Stress has become a central dependent variable in organisational behavior research. In recent years, research interest in occupational stress, coping and health has grown considerably. Job-related stress is inevitable in working life today. It occurs whenever a person has inadequate stress management and need frustrating working environment. In many job situations, particularly in human services, high levels of stress are an integral and largely unavoidable component of the work (Cooper & Payne, 1978). The literature on occupational stress has revealed many different classes of job-related stressors and related them to issues as job satisfaction and worker productivity (Beehr & Bhagat, 1985). Many researchers found that job-related stress factors are related to variables like role ambiguity, role conflict, employee performance and satisfaction, work overload, need for achievement and organizational effectiveness (Dunnette, 1976; Ghosh, 1981; and Mohanty, 1986).

The development of role stress consists of psychological and physiological changes within people that derive from the interaction of people and the jobs and which result in deviations from normal functioning (Beehr & Newman 1978). Stress among organisational members may stem from a positive event, e.g., a promotion, and be associated with a favorable outcome, e.g., increased effort (Schuter, 1980), however its troublesome facets hold particular importance. Role conflict, ambiguity and overload have been studied as antecedents of occupational or role stress (e.g., Brief & Aldog, 1976; Bedian, Armenakis & Curran, 1981, Ivancevich, Matteson & Preston, 1982, Orpen & Bernath, 1987). Physiological responsiveness to psychological stress might be involved in the etiology of Coronary Heart Disease (CHD) or essential hypertension (Schneiderman, 1983). Much of occupational/Organizational role stress emphasized its effects on health (Dembroski, 1984; Caplan, 1985). Numerous studies...
have been conducted on the negative aspect of occupational stress. On the physical health of employees, stress is associated with high blood pressure and coronary heart diseases (CHD) (Beehr & Newman, 1978; House, 1974). Nervousness, tensions and anxiety were found to be related with stress (Pestonjee, 1987, Sharma & Sharma, 1984, Savita & Asnani, 1993). The ill effects of stress also include absenteeism, turnover, accidents, low productivity and job dissatisfaction (Ahmad et al., 1991, Ahmad & Ahmad, 1992; Ahmad & Khanna, 1992, Frasen, 1983). Most of the Western studies demonstrated the effects of stressors or burnout in relation to job anxiety and satisfaction (Bateman & Stressor, 1983, Cohen, 1984, Powell, 1972). Studies on different occupational groups have shown that different organizational stressors are positively related to general or job anxiety. Empirical studies in India have dealt with Role Stress and Job satisfaction (Dharmangadan, 1988; Mishra & Singh, 1987; Pareek, 1983, Pestonjee & Singh, 1982, Sharma & Sharma, 1984). Available evidence suggest that investigators concentrated their studies either on role conflict, role ambiguity as stressors with other organizational variables (Harigopal & Ravi Kumar, 1978, Shamir, 1980, Singh & Agarwala, 1981, Tharakan, 1988) However studies have not probed into with relation to Organisational Role Stress, Type-A Behaviour Pattern, Coping and Psychological Well-Being. Consequently, it is difficult to identify from the existing literature the relevant research for the variables investigated in the present study. However, every possible effort has been made to club the related studies at appropriate points in the Chapter.

6.1 CORRELATION ANALYSIS

6.1.1 Organisational Role Stress and Psychological Well-Being

It is evident from Table 5.1 that a strong, positive relationship of Organisational Role Stress with Negative Affectivity, T-Anxiety and Anger-In has emerged which means that higher the Organisational Role Stress, higher will be the Negative Affectivity, Anxiety and Anger-In(suppressed). Organisational Role Stress was strongly, but negatively related with Positive Affectivity and On-the-Job satisfaction that infers that higher the Organisational Role Stress lower will be Positive Affectivity and On-the-job satisfaction (see Fig 5.1) French and Caplan (1973), Caplan
and Kenneth (1975) found a significant positive relation among role ambiguity, general anxiety and depression. Dunham (1978) concluded that psychological symptoms of anxiety and role conflict are positively and significantly related. Gavin and Axelord (1977) also reported that high level of anxiety is positively associated with different stresses (also see Sharma and Sharma 1983, 1984). Srivastava (1983) showed that high stress group among white collar employees showed higher anxiety than its low stress counterparts. Chattopadhyay, Probal and Dass (1983) found subjects with anxiety neurosis as having significantly higher stress scores than normal for both recent and remote events. Sharma and Sharma (1987) studied the magnitude and pattern of the relationship between then organizational role stress and two indicators of psychological well-being (anxiety and job satisfaction) on groups of senior bureaucrats and technocrats. They concluded that overall organizational role stress was positively related to job anxiety in both the occupational groups but to general anxiety in the case of technocrats only.

Watson and Clark (1984) reviewed extensive evidence that high Negative Affectivity individuals are more likely to experience significant levels of distress and dissatisfaction at all times and in any given situation, even in the absence of any overt stress. According research indicate that Negative Affectivity is strongly correlated with perceived stress and health complaints (e.g., Clark & Watson, 1988, Watson, 1988a, Watson, Pennebaker & Folger, 1987). Generally speaking, perceived stress measures have a strong subjective distress component and correlate significantly with Negative Affectivity scale (Dohrenwend & Shrout, 1985, Schroeder & Costa, 1984, Watson, 1988a, Watson et al., 1987). It therefore seems likely that stress symptom's correlations partly or largely reflect their overlapping with Negative Affectivity component. Bhagat, McQuaid, Lindholm, and Segous (1985) concluded that high Negative Affectivity individuals experience more negative total life stress, including more negative job and personal stress (see also Brief & Atien, 1987). Negative affectivity was found to be positively related with job stress and job strain and the observed relationships between this stress and strain measures were considerably inflected by Negative Affectivity (e.g., Brief, Burke, George, Robinson, and Webster, 1988). These correlations are consistent with the suggestions by others that Negative Affectivity may not just be a psychometric bother in job stress research but, rather a
theoretical variable with which to be reckoned. Generally, this is implied by Dohrenwend, Dohrenwend, Dodson, and Shrout's (1984) assertion that "some life events...are consequences of personal dispositions" (P-22). More directly, Depue and Monroe's (1986) analysis of life stress research suggested that Negative Affectivity is the trait of concern. Finally, Staw, Bellm, and Clawen (1986) found that on Negative Affectivity-type measure taken in early adolescence is predictive of overall job satisfaction in later adulthood (r = 0.37, p < .01), thus providing strong empirical evidence for a causal link between Negative Affectivity and an often examined consequence of job or occupational stress. Watson (1988) examined correlates of negative affect (Negative Affectivity) and positive affect (Positive Affectivity) through both within and between subject's analysis, of 80 subjects (34 male and 46 female) introductory psychology students of Southern Methodist University. The within-subjects results of this study, as well as the very similar findings of Clark and Watson (1986), indicate that Negative Affectivity is strongly correlated with perceived stress. This correlation is open to various interpretations. One commonsensical notion is that current pressure and stress raises one's Negative Affectivity level. This explanation is in line with considerable research on how minor stresses or hassle's effect one's self-reported health and well-being (Cohen, Kamarck, & Mermelstein, 1983; Delongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Eckenrode, 1984; Kanner et al., 1981). This view may have some validity. But, as with any correlation, causality cannot be easily or simply inferred. Conversely, it may be that high state Negative Affectivity causes one to perceive and evaluate events more negatively. Katharine Parkes (1990) found that Negative Affectivity was not strongly associated with perceptions of high demand, but when high Negative Affectivity-individuals perceived high levels of affective distress, whereas their low Negative Affectivity counterparts did not show this reactivity. Also the strong interaction between work demand and Negative Affectivity found in this study (Katharine Parkes, 1990) is consistent with the concept of Negative Affectivity as an index of vulnerability or reactivity to work stress, an idea originally put forward by Spielberger et al., (1970) Brief et al., (1988) did not test for interactive effects, but other researchers have also found significant interactions between work load and measures of Negative Affectivity (e.g., Parsuraman & Cleek, 1984), and analogous findings have been reported in the life stress literature.
A strong positive relationship of Organisational Role Stress with Anger-In emerged. However, the relationship of Organisational Role Stress with Anger-Out, Anger-Control and Anger-Expression was not at all significant. There are a few studies that directly or indirectly support the findings of the present study. Keenan and Newton (1984) and Ceechi (1984) have found that role stress, negative self-image contributes to the higher level of anger reaction and hostility. The overall pattern of correlations for the three Ax-dimensions with blood-pressure has indicated that holding anger-in was associated with higher blood pressure. Specially holding anger-in may have strong impact on blood pressure or essential hypertension (Gentry et al., 1981, 1982, Carol, 1984, Spielberger et al., 1985, Ploeg et al., 1985, Dimsdale et al., 1986). Positive correlations were also found between Ax-In scores and two blood pressure measures for both males and females (William et al., 1980). Total anger expression has been found to be positively associated with elevated blood pressure and hypertension (e.g., Harberg et al., 1973, Gentry et al., 1982). The research on psychological factors in Coronary Heart Disease has a broad focus encompassing demographic variables, social stress, anxiety and depression (Jenkin, 1976, Julius & Esler, 1975, Kones, 1979; Kuchel, 1977). Here, it may be pointed out that not only in Indian settings but also in western settings, the relationship of stress and anger expression has not been adequately explored.

Findings that have been summarised in Table 5.1 depict that a significant, negative relationship emerged between Organisational Role Stress and Positive Affectivity, as well as between Organisational Role Stress and On the job satisfaction. In other words, the greater the perceived stress in organisational roles, the lesser is the Positive Affectivity and on the job satisfaction. Although Positive Affectivity has emerged as a major factor in mood research, it has been relatively less studied as a personality dimension. It is important to emphasize, however, that perceptions of stress correlate only with Negative Affectivity and remain independent of variations in Positive Affectivity (David Watson, 1988). Apparently one can continue to lead an active and interesting life (high Positive Affectivity) even in the face of perceived stress and strain. Kaplan and his colleagues (Kaplan & Camacho, 1983; Kaplan & Kotler, 1985, Kaplan & Reynolds, 1988) suggested that low Positive Affectivity may play
some role in the development of cancer. Specifically, Reynolds, Kaplan, and Cohen (1988) found that low level of life satisfaction and overall happiness (i.e., Low Positive Affectivity) were associated with both cancer incidence and mortality among women. Negative Affectivity— but not Positive Affectivity—is related to self-reported stress and (poor) coping (Clark & Watson, 1986; Kanner, Coyne, Schaefer & Lazarus, 1981; Wills, 1986), health complaints (Beiser, 1974; Bradburn, 1969; Tessler & Mechanic, 1978).

The finding that Organisational Role Stress is negatively related with on the job satisfaction is consistent with the earlier studies on different occupational groups using different stress measures (Boyenga, 1979, Burke, 1977; Futrell & Parasuraman, 1981; House and Rizzo, 1979; Johnson & Stinson, 1975, Kahn et al., 1964; Margolis, 1974; Lee & Schuler, 1980, Miler & Petty, 1975. Gavin and Axelord (1977) found that job stresses have positive relationship with job dissatisfaction. Zamorade et al., (1981), found that job stress adversely effected satisfaction. Salvendy (1983) reported that high job satisfaction minimized the occupational stress. Rippe (1983) showed that the teachers with more stress and lack of role clarity had low job satisfaction. However, Orpen & Bernath (1987) found that role conflict and role ambiguity was not significantly related with job satisfaction in block supervisors working in South African Coal Mines. Recent studies showed that, in different occupational groups, organizational role stress and job-satisfaction have a significant, positive relationship (e.g., Bersani & Leais, 1985; Chen-Chin-Zue1985, Terracine, 1985, Fordhan, 1986; and Adams, 1983). In India also, it has been reported that different types of role stresses and job satisfaction have a negative relationship (e.g., Pestonjee & Singh, 1982; Surti, 1983, Singh et al., 1981, Mishra, 1987, Jagdish, 1987). Sharma and Sharma (1983, 1984) also confirmed that job satisfaction and role stress is negatively related, but this relationship was stronger with on the job facet of satisfaction than off the job satisfaction.

6.1.2 Type-A Behaviour Pattern and Psychological Well-Being

Type-A Behaviour Pattern was positively related to T-Anxiety, Negative Affectivity and Anger-out that implies that persons who were oriented toward Type-A
behaviour pattern will experience greater T-anxiety, Negative Affectivity and Anger-out. Relationship of Type-A behaviour pattern with positive indicators of Psychological Well-Being (i.e., Positive Affectivity, Job-Satisfaction) were not significant.

Jenkins (1983) investigated the relationship among anxiety, depression, neuroticism and Type-A behavior pattern. He reported fairly high correlations among all these characteristics. Baken, Dearbon, Hastings and Hamberger (1984) reported that depression and anxiety in Type-A’s varies as a function of sex-orientation; and locus of control. Sood (1989) reported that Type-A Behaviour Pattern was positively related to trait-anxiety, which implies that the persons who were oriented toward Type-A Behaviour Pattern will experience greater trait anxiety than those with Type-B orientation. But on the other hand Jonas (1987) reported that Type-A’s did not differ from Type-B’s on measures of anxiety. Caplan and Kenneth (1975) reported that the relationship between work load and anxiety was greater for Type-A persons but non-significant for Type-B persons. Abush and Burkhead (1984) investigated the relationship among midwife working women’s Type-A (Coronary-prone) Personality perceived job characteristics and feeling of job tension. They found significant relationship between job tension and Type-A personality. Motowidlo, Packord and Manning (1986) in a study on stressful events found that Type-A Nurses simply feel more anxious and depressed regardless of their reactions to the events or amount of stress they experience. Some studies have dealt with Type-A/B classification vis-à-vis other indicators of well-being such as depression, headache, self-esteem, etc. (Hicks & Campbell, 1983, Valliant & Leith, 1986) with predictable results. Moreover, such studies must consider positive indicators of Psychological Well-Being and multi-measures' approach be preferred.

A substantial number of studies, both perspective and cross-sectional, have demonstrated significant association between depression and Coronary Heart Disease (i.e., Type-A Behaviour Pattern), e.g., Bakker & Lavenson, 1967, Thomas, Ross & Duszynski, 1975, Zyzanski, Jenkins, Ryan, Flesscis, & Everist, 1976. Other studies have found significant relation between anxiety and Coronary Heart Disease (e.g., Brahm, Chandler, & Wolf, 1969, Medahe et al., 1973). Such characteristics as depression and anxiety are often overlooked in studies of the coronary-prone pattern;
even worse, the concept of a Type-A style is something inappropriately stretched to try to include them, resulting in definitional confusion. Suls and Sanders (1988) pointed out that the positive association between Type-A behaviors and self-reported symptoms is amenable to an important interpretation. Costa and McCrae (1985, 1987), and Watson and Pennebaker (1959) showed those people with a neurotic disposition (i.e. High in Negative Affectivity) tend to over report physical symptoms but are no more 'sick' than non-neurotics. Rather, neurotics are semantically over concerned, pay close attention to minor internal sensations, label them as possible signs of disease, and tend to amplify pain. It is of interest that high scores on Type-A measures also score high on measures of neuroticism or Negative Affectivity (Byrne & Rosenman, 1986, Carmody, Hollis, Matarazzo, Fey & Connor, 1984, Smith, Houston & Currawsoi, 1983, Suls & Wan, 1989) Thus, Suls and Sanders(1988) suggested that the positive relationship between Type-A and physical symptoms may be the result of neurotic(Negative Affectivity) over reporting of symptoms and not the incidence of more disease among Type-As (see also Smith, O'keefee & Allred, 1989) Suls and Macro(1990) found that Negative Affectivity failed to independently predict diagnosed illness or visits, and statistically controlling for negative affectivity did not alter the predictive effects of Type-A Carmody et al., (1984) reported that Type-A measured with the JAS and the FTAS was correlated with negative affectivity (see also Suls & Wan, 1989)

Dembroski, MacDougall, Williams et al., (1985) found hostility and anger-in to be significantly and positively associated with risk of Coronary Heart Disease, including Angtha symptoms Rosenman (1986) provided evidence that relates the sympathetic nervous system to hypertension and hostility/anger dimensions to the pathogenesis of hypertension, coronary heart disease (i.e. Type-A behaviour pattern). The role of anger and hostility is less well elaborated in coronary heart disease than in essential hypertension Recent evidence suggests that hostility may be a highly significant component of the Type-A (coronary-prone) Behaviour Pattern. Research findings also suggest that anger and hostility contributes to the pathogenesis of hypertension (e.g. Crane, 1981) and Coronary Heart Disease (Mathews, Glass, Rosenman & Bortner, 1977, Spielberger & London, 1982). Siegel (1984) examined the relationship between anger and elevations in cardiovascular risk among 213
adolescents. Results support the multidimensional nature of anger and the associations of the dimensions of anger with indicators of cardiovascular risk. Baker, Dearborn, Hastings and Hamberger (1984) reported that Type-A behaviour pattern positively correlated with various estimates of anger, hostility and masculine sex-role orientation. Earlier Hare et al., (1979) reported that coronary prone individuals seem to be more characteristically aggressive, prone to channel emotional arousal into action and probably less anxious when provoked. Mac Dougall, Dembrskil, Dimsdale and Hackett (1985) had reported that the global Type-A Behaviour Pattern (coronary prone) was completely unrelated to extent of Coronary Artery Disease (CAD), while potential for hostility and anger-in were significantly independent predictors of disease severity.

McCann, Woolfolk, Lehrer and Schwartz (1987) studied male and female undergraduate to find out the relationship between anger and Type-A men and women. Results revealed that women scored higher than men on the Assaultiveness subscale. Women showed higher correlations between Type-A and anger, guilt subscale, while men between Type-A and suspiciousness. Thus the relationship between type-A and suspiciousness. Thus the relationship between Type-A and anger/hostility can vary with gender. Jonas (1987) had reported that Type-As did not differ from Type-Bs on self-report measures of experienced anger/hostility and anxiety. However, Type-A did differ from Type-Bs on the following Max-coded expression measures: Type-As expressed less hostility across all the emotion induction conditions than Type-Bs. Type-As when angry were rated as more expressive vocally. Greenglass (1987) examined the relationship between Type-A behavior and anger, and between occupational demands and job anger, in 133 female managers. State and trait anger were also assessed, as were state anxiety, depression, job satisfaction, absenteeism, and intention to turnover. Results showed that sex discrimination was a significant occupational stressor in Type-As and associated with job anger when social support from one's boss was low. With increasing support, Type-As were less likely to report anger when discrimination was high. Results demonstrate that social support can function as a buffer against anger.
6.1.3 *Coping and Psychological Well-Being*

It has been found in the present study that "Approach" coping is significantly and positively related with On-the-Job Satisfaction and Positive Affectivity. In other words "Approach" coping influences positive indicators of Psychological Well-Being significantly and positively. On the other hand 'Avoidance' coping is found to be significantly and positively related with negative indicators of Psychological Well-Being i.e. Negative Affectivity and T-Anxiety. But no such relationships emerged for 'Avoiders' with T-Anger. Thus it is clear that 'Avoiders' have higher Negative Affectivity and T-Anxiety.

Above finding is supported by the findings of Sen (1982), who found that 'Approach' coping modes have positive relationship with role efficacy, effective role behavior and job satisfaction. Srivastava & Singh (1988) also concluded that the approach coping markedly alleviated and avoidance coping strategies intensified the harmful effects of role stress on mental health. This study was conducted on a sample of 300 industrial supervisors. Folkman and Lazarus (1980), in a study of the stress and coping experiences of 100 middle-aged men and women, found that work-related stressors more commonly elicited problem focused modes of coping which health stressors were more often associated with emotion focused modes. Highly significant positive relationship has been reported between approach styles and internality and between avoidance style and externality (Sen, 1982; Surti, 1983). Approach styles have high correlation with optimism and negative correlation with attention (Sen, 1982).

Felton and Revensons'(1984) finding also supported these outcomes, they stated that maladaptive coping styles and mental health are mutually enforcing. Aldwin and Revenson (1987) indicated bidirectionality in the relation between coping and psychological symptoms. They found that those in poorer mental health and under greater stress used less adaptive coping strategies (escapism or avoidance). Some of the studies have found that problem focused coping decreases emotional distress, whereas emotional focused coping increases it. (Felton & Revennsion, 1984; Mitchell,
Others, however, have reported the opposite pattern (Baumi, Fleming & Singer, 1983; Marrero, 1982). Menaghan (1982) daily encounter usually has been more than one implication of well being and more than one option for coping (e.g., Folkman, Lazarus, Dunkel Schetter, DeLongis & Gruen, 1986). However, people use not just approach avoidance behaviour or defensive processes to cope with the complex demands and constraints of a given stressful encounter, but a wide range of cognitive and behavioural strategies that have both problem solving and emotion regulating functions (e.g., Felton, Revenson & Hinrichsen, 1984; Folkman & Lazarus, 1980, 1985, Folkman, Lazarus, Dunkel Schetter, DeLongis & Gruen, 1986, Vitaliano, Russo, Carr, Maiuro & Becker, 1985). Only a few studies have reported buffering effects of coping (e.g., Billing & Moos, 1981; Pearlin et al., 1981; Pearlin & Schooler, 1979) whereas others have not (e.g., Andrews, Tennant, Hewson, & Vaillant, 1978, Menaghan, 1982).

In the present study age condition has not been controlled and no age grouping was done. Folkman and Lazarus (1988) reported age differences in the effects of coping on emotion. For example, positive reappraisal was associated with a decrease in distress (in disgust/anger) and an increase in positive feeling in the younger group and with a worsened emotion state (more worry/fear) in the older group. Confrontive coping was associated with increased distress in the above mentioned emotions in the younger groups, but it showed no association with the emotion state in the older group. Planful problem solving was associated with less negative emotion and more positive emotion. One explanation for this association is that people can begin to feel better when they turn to the problem that is causing distress (cf. McCrae, 1982).

Another set of studies (not directly related to the present study) are available. For example, thoughtful analyses by Scheier and Carver (1987) and by Peterson, Seligman, and Vaillant (1988) gave testimony to the personality centered principle that the tendency to be optimistic in the face of negative events/stressful encounters can be an asset with respect to long-term adaptational outcomes such as subjective well-being and somatic health. These authors suggest that optimists use different coping strategies than pessimists; they place a greater emphasis on sustained, problem-focused strategies such as acceptance/resignation only when the situation is appraised as uncontrollable. Such variables need to be considered in future research in India.
Collins, Baum and Singer (1983) found that the residents of Three Mile Island who persisted in problem-focused efforts after a nuclear accident showed more psychological symptoms than residents who used emotion-focused or cognitive coping. Given the circumstances, there was little to be done to found that problem-focused coping has little effect on emotional distress but decrease subsequent problems. George, Scott, Turner and Gregg (1980) investigated the relationship between avoidant-vigilant coping and the outcome of dental surgery. They found that vigilant coping have an overall slower heating rate, and that of the psychological variables examined, ‘Vigilant’ was the strongest (negative predictor of overall healing) after the degree of physical trauma induced by the surgery was statistically partialled out. Mullen & Sule (1982) found rejection (avoidance) strategies to be effective when outcome measures were immediate or short term, whereas attention (approach) strategies were found to be more effective when the outcome measures were long term.

In Indian socio-cultural milieu, Singh and Sinha (1986) reported that coping styles represented by a cheerful and optimistic work-orientation and Yogic resources were negatively correlated with the dimensions of strain. Roth and Cohen (1986) found that ‘approach’ coping behavior is associated with increased distress and with non-productive worry, however, avoidance coping behavior can interfere with appropriate action when there is the possibility of affecting the nature of threat. It has been found that emotion-oriented coping styles was positively related to both state and trait anxiety as well as to depression and task oriented coping was negatively related to state anxiety (Endler & Parker, 1990c) Generally, it is believed that emotion-focused coping styles may increase emotional distress, while problem-focused styles may decrease emotional distress (Folkman & Lazarus). Some other studies found that problem (task) focused coping was positively related to well-being and emotion-focused coping was negatively related to well-being in stress situations (Felton & Revenson, 1984, Mitchell et al., 1983) It was reported by Lobel, Gilat, & Endler (1993) individuals who used emotion-oriented coping styles more frequently, experience greater distress, while task-oriented and avoidance-oriented coping styles were not related to the distressful reactions.
Carver, Scheier and Weintraub (1989) found that active coping and planning were positively associated with optimism, the feeling of being generally able to do something about stressful situations, self esteem, hardiness and Type-A; active coping was inversely associated with trait-anxiety. Billings and Moos (1984) found that coping responses directed towards problem solving and affective regulation were associated with less severe dysfunction, whereas emotional discharge responses, more frequently used by women, were linked to greater dysfunction. Averill (1973), Silver and Workman (1980a) found that emotion-focused coping alters the meaning of a situation and thereby enhance the individual’s sense of control over his or her distress. Anderson (1977) suggests that the lower levels of distress and better performances achieved are associated with the use of particular types of coping strategies, specifically, more task centered behaviors and fewer emotion centered behaviors.

Any one stressful event, even an ordinary change the actual situation and persisting in trying to do so was, therefore, unrealistic and unproductive. On the other hand, emotion-focused or cognitive coping processes, such as distancing, denial, avoidance, or positive reappraisal, fit the requirement of the situation better. Another study (Strentz & Auerback, 1988) also confirmed that sometimes and in given contexts problem-focused coping may be less serviceable than emotion-focused coping.

6.2 PARTIAL CORRELATION ANALYSIS

6.2.1 Moderating Effect of Type-A Behaviour Pattern on the relationship of Organisational Role Stress with various indicators of Psychological Well-Being

In partial correlation analysis, the moderating effect of Type-A behavior (JAS) pattern on the relationship of Organisational Role Stress with various indicators of Psychological Well-Being did not emerge. This is because the nature or direction and magnitude of these relationships did not differ between Type-A’s and Type-B’s (Table 5.3). In other words, Type-A behavior pattern did not significantly moderate the relationship of the Organisational Role Stress with different negative (Negative Affectivity, T-Anxiety, T-Anger) and positive (PA, JS) indicators of Psychological Well-Being. However, it is worth mentioning here that though Type-A behavior
pattern did not emerge as a significant moderator but trends were there. The failure of Type-A behavior pattern to serve as a moderator is somewhat surprising in view of the past evidence concerning the impact of that measure with similar statistical analysis. Byrne (1991), Rees and Smith (1991), Jamal (1990) reported Type-A behavior pattern as an important moderator of stress-strain/well-being relationships. However, Krantz, Contrada, Hill and Friedler reviewed the current status of Type-A behavior pattern and suggested that Type-A may not be a potent risk factor but the specific components of Type-A such as hostility as well as mode of anger expression (Anger-in) have been related to Coronary Heart Disease and stress-strain outcomes or well-being. To some extent results of this study are supported by the study of Froggatt and Cotton (1987) in which they investigated the effects of Type-A behavior pattern on role overload induced stress and its outcomes or performance. Results of this study do not support those of previous correlation studies that concluded that Type-A individuals stress-strain outcome is similar to that of Type-Bs. Hurrell (1985) examined the moderating effects of the Type-A behavior pattern on the relationship between paced work and psychological disturbances or well-being. No evidence of a Type-A moderating effect was found. However, further research on different occupational groups would be required with different measures of Type-A behavior patterns to arrive at a firm conclusion and in different situational contexts.

The review of the literature reveals that Type-A behavior pattern always remained an important moderator of stress-strain/well-being relationship. Knodewatt, Hays, Cheman and Wysocki (1984) assessed the degree of perceived role stress, extent of recent life changes, physical health, and Psychological Well-Being of Type-A individuals and Type-B individuals. Results showed that work stress and life changes interacted with Type-A behavior pattern in predicting symptomatology. Type-As under high stress reported more psychological impairment and health problems than high stress Type-B's or low stress Type-A's and B's. Also, the results reinforce the importance of situational factors when studying type As Ivanceivich, Matteson and Preston (1982) also reported that Type-A behavior pattern moderates the stressor (environment)/outcome relationship in the for job satisfaction at different managerial levels and in different nursing specialties (see also Baglioni, Cooper and Hingley, 1990, Cooper and Baglioni, 1988, Cooper, Kirkcolder and Brown, 1994).
Robinson and Inkson (1994) investigated the relative influence of various stressors, individual difference variables in the overall health and found that Type-A/Type-B differentiation plays an important role in the outcome. Swerland and Cooper (1993) also identified the moderating role of personality factors in the relationship of role stress and psychological ill health and job dissatisfaction (see also Robertson, Cooper, William, 1990). Noboru et al., (1992) reported that buffering or exacerbating effect of Type-A/B personality on stress-strain relations varied between genders, across job positions, and/or across the type of stress at work and distress.

6.2.2 *Moderating effect of Copying styles on the relationship of Organisational Role Stress with various indicators of Psychological Well-Being*

In partial correlation analysis the moderating effect of copying styles on the relationships of Organisational Role Stress with various indicators of Psychological Well-Being elicit not emerge. This is because of the fact that the nature or direction and magnitude of these relationships did not differ between Avoiders and Approachers (Table 5 4). In other words copying style (Avoidance/Approach) did not significantly moderate the relationship of Organisational Role Stress with various negative and positive indicators of Psychological Well-Being. Though copying styles could not emerge as significant moderator in this study, trends were these towards moderation.

Above finding is supported by the study conducted by Shinn, Rosario, Morch and Chestnut (1984) in which a mail survey of the human service strain and “burnout” produced by job stress There was no evidence for moderating(interaction) effects of coping on stress-strain relationship. Pearlin and Schooler (1978) studied the effectiveness of coping in reducing psychological strain in work situations because of work stress and found that coping had little effect on strain resulting from work. Similarly, Pines and Aronson (1981) found that most individual coping strategies used by human services professionals had either no association or positive association with burnout. These finds are not simply statistical accidents. Perling, Lieberman, Menaghan, of Mullan (1981) also comment on the limitation of individual coping moderation In the workplace, where many influential stress factors are beyond an individuals control, the individual copying strategies that Pearlin and Schorter (1978)
and Pines and Aronson (1981) studied may be less potent than what we call. Higher level strategies involving group coping (social support) or entire organisation. As Caplan (1974) and Caplan and Killilea (1976) noted, support systems may aid members in mobilizing their psychological resources, mastering strain, sharing tasks, and obtaining information skills and other important supplies, thus eliminating to some extent the moderating effect of individual coping strategies. However, empirically, individual level coping responses seem to reduce strain directly and buffering effects have by and large faceted to appear (Felton, Revenson & Hinrichsen, 1984; Pearlin and Schostel, 1978, 1979).

The result of this study are consistent with Berkely Planning Associates (1977) finding that poor supervision and communication were the most potent predictors of burnout amount child abuse workers and with Shapiro’s (1982) suggestion that good supervision is an important antidote to burnout. It may be that workers in an organisation accept the unique forms of stress they are subject to as part of their professional role but react with alienation, dissatisfaction, and psychological symptoms to administrative stressors, which they regard as more avoidable. Although individual coping may not have much impact in work situations, social support may be useful in counteracting burnout or negative stress-strain/well-being outcomes.

6.3 ANALYSIS OF VARIANCE

6.3.1 Analysis of Variance for Negative Indicators of Psychological Well-Being

6.3.1(a) Effect of Organisational Role Stress, Type-A Behaviour pattern and Coping styles on Negative Affectivity.

It can be seen from the Table 5.6 that a significant main effect of Type-A Behaviour pattern emerged for Negative Affectivity scores. The Type-A subjects reporting higher Negative Affectivity scores as compared to their Type-B counterparts (Fig 5.6). This shows that irrespective of the coping style and the level of stress (H/L) experienced, Type-A report significantly higher negative affectivity as compared to their Type-B counterparts. Findings of Byrne & Rosenman (1986) are consistent with these findings. They reported that high scores on Type-A measures such as JAS and
the FTAS also score high on measures of neuroticism or negative affectivity (see also Carmody, Hollis, Matarazzo, Frey & Connor, 1984; Smith, Houston & Zarnowski, 1983; Suls & Wan, 1989). Suls and Sanders (1983) suggested that the positive relationship between Type-A and physical symptoms is the result of neurotic (negative affectivity) over reporting of symptoms (see also Smith, O'Keeffe, & Allred, 1989). Suls and Macro (1990) reported Type-A measures to be positively correlated with scores on the EPIN (negative affectivity measures) which is consistent with other reports (e.g., Carmody et al., 1984, Suls & Wan, 1989). Suls and Wan (1989), in their meta-analysis revealed that self-reported Type-A behaviour is reliably associated with negative emotions. Lobel (1988) also reported that Type-As' scored higher on neuroticism or negative affectivity.

It is further evident from the Table 5.6 that main effects of Organisational Role Stress and Coping styles are not significant which reveals that subjects with High Organisational Role Stress do not differ significantly from their counterparts under Low Organisational Role Stress in Negative Affectivity (Fig 5.6). Similarly Avoiders also do not differ significantly in their negative affectivity from their Approacher counterpart (Fig 5.6) There is no direct evidence from any study which confirm these findings. However, Shinn, Rosario, Morch and Chestrod (1984) investigated the effects of coping on psychological strain and "burnout" produced by job stress and found that job stress was associated with high levels of strain (anxiety & anger), but individual coping strategies were not reliably related to any of strain measures, although it was marginally related to somatic complaints. The present study also depicts an absence of interaction effect between role stress, coping and personality type, which is also supported by the findings of Shinn, Rosario, Morch and Chestnut (1989) which reported that the interactions of job stress and coping were not reliably associated with any of the dependent measure of strain or well-being: thus they provide no evidence for a stress buffering role of coping. It is important to mention here that Type-A Behaviour pattern was not investigated in their study.
It is evident from the Table 5.7 that there is a significant main effect of Type-A-B differentiation on T-Anxiety (F = 11.546, p < 0.01) Type-A subjects have significantly higher T-anxiety as compared to their Type-B counterparts irrespective of their level of stress experienced and coping styles adopted. Findings of Caplan and Jones (1975) are consistent with this finding. They studied Type-A personality as a conditioner of the effects of role stress on anxiety, depression, resentment, and heart rate (strains). Results revealed that the effect of workload in changes in anxiety was higher for the Type-A than for their Type-B counterparts (see also Byrne & Rosenman, 1986). Findings of Caplan and Jones (1975) further support the finding of this study which reveals that subjects under High Organisational Role Stress differ significantly in their T-anxiety from the subjects under Low Organisational Role Stress. Subjects in higher role stress conditions reported higher T-Anxiety. Studies of work stress have consistently found that a number of occupational stressors lead to work related strain. Symptoms of work related strain include depression (Kahill, 1988; Firth, McKeown, McIntee & Britton, 1987; Jayaratne, Chess & Kunkel, 1980; Gold & Michael, 1985; Morgan & Krchbiel, 1985). A number of literature reviews and models of occupational stress have directly examined anxiety as an outcome of job stressors (Beehr & Newman, 1978; Brief, Schuler & Van Sell, 1981; Fisher, 1989; House & Rizzo, 1972; and Ivancevich & Matteson, 1980). A recent example of such studies is a four sample study of U.S. accountants, U.K. dentists, U.K. Nurses and English musicians (Edwards, Baglioni & Cooper, 1990). There was a median correlation of 0.30, across the four samples between scores on an anxiety questionnaire and a “stress” (SPEC) index consisting of questions about occupation specific stressors.

It is also evident from the Table 5.7 that there is a significant main effect of coping style differentiation (Avoidance and Approach) on T-Anxiety. Avoiders report more T-anxiety as compared to their Approachers counterparts (see Fig 5.7). This is supported by the findings of Srivastava (1991) that reported that avoidance strategies may reduce immediate stress, but in the long run contributes to greater tension and...
anxiety. On the hand approach coping contributes to immediate perceived stress, but in the long run reduces tension and anxiety.

Analysis of Variance also revealed significant two way interaction involving Personality Type(A/B) and Stress(H/L), (Fig 5.8) and personality Type(A/B) and Coping(Av/app), (Fig. 5.9) Under low Organisational Role Stress conditions Type-A subjects report same T-Anxiety as their Type-B counterparts report. However, under High Organisational Role Stress Type-A subjects have higher T-Anxiety as compared to Type-B subjects under similar conditions i.e. high Organisational Role Stress. This shows that Organisational Role Stress influences T-Anxiety only among Type-A subjects. Findings of Jamal (1990) support these findings, which reveal that Type-A Behaviour pattern was associated with high role stress, high role ambiguity, conflict, resource inadequacy and psychosomatic health problems. In addition to it, Type-A Behaviour pattern also moderates the stress outcome (e.g., anxiety, anger, job satisfaction etc.) relationships. Rhodewalt, Hays Chemers and Wysocki (1984) also reported that Type-A administrators under high stress report more psychological impairment and cardiovascular related health problems than high stress Type-B’s or low stress A’s and B’s.

The two way interaction Personality x Coping shows (see Fig. 5.9) that coping style has a significant effect on T-Anxiety amongst Type-A subjects only and not in respect of their Type-B counterparts. Type-A subjects having approach mode of coping do not differ from Type-B subjects having similar coping style. But Type-A Avoiders differ significantly in T-anxiety from their Type-B counterparts adopting avoidance mode of coupling. Thus style of coping had an effect on T-Anxiety only among Type-A subjects. This finding is consistent with the findings of Pittner, Houston & Spiridiglozzi (1983) and Weidner & Matthews (1978). They reported that Type-A individuals under work-stress resort to avoidance and experience higher level of T-anxiety (see also Greenglass, 1982).
6.3.2 **Analysis of Variance for Positive Indicators of Psychological Well-Being**

6.3.2a *Effect of Organisational Role Stress, Type-A Behaviour Pattern and Coping on Off-the-Job satisfaction*

It can be seen from Table 5.9 that a significant main effect was obtained for level of Stress(H/L) only which shows that irrespective of the Personality type(Type-A/B) and Coping styles(Av/App), subjects under High Organisational Role Stress report significantly higher Off-the-job-satisfaction as compared to their counterparts experiencing Low Organisational Role Stress. In other words Personality type or Coping styles do not moderate the stress related outcomes (in this case Off-the-job-satisfaction) This finding was supported only by the findings of Long (1993) which reported that there are no evidence that coping moderates the work resources-Job satisfaction outcome relation However these findings are not consistent with Parasuraman and Cleek (1984) who found that work bad and negative distress was exacerbated by the use of maladaptive coping and are consistent with others who have found that individual coping efforts are important predictors of work stress outcome (Latack, 1986, Long et al, 1992, Parkes, 1990) In this study moderating role of personality style is not observed, is supported by the Lazarus and Folkman’s proposition that environmental factors such as the degree of perceived control over a stressor have a greater influence on stress outcomes than personal characteristics (Type-A/B) when the stressor is perceived as highly uncontrollable Research on the relation between work-stress outcomes, and role of personality and coping strategies has been inconsistent Lazarus and Folkman’s (1984) transactional theory of stress and coping postulates that both direct effects and moderating or “buffering” effects may occur between these antecedent variables and outcomes such as health(e.g. psychosomatic symptoms and work attitudes e.g. job satisfaction) (see also Pearlin & Schooler, 1978, Menaghan & Merves, 1978, Long et al, 1992; Parasuraman & Cleec, 1984, Parkes, 1990)
6.4 REGRESSION ANALYSIS

6.4.1 Organisational Role Stress, Type-A Behaviour Pattern and Coping as predictor of Negative Indicators of Psychological Well-Being

It can be seen from the Table 5.10 that Organisational Role Stress and Type-A behaviour pattern emerged as significant predictor of Negative Affectivity. Organisational Role Stress accounted for 7.8% variance and Type-A behaviour pattern accounted for 3.2% variance in Negative Affectivity. The total variance in negative affectivity as explained by Organisational Role Stress and Type-A behaviour pattern turned out to be 11.11%. But coping has no significant contribution. Earlier research strongly supports the finding that Organisational Role Stress is an important determinant of health complaints and negative affectivity (e.g., Clark & Watson, 1984; Watson, 1988a; Watson, Pannenbaker, & Folger, 1987). Findings of Dohrenwend & Shrout(1985), and Schroeder & Costa(1984) also showed that stress components and Negative affectivity have a strong positive relationship (see also Bhagat, McQuaid, Lindholm, & Segons, 1985; Brief & Atien, 1987; Brief, Burke, George, Robinson, & Webster, 1988). Byrne and Rosenman(1986) reported that Type-A BP and Negative Affectivity have strong and positive association which were also consistent with other findings (e.g., Carmody et al., 1984; Suls & Wan, 1989; Smith, O'KeefTe, & Allerd, 1989). Non-significant contribution of Coping in the prediction of Negative Affectivity is indirectly supported by the findings of Pearlin And Schooler(1978) that reported that coping either fails to reduce distress or negative emotions in work settings or reduce these well-being related outcomes in a limited way (see also Menaghan & Merves, 1978). However others’ have found that some form of coping do affect work-stress outcomes (Long et al., 1992; Parasuram & Glick, 1984). Parkes(1990) found that direct coping (i.e., strategies aimed at eliminating the problem and avoidance of cognitive distortion) moderated relations between work demands and mental health outcomes.

It is further evident from the Table 5.10 & Figure 5.10 that Organisational Role Stress, Type-A behaviour pattern and coping emerged as significant predictors of T-anxiety, accounting for 19.63% variance in totality. Robin and Luksons’(1994) research findings are consistent with these findings, they reported that physical health risk
indicated by low anxiety was found to be a function of various role and life stressors as well as coping styles. Rhodewalt et al., (1984) also reported that the degree of perceived role stress, extent of recent life changes, physical health, and Type-A Behaviour Pattern contribute significantly in predicting well-being outcomes in the form of anxiety or depression like symptoms.

Type-A behaviour pattern independently explained 14.29% and 16.82% variance in Total-anger and Anger-out respectively. Findings of Baker, Dearborn, Hastings and Hamberger (1984) support this finding, they reported that Type-A Behaviour pattern positively contributes in the estimation of anger and hostility. Spicer and Hong (1991) also reported that Type-A Behaviour pattern was positively related with hopelessness and with anger-expression which was moderated by degree of social contact or social support. Kopper (1993) investigated the relationship of Type-A Behaviour pattern to multiple dimensions of anger expression and mental health functioning and found consistent relationship between behaviour pattern and both anger proneness and suppression.

It is clear that Organisational Role Stress, Type-A behaviour pattern and Coping contributed in the explanation of the variance of some of the negative indicators of Psychological Well-Being. However, a distinct pattern has not emerged because of the varying nature of the indicators of Psychological Well-Being. Review of the literature shows some studies to be consistent with these findings. Tyler and Cushway (1992) studied sources of stress, coping styles and health outcomes of 72 nurses. They found that negative mental health outcomes were mainly predicted by nurses perceptions of excessive workload and the adoption of avoidance coping strategies. Greenglass and Burke (1991) examined the relationship between Type-A Behaviour pattern coping and work stress with various health related outcomes. It was found that in Type As when coping was defective depression and anxiety increased with increasing work stress. Shaw, Fields, Thacker and Fisher (1993) examined the relationship among personal coping resources, social support, external coping resources, and job-strains in 110 American Telephone and Telegraph employees. External coping resources added to the prediction of job stressors and strain outcomes, even when personal coping resources and social support were entered first in to the prediction equation.
6.4.2 Organisational Role Stress, Type-A behaviour pattern and Coping as predictor of Positive Indicators of Psychological Well-Being

Organisational Role Stress, Type-A behaviour pattern and Coping styles have no significant contribution in explaining the Positive Affectivity. Only Organisational Role Stress emerged as a significant predictor in explaining the variance in On-the-job satisfaction and Off-the-job satisfaction. It accounted for 8.88% variance in On-the-Job Satisfaction and 19.06% variance in Off-the-Job Satisfaction. The relationship of Organisational Role Stress with On-the-Job Satisfaction is negative whereas it is positive with Off-the-Job Satisfaction (correlation Table 5.1). This could be expected, as by its very nature on-the-job satisfaction results from satisfaction with respect to characteristics related to ‘job’ and ‘management’ areas (Pestonjee, 1973). These areas cover such aspects as the nature of work, hours of work, fellow workers, opportunities on the job, supervisory treatment, participation, rewards and punishments, praises and blames, etc. Off-the-job satisfaction, on the other hand, depends upon the satisfaction of such factors which do not have to do with organisational characteristics directly. Off-the-job satisfaction refers to satisfaction with respect to ‘social relations’ and ‘personal adjustment’ areas. These areas cover such aspects as the interpersonal relations with neighbors, friends, friends, family members, attitude toward people in community, emotionality, health, home and living conditions etc. It is expected, therefore, that organisational role stress exert a significant impact on the job satisfaction of employee, and particularly so upon satisfaction with respect to on-the-job factor. This implies that higher organisational role stress would lead to lower on-the-job satisfaction and more satisfaction outside the job activities i.e. off-the-job satisfaction. Positive affectivity remains unaffected by stress level or personality type or the coping pattern adopted.

Review of the literature reveals that there is a scarcity of studies directly confirming above findings. Decker and Boryen (1993) conducted a study on 249 adults in 75 occupations and found that higher stress predicted higher strain and lower job satisfaction; the converse was true for coping, although the coping satisfaction link was weak. In hierarchical regression analyses, predictor variables were gender, age, education, job tenure, negative affectivity, 6 stress measures, and 4 coping...
measures (intrinsic, extrinsic, and general). The 7-hierarchical regressions revealed stress
stress-strain and stress-job satisfaction relationships; negative affectivity had variables
impact on strain but little influence on job satisfaction. Sutherland and Cooper (1993)
identified sources of job stress and personality factors as predictors of psychological ill-
health and job-dissatisfaction among 670 male and 243 female general practitioners
(aged 27-73 years) in the UK. They found that the main predictors of lack of mental
well being were the job stressors associated with the demands of the job and patients
expectations, practice administration and routine medical work, role stress, and the use
of social support as a coping strategy. Cooper and Kelly (1993) assessed occupational
stress amongst 2,638 head teachers of primary and secondary schools and found that 2
main sources of occupational stress and predictors of job dissatisfaction and mental ill
health were work overload handling relationships with staff.

Long (1993) studied coping strategies of 83 male managers and did a
prospective analysis of predictors of psychosomatic symptoms and job satisfaction.
Results showed that engagement coping was predicted to show an overall effect on both
outcomes. Wolfgang (1991) investigated stress, coping, and one outcome measure, job
dissatisfaction among 280 nurses and 279 pharmacists. It was concluded that job related
stress correlated positively with job dissatisfaction and avoidance coping considerably
influenced this relationship (see also Luo and Cooper, 1990; Rajala, 1990) Cooper and
Kahn (1990) reported that stress-coping method of establishing priorities and planning
work was related to job satisfaction, mental health and lower alcohol consumption.
Parkes (1990) tested the hypothesis that direct coping would moderate relations
between work-stress and mental health outcomes, whereas suppression would show an
overall effect on outcome. The results supported the hypothesis. Robertson, Cooper
and Williams (1990) revealed that sources of pressure at work and Type-A behavior
predict the level of mental health and job satisfaction. Baglione, Cooper and Hingley
(1990) examined the effect of occupational stressors, coping strategies, and Type-A
behaviour on job satisfaction and mental health in 475 female nurses. Results showed
that occupational stressors had an important impact on job dissatisfaction and
contributed only marginally to variance in mental health outcome variables. Stress
associated with career issues, in particular, negatively influenced Subjects' Job
Satisfaction.
The foregoing discussion on the role of Organisational Role Stress, Type-A behaviour pattern and Coping styles with respect to the indicators of Psychological well-being shows that these independent variables contributed in the explanation of approximately 20% of the variance in various negative and positive indicators of Psychological Well-Being. Some variance in the indicator of Psychological Well-Being was explained by these independent variables independently. For example Organisational Role Stress independently emerged as a significant contributor in explaining the variance in case of On-the-Job satisfaction and Off-the-Job satisfaction. Similarly Type-A Behaviour pattern independently emerged as a significant contributor in explaining the variance in Total-anger and Anger-out indicators of PWB. In some cases it was a joint contribution by these independent variables (i.e., Organisational Role Stress, Type-A behaviour pattern and Coping Styles). A significant finding which is important to note is that only in case of T-Anxiety all the three independent variables jointly explained the variance. It was also the nature of the indicators of Psychological Well-Being which to some extent remained dominant in inviting the independent variables to explain the variance. It can be inferred and/or speculated from above findings and discussion that 80% of the unexplained variance of the various positive and negative indicators of Psychological Well-Being can attributable to extraneous factors viz., demographic variables (gender, age, educational qualifications, income level) organisational variables (working conditions, training, organisational health), social support (relation with superiors and subordinates, family support) and many other related variables.
6.6 Implications and Suggestions

Future studies should provide data from a wide spectrum of organizations and occupations, e.g., educational institutions, agencies for development administration, health and family welfare organizations, etc. This will also necessitate studies which would aim at developing and standardizing an organizational health measure which would be acceptably reliable and valid in a variety of organizational settings/occupations or a different measure for each organization/occupation with specificity of reliability and validity.

Future studies can be done on the moderator variables or organizational health and individual well-being relationship. Besides the job level, personal demographic variables such as age, gender, education, marital status, tenure, previous experience, urban-rural background can be thought of as possible moderators. Personal psychological variables such as the locus of control, extraversion-introversion, level of self-esteem, etc., could be another category of possible moderators. Besides the size of organization, other organizational context variables e.g., location (urban, rural or semi-urban), and age of organization can be considered as moderators. Future research can be done on the relation between occupational characteristics and well-being clarified in more comprehensive ways by examining the effects situational variables (Organisational characteristics) and personality variables.

A more comprehensive index of Psychological Well Being (mental health) is required to study the stress mental health relationships across various organisations and professional groups.

Comparative studies can also be done with respect to the perceptions and relationship of role stresses and Psychological Well Being in relation to different hierarchical levels (e.g., senior, middle, and junior) within organisations.

Studies can emphasize to determine the relative efficacy of different stress interventions or coping mechanisms for reducing organisation stress in the context of Indian workers/supervisors/managers so as to develop effective and indigenous stress management programs.
Serious thought needs to be given to the main effects of Negative Affectivity on both Job stress and job strain and how Negative Affectivity might interact with such context factors as an organisation's goal setting, performance appraisal, and compensation systems to affect stress, and thus, strain. This suggestion echoes recent calls for an increased emphasis on examining personality constructs as a means of improving our understanding of various organizational behaviors.

Encouragement to more research into the health correlates of both Negative Affectivity and Positive Affectivity in relation to Organisational Role Stress and Self reported Psychological Well Being and self reported indicators of physical health is required.

In future research the relation between occupational characteristics and well-being might be further clarified by examining the effects of moderator variables in addition to gender.