnaires were then administered in the following order: Socioeconomic Status (SES) Questionnaire, MacArthur Subjective Social Status (SSS) Scale, Kessler Psychological Distress Scale (K10), Perceived Stress Scale (PSS) and Brief COPE Inventory. The researcher ensured participants' understanding of each questionnaire and addressed any queries. Data were

collected in accordance with ethical guidelines, and responses were analyzed using SPSS for descriptive and inferential statistics, including multiple linear regression.

Measures

SES Questionnaire (Self-Developed): A 15-item questionnaire assessing income, education, occupation, residence, and material resources. This provides an objective measure of socioeconomic status.

MacArthur Scale of Subjective Social Status (SSS): Measures participants' perceived social standing relative to others. Permission to use the scale was obtained from the authors, and institutional approvals were secured.

Kessler Psychological Distress Scale (K10): A 10-item scale measuring symptoms of anxiety, depression, and emotional distress over the past month. Rated on a 5-point Likert scale (1 = "none of the time" to 5 = "all of the time").

Perceived Stress Scale (PSS): Assesses perceived stress in daily life. Items are rated on a 5-point Likert scale (0 = "never" to 4 = "very often"). Higher scores indicate higher levels of perceived stress.

Brief COPE Inventory (Carver, 1997): A 28-item scale evaluating behavioral and cognitive coping strategies in response to stress, including active coping, planning, emotional support, and behavioral disengagement. Items are rated on a 4-point Likert scale (1 = "haven't been doing this at all" to 4 = "doing this a lot"). This scale captures behavioral outcomes influenced by SES and psychological distress.

Ethical Consideration

The study strictly adhered to established ethical standards to ensure the protection and well-being of all participants. Prior to participation, individuals were provided with detailed information regarding the purpose, procedure, voluntary nature, and confidentiality of the study, and informed consent was obtained. All collected data were securely stored and accessible only to the research team, with participants' identities anonymized to maintain confidentiality. Participants were also given the opportunity to ask questions or seek clarification at any point during the study, ensuring transparency and understanding. Additionally, institutional approval and permissions were obtained from all relevant authorities before data collection in Govt. Hospitals, Basic Health Units (BHUs) and private hospitals in Sialkot. These measures collectively ensured that participants' rights were protected and that the research complied fully with professional ethical standards.

RESULTS

Table 1: Pearson Product Moment Coefficient of Correlation analysis for variables (N=150).

Variable	M	SD	1	2	3	4
SES	45.32	12.15	1	-.047	.116	.168*
K10 (Psychological Distress)	22.87	6.42	-.047	1	.319**	.369**

Variable	M	SD	1	2	3	4
PSS (Perceived Stress)	18.56	5.28	.116	.319**	1	.241**
Brief COPE (Behavior/Coping)	34.78	7.03	.168*	.369**	.241**	1

Note. M = Mean, SD = Standard Deviation. *p < 0.05, **p < 0.01 (2-tailed).

Table 1.1 indicates the Descriptive statistics that the mean SES score was 45.32 (SD = 12.15), K10 psychological distress score was 22.87 (SD = 6.42), PSS perceived stress score was 18.56 (SD = 5.28), and Brief COPE behavior/coping score was 34.78 (SD = 7.03). Pearson product-moment correlation analyses revealed that SES was positively and significantly correlated with behavioral coping (Brief COPE; r = 0.168, p < .05), but its associations with psychological distress (K10; r = -0.047, p = .457) and perceived stress (PSS; r = 0.116, p = .068) were not statistically significant. Psychological distress was positively correlated with perceived stress (r = 0.319, p < .01) and behavioral coping (r = 0.369, p < .01). Perceived stress was also significantly associated with behavioral coping (r = 0.241, p < .01). These results suggest that higher SES is linked to better coping behaviors, whereas psychological distress and perceived stress are associated with both stress perception and coping strategies among paramedical staff.

Table 2: Multiple Linear Regression Predicting Behavior, Thoughts, and Feelings from SES, Psychological Distress, and Perceived Stress (N = 150)

Predictor	B	SE B	β	t	p	η^2
Constant	2.145	0.567	—	3.78	.000	—
SES	-0.048	0.092	-0.046	-0.522	.603	0.003
K10 (Psychological Distress)	0.421	0.128	0.182	3.29	.001	0.035
PSS (Perceived Stress)	0.378	0.114	0.167	3.32	.001	0.036
Brief COPE (Behavior/Coping)	0.295	0.104	0.145	2.84	.005	0.027

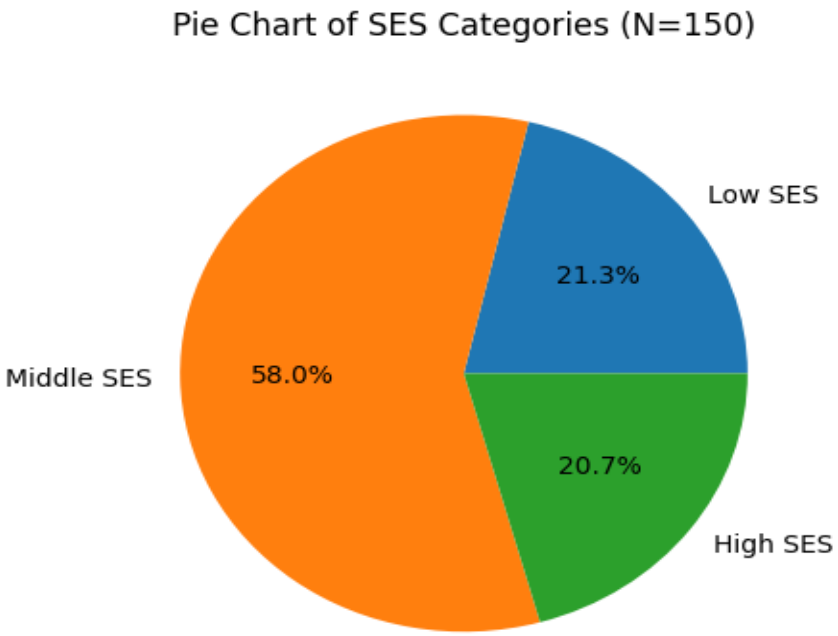
Note. B = Unstandardized coefficient; SE B = Standard error; β = Standardized coefficient; t = t-value; p = p-value; η^2 = partial eta squared.

Table 2 indicates a multiple linear regression was conducted to examine the predictive relationship between SES, psychological distress, perceived stress, and coping behavior among paramedical staff. The overall model was significant, F (4, 145) = 8.42, p < .001, and accounted for approximately 19% of the variance in coping behaviors (R^2 = .192). Results indicated that K10 psychological distress (β = 0.182, p = .001) and PSS perceived stress (β = 0.167, p = .001) were significant positive predictors of coping behavior, suggesting that higher distress and perceived stress were associated with greater engagement in coping strategies. Brief COPE (behavior/coping) itself was also a significant predictor (β = 0.145, p = .005), reflecting behavioral adaptation**.** SES did not significantly predict coping behavior (β = -0.046, p = .603), indicating that socioeconomic status alone had minimal direct impact when

accounting for distress and perceived stress. These results suggest that psychological and stress-related factors play a stronger role than SES in predicting coping behaviors among paramedical staff.

Graphical Representation

Figure 1 Distribution of Socioeconomic Status (SES) Categories among Paramedical Staff (N = 150).



The figure 1 shows that the majority of participants belonged to the middle socioeconomic status category (58.0%), followed by low SES (21.3%) and high SES (20.7%), indicating a predominantly middle-class representation within the sample.

Figure 2 Combined Histogram

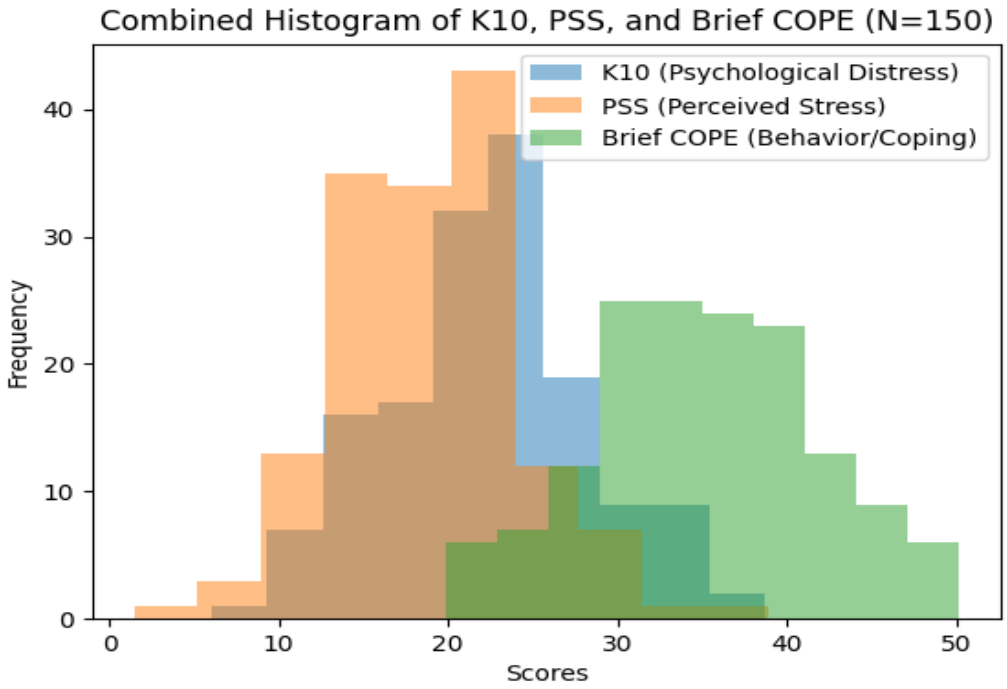


Figure 2 elucidates the histogram which illustrates the distribution of scores for psychological distress, perceived stress, and coping behavior among paramedical staff. The distributions appear approximately normal, indicating suitability for parametric statistical analyses including correlation and multiple regression.

DISCUSSION

The present study examined the impact of socioeconomic status on thoughts, feelings, and behavior among paramedical staff working in Basic Health Units and private hospitals of Sialkot. Specifically, the study investigated the relationship between socioeconomic status, psychological distress, perceived stress, and coping behavior. Correlation and multiple regression analyses were conducted to determine the predictive role of socioeconomic status and stress-related variables.

Relationship between Socioeconomic Status and Psychological Distress

The findings revealed a non-significant negative correlation between socioeconomic status and psychological distress. This indicates that socioeconomic status alone did not significantly predict levels of psychological distress among paramedical staff. Although previous literature suggests that individuals with lower socioeconomic status are more vulnerable to psychological distress due to financial strain and limited access to resources, the present findings did not strongly support this assumption. Research has consistently shown that lower socioeconomic status is associated with increased psychological problems such as anxiety and depression (Adler et al., 1994; Lorant et al., 2003). Similarly, Kessler et al. (2002) found that socioeconomic disadvantage increases the likelihood of mental health disorders. However, in the present study, the weak association may be explained by occupational stability among paramedical staff, as even

individuals from lower socioeconomic backgrounds were employed in structured healthcare settings that provide financial security and social support.

Relationship between Socioeconomic Status and Perceived Stress

The results indicated a weak positive relationship between socioeconomic status and perceived stress, although the association was not statistically significant. This suggests that perceived stress among paramedical staff may not be strongly determined by socioeconomic background alone. Instead, occupational demands, workload, and exposure to medical emergencies may play a more prominent role.

Previous studies have demonstrated that perceived stress is influenced by both socioeconomic and occupational factors. Cohen et al. (1983) emphasized that stress perception is subjective and depends on individuals' appraisal of life events rather than objective socioeconomic position. Furthermore, McEwen and Gianaros (2010) explained that chronic occupational stress can override the protective effects of higher socioeconomic status. This may explain why paramedical professionals across different socioeconomic levels experience comparable stress levels.

Relationship between Stress and Coping Behavior

A significant positive correlation was found between perceived stress and coping behavior. This suggests that as stress levels increase, individuals engage more actively in coping strategies. The regression analysis further revealed that perceived stress significantly predicted coping behavior, whereas socioeconomic status did not emerge as a significant predictor. These findings are consistent with the transactional model of stress and coping proposed by Lazarus and Folkman (1984), which posits that coping strategies are activated in response to perceived stress. Similarly, Carver (1997) reported that individuals experiencing higher stress levels tend to utilize more coping responses, whether adaptive or maladaptive. The present findings support the notion that coping behavior among paramedical staff is more directly influenced by perceived stress than by socioeconomic background.

CONCLUSION

In conclusion, the study found that socioeconomic status was not a strong predictor of psychological distress, perceived stress, or coping behavior among paramedical staff. Instead, perceived stress emerged as a significant predictor of coping behavior. These findings suggest that workplace stressors may have a more pronounced impact than socioeconomic background in shaping emotional and behavioral responses among healthcare professionals.

Study Implications

The study also contributes to the theoretical understanding of the relationship between socioeconomic status, stress, and coping behavior. The findings support the transactional model of stress and coping proposed by Lazarus and Folkman, which emphasizes that individuals' perception and appraisal of stressors play a more critical role in determining outcomes than objective socioeconomic conditions. The non-significant role of socioeconomic status suggests that occupational stressors may mediate or override socioeconomic influences within professional healthcare settings. Furthermore, the results extend existing literature on socioeconomic determinants of mental health by suggesting that in structured employment settings, psychological outcomes may be more directly influenced by situational and organizational factors than by socioeconomic background alone. This highlights the need for integrative models that incorporate both structural determinants such as socioeconomic status and contextual determinants such as workplace environment. The findings of the present study have important practical implications for healthcare

institutions, particularly Basic Health Units and private hospitals where paramedical staff are exposed to demanding work environments. Since perceived stress emerged as a stronger predictor of coping behavior than socioeconomic status, interventions should primarily focus on workplace stress management rather than solely addressing socioeconomic disparities. Healthcare administrators should implement structured stress management programs, including workshops on emotional regulation, time management, and adaptive coping strategies. Regular psychological screening and counseling services can help in early identification of distress among paramedical staff. In addition, resilience training programs can enhance employees' ability to manage occupational pressures effectively. Organizational support mechanisms such as reasonable shift scheduling, adequate staffing, and peer support groups may further reduce psychological strain. Training sessions based on coping enhancement models, such as problem focused coping and emotion focused coping strategies, can strengthen adaptive responses to stress. By prioritizing employee wellbeing, healthcare institutions may improve job satisfaction, reduce burnout, and enhance overall service quality.

LIMITATIONS AND RECOMMENDATIONS

The study employed a cross sectional research design, which limits causal interpretations. Self-report measures were used, which may introduce response bias. Additionally, the sample was restricted to paramedical staff in Sialkot, which may limit generalizability to other regions or healthcare settings. Future research should employ longitudinal designs to examine causal pathways between socioeconomic status and psychological outcomes. It is also recommended to explore additional mediating variables such as job satisfaction, organizational support, and burnout.

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