The latest snapshot of research in 2014: Carreno, Ge, & Borthwick, (In press) investigate the potential of various taxation measures in influencing individuals' car purchasing decisions. K-Cluster means analysis was employed to identify population segments according to their psychological preparedness and importance attached to situational factors in their future decisions to purchase a Low Emission Vehicle (LEV), or not. The result revealed that there are three distinct segments- Pro-Greens (33.6% of the sample), Maybe-Greens (20.2%) and No-Greens (46.2%). Pro-Greens were more psychologically prepared to purchase LEV's than the other two segments, whose future car purchasing decisions were primarily driven by situational factors (vehicle characteristics, performance, etc.).

Luger et. al., (2014) examine medical incidents and psychological issue in a field crew living in a desert environment similar to Mars and in Mission Support Center (MSC) personnel on “earth” during a 4-week mission. Psychological results show that emotions and stress remained stable in both groups. Sympathy, social competence, teamwork, and leadership showed high scores. These scores were lower on "Earth" but significantly increased in the last weeks. MARS2013 was a successful mission with highly motivated participants and minor medical incidents. The researchers recommend that medical and psychological preparedness is made to reduce risks for field crew members and MSC personnel.

Bouchard (2014) conducted a study on 151 couples expecting their first child to investigate a 2-mediator model: partners' relationship adjustment and changes in relationship adjustment, which were both associated with the quality of their parenting alliance. The study revealed that relationship adjustment is foundational to couples’ psychological preparedness for co-parenting.

Dutton, Rowan, Liddy, Maranger, Ooi, Malcolm, & Keely, (2014) explore type-2 diabetic patients’ expectations and experiences surrounding discharge from specialized diabetes center back to primary care. One-to-one semi structured interviews were taken of 12 patients with type-2 diabetes who had been discharged from the Tertiary Care Diabetes Referral Centre. Patients' psychological preparedness for discharge existed on a spectrum from low to high readiness. Many expressed a desire for improved communication surrounding the discharge plan, and some wished to have input into the discharge decision.
Review of Literature & Problem

It is more than clear that psychological preparedness has been accepted as an intervening variable for the successful outcome of various nature, such as; co-parenting, mission success, future purchase of a vehicle and discharge from hospital.

Identified Trends (1978-2014)

The selected studies presented in the Table-2.1 reveal that there is a vast heterogeneity in past studies related to the phenomenon of psychological preparedness, its measurement, study design/methodology and the variables involved etc. To present a clear picture of these studies all the presented studies are concise into three important headings.

Area of Psychological Preparedness studies: - (I) Psychological preparedness and Health, (II) Psychological preparedness and Disaster and (III) Psychological preparedness and General life situation. The numbers in parentheses are Sr. No. of studies in Table-2.1.

1. **Health related studies:** - The highest number of studies, i.e., 19 was related to health area. These are divided into three categories: (a) Health care professional (Nursing), (b) Caregivers of chronically ill patients and (c) Patients of chronic illness.

   Health care professionals’ studies (22, 23, 24, 25, 40 & 44) show that preparedness helps professional/nursing students in making their future career in the mental health field/rural area. Preparedness also helps nursing students in reducing anxiety, changes in attitude towards mental illness etc.

   Studies of caregivers of chronic illness patients (4, 8, 27, 30, 33, 36 & 47) show caregiver mutuality, caregivers’ health, communication, concern, self-efficacy, anxiety, age of care givers are related to preparedness. Psycho-education helps caregivers become well prepared or to deal with a patient’s illness, effects the patient’s recovery and reduces patient’s problems.

   Preparedness of patients of chronic illness (9, 16, 17, 19, 35 & 41) was related to the impact (like hair loss in cancer), intervention, re-entry and leaving the hospital. The results of these studies show that better prepared for leaving hospital help patients to return their work faster, were high on vitality and low on health related distress. Readiness for intervention reduced depression in HIV patients and lack of preparedness was related to distress.
II. Disaster related studies: - Seventeen studies related to Natural disaster (earthquake, flood, heat waves, gush katif, hurricane, Katrina, tsunami, hazards) and man-made disaster (War time, terrorism and torture) are included in this particular group (2, 3, 6, 11, 12, 13, 14, 15, 26, 29, 31, 32, 37, 38, 39, 43 and 45). These studies revealed that perceptions about risk/disaster, hazard awareness, training program, unit/group cohesion, social support, future disaster planning, old experience/exposure to hazards, age, family-Joint/extended, self-efficacy, risk communication were related to better preparedness or resilience building.

III. General life situation related studies: - Psychological preparedness is a phenomenon widely studied in health and disaster area, but some studies were related to general life situations, like: Retirement, future care-giving responsibility, career management preparedness, preparedness for parenting, preparedness for future teaching pedagogy, educational preparedness, job change, repatriation, job mobility, wife’s death and immediate isolation. Reported studies (1, 5, 7, 10, 18, 20, 21, 28, 34, 42, 46, 48, 49 and 50) revealed that future orientation, knowledge, planning, secure attachment, proactive personality, age, leader-member exchange, good communication, intervention, high optimism, greater social/physical activities, higher life satisfaction were positively related to preparedness. The lower level of preparedness was significantly related with distress, attachment, insecurity, anxiety, risk of psychological morbidity, numbness, sleep disorders, repeated painful memories.

Thus, in the literature of psychological preparedness, patients, health care professionals and caregivers are studied in health related themes; preparedness matters in disaster management and job/career is the third theme.

Psychological Preparedness and moderating variables of research: - Theoretical article support relation between resilience and preparedness, but very limited empirical studies found on these variables (18, 32, 43 and 45). Chiabburu, Bakers, Pitaria (2006) found that proactive personality and career self management (developmental feedback-seeking and job mobility preparedness behavior) was mediated by career resilience. Similarly Broussard & Mayers (2010) demonstrated that past experience/exposure to Hurricanes are hoped for better preparedness/increased awareness or building resilience. Osinubi, et al. (2012) found better prepare/support soldiers to optimize their resilience and reduced deployment-related exposure.
Review of Literature & Problem

corns. Studies (13, 21, 27, 35, 45 and 46) try to find some relation between psychological preparedness and self-efficacy. These studies found that self-efficacy significantly predicted preparedness for change (Schyns, Torka & Gossiling, 2007); active intervention can improve self-efficacy and preparedness for behavior change (Stern et al, 2008); preparedness and self-efficacy significantly predict mood disturbance (Jones, 2010); self-efficacy are increasingly targeted as part of natural hazard preparedness (Steven, Agho et al. 2012).

Personality and preparedness are also related to each other. Study no 5 and 18 demonstrated a significant relation between these variables. Hershey and Mowen (2000) found that both knowledge and personality characteristics together influence financial preparedness.

Studies no. 5, 6, and 49, respectively, study role of future orientation and optimism in relation with preparedness. Hershey & Mowen (2000) study revealed that future orientation clearly has a direct impact on individual retirement preparedness. High levels of preparedness and high optimism associated with higher life satisfaction (Noone, Loughli, & Kending, 2013).

Three different notions appear among the variables:

I. Precursors of psychological preparedness, e.g., past experience and proactive personality.

II. Preparedness helps in building resilience, awareness, reduces distress, improves performance, job etc. Thereby assuming a role of moderator for intervention.

III. Several correlates act as mediators in both above, e.g., self efficacy, future orientation & optimism etc.
The Problem

The concise review suggests that psychological preparedness research is dominated by context of health and disaster. Very few studies of psychological preparedness phenomenon focus on general life situations. The phenomenon of psychological preparedness lacks empirical evidence for the prediction of better performance for future outcomes. However, past researches show that high psychological preparedness results into positive outcomes such as lack of anxiety & psychological symptoms, high satisfaction etc. Limited studies focus on preparedness and variables, like resilience, temperaments, self-efficacy, unrealistic optimism, and future orientation. A notable gap is that although psychological preparedness has emerged as an important phenomenon in emergency situation or critical events, but till now individual psychological preparedness has not been vigorously studied from day-to-day life (competitive exam, semester exam, job joining etc.) The review also depicts a scattered position of the concept of psychological preparedness and a well woven construct eludes-could it be due the absence of a general measure or tool of psychological preparedness except Archbold’s preparedness for care giving scale and Wynaden’s preparedness for mental health field (PMHF). Event an area specific questionnaire ranging from single item to multi item is in practice. There appears a need for construct validation for psychological preparedness. Following questions arise after collecting details review on psychological preparedness:

- Whether psychological preparedness is a personality trait or anything else?
- Whether psychological preparedness help in reducing anxiety, high satisfaction or predictor of success/failure for upcoming future events?
- Whether moderators like (Resilience, mobility, lability, self-efficacy, unrealistic optimism, and future orientation) play a crucial role in predicting success/failure or not?

In view of the above researches a model of psychological preparedness was proposed.
The present research was aimed to assess predictive validity of psychological preparedness with the criterion as success/failure or performance level/coping on upcoming life event, episodes and stage. Thus the problem was stated as:

To estimate the predictive validity of psychological preparedness for future task outcome vis-a-vis moderator.

**Objectives**

The major objectives of the study are:

1. To study the construct of psychological preparedness.
2. To study the moderators (resilience, mobility, lability, self-efficacy, time perspective and unrealistic optimism) of psychological preparedness for task outcomes.
3. To study the predictive validity of the test scores and the construct of psychological preparedness for the future task outcome.
Hypotheses

I. Either a general component or a multi componential model is likely to emerge.

II. Moderators will be part of a variate.

III. There shall be a significant or sizeable correlation between psychological preparedness and task outcome.