CHAPTER TWO

CONCEPTUAL FRAMEWORK

2.1 CONCEPT OF STRESS

The concept of “stress” is enshrined by a thick veil of conceptual confusion and divergence of opinion. Many authors have noted the lack of consensus on even a definition of stress (e.g., Alluis, 1982, Beehr & Newman, 1978, Cofer & Appley, 1964, Hogan & Hogan, 1982, Janis & Leventhol, 1968, McGrath, 1970, Schuler, 1980). Lazarus, Deese, and Osler (1952) and Janis and Leventhal (1968) viewed stress as an interesting variable with antecedent causes and behavioral consequences. Some writers have proposed a response-based concept of stress, while some others have suggested a situation-based concept. However, the state of the organism seems to be a fact in relation to stress. Selye (1956, 1976) viewed stress as the stimulus or external force acting on the organism, the response or change in physiological function, or the interaction between an external force and resistance to it. According to Marshall and Copper (1979), the term “stress” has been used to denote any of the three things (a) an excessive environmental force, (b) the harm caused or (c) the individual’s reactions in such a situation.

Weitz (1970) stated that most stressful stimuli are speeded up information processing, obnoxious environmental stimuli, perceived threat, disrupted psychological function, isolation and confinement, blocking, group pressure and frustrations. A seminal influence on the whole field of stress research has been the work of the eminent Canadian Scientist, Hans Selye (1950, 1974, 1976). Selye (1956) defined stress as “the non-specific response of the body to any demand made upon it.” Considering the experiments carried out on infra-human subjects, he proposed the theory of General Adaptation Syndrome (GAS) which states that when an organism is confronted with a threat, the general physiological response occurs in three stages.
Adaptation Syndrome, (GAS) which states that when an organism is confronted with a threat, the general physiological response occurs in three stages:

(i) **Alarm Reaction**: The first stage includes an initial 'shock phase' in which resistance is lowered and a 'counter-shock' in which defensive mechanisms become active. Alarm reaction is characterized by autonomous excitability, adrenaline discharge, increased heart rate, muscle tone, and blood content; and gastrointestinal ulceration. Depending upon the nature and intensity of the threat and the condition of the organism, the periods of resistance vary and the severity of symptoms may differ from 'mild invigoration' to 'disease of adaptation'.

(ii) **Stage of Resistance**: Maximum adaptation occurs during this stage. The bodily signs' characteristics of the alarm reaction disappear. Resistance increases to levels above normal. If the stressor persists or the defensive reaction proves ineffective, the organism deteriorates to next stage.

(iii) **Exhaustion**: Adaptation energy is exhausted. Signs of the alarm reaction reappear and the resistance level begins to decline irreversibly. The organism collapses.

A diagrammatic view of these stages is shown in Figure 2.1

![General Adaptation Syndrome](image)

**Fig. 2.1** General Adaptation Syndrome (Adopted from Pestonjee D M, (1987), *Vikalpa*, Vol 12, 1, p 25)

**Interaction Approach** Lazarus (1966) maintains that stress occurs when there are demands on the person which tax or exceed his adjustment demands. McGrath (1976) explains that “there is a potential for stress when an environmental situation is perceived as presenting demand which threatens to exceed the capacities
and resources for meeting it, under condition where he has expected a substantial differential in the rewards and costs from meeting the demand versus not meeting it.

Wolf (1968) defines stress as a state of the human organism and goes to suggest that it is also an inevitable state of the human condition: “Since stress is a dynamic state within an organism in response to a demand for adaptation, and since life itself entails constant adaptation, living creatures are continually in a state of more or less stress”.

**Comprehensive approach**: This approach views stress not only in interaction terms but also as an individual phenomenon, peculiar to the individual and his environment. It is seen as the situational outcome.

![Model of Stress as an Individual Phenomenon](Fig 2.2 Model of Stress as an Individual Phenomenon. (Adopted from Pestonjee, D.M. (1987) Vikalpa, 12. 1 p. 25).

As an individual phenomenon, stress is a personal response to certain variations in the environment. There are wide individual differences in the same set of stressors. This depends upon: The nature and magnitude of the coping strategy, the importance of the stressor to the individual, the perception of the threat element as a component of stressor, the personal and social support systems available to the individual, and the involvement and willingness on the part of the Individual to “do something” about the state of stress.

A lack of fit between the properties of physical environment and the requirement of the person may induce stress in that person by creating demands that exceed his ability to cope. The extent to which there is lack of fit between people and their environment, and the degree to which this disparity exists, induce stress in a given
individual, (Campbell, 1974; Caplan, 1975; French, Rogers, and Cobb, 1974; Harrison, 1978; House, 1972, Pinneau, 1976; Stokols, 1979, Zimring, 1982).

A commonly accepted definition of ‘stress’ is that it is anything which causes an alteration of psychological homeostatic process (Selye, 1976). The ‘stress’ is also applied to the total transaction (cf. Lazarus, 1971, p. 54) between the stressor and coping responses in interaction together over time so that one may speak of a system “under stress” (cf. Selye, 1974, p. 32), as well as a particular situation as stressful. Cox and Mackay (1977) stated that stress arise as a result of an imbalance between the person’s perceptions of the demands made upon him, and his perceptions of his ability to cope when coping is important. Caplan et al., (1975) commented that “stress” refers to any characteristics of the job environment that poses a threat to the individual... either demands which he may not be able to meet or insufficient supplies to meet his needs...... on the other hand “strain” refer to any deviation from normal responses in the person (a) Psychological strains (c) Behavioral symptoms of strains.

Fineman (1979) views stress as a psychological response state or negative effect, characterized by a persistent and high level of experienced anxiety or tension. He further views stress as a condition of organic damage resulting from strain. According to Pestonjee (1987) stress occurs in a person when he/she is faced with demands that tax his/her adaptive resources. Unresolved issues in stress research have been highlighted by Johnson and Sarason (1979) and Stokols (1979).

**Cybernetic Theory Of Stress, Coping And Well-Being**

Edwards (1992) presented a cybernetic theory of stress, coping and well-being in organizations. This theory integrates and extends existing Organisational Stress theories, particularly those that propose feedback mechanisms, by resolving their inconsistencies and building on their strengths, primarily through the comprehensive application of principles from cybernetic theory. This theory provides a unifying framework for the study of stress, coping and well-being in organizations and establishes a basis for its empirical investigation. This theory defines stress as a discrepancy between an employee’s perceived state and desired state, provided that the
The presence of this discrepancy is considered important by the employees. Stress is hypothesized to influence two classes of outcomes. One class includes dimensions of psychological health and physical health which, taken together, constitute employees' well-being. The second class consists of coping, defined as efforts to prevent or reduce the negative effects of stress on well-being. Coping may influence well-being directly or by altering the determinants of stress (i.e., the perceived and desired states involved in the discrepancy and/or the amount of importance associated with the discrepancy). Thus, stress, coping, and well-being are critical components of a negative feedback loop, whereas stress damages well-being and activates coping, which, in turn, influences well-being both directly and indirectly through the determinants of stress.

Figure 2.3  A Cybernetic Model of Stress, Coping, and Well-Being in Organisations
As indicated previously, stress affects two classes of outcomes, including well-being and coping. Well-Being refers to the psychological and physical health of the employees. Psychological well-being may range from subtle variations in mood and affect to substantial changes in mental health, such as chronic anxiety and clinical depression. Similarly, physical well-being may range from minor variations in arousal such as blood pressure and heart rate, to the development of CHD, Cancer, and soon.

The second class of outcomes influenced by stress consists of coping. There are two paths by which stress may influence coping (see Fig. 2.3). First, stress may activate coping directly, in anticipation of potential damage to well-being (Cummings & Cooper, 1979; Kahn et al., 1964; Lazarus & Folkman, 1984; McGrath, 1976). Second, stress may activate coping indirectly through well-being, after well-being has been damaged (Beehr of Newman, 1978; French et al., 1982; Lazarus & Folkman, 1984). Whether activated directly or indirectly, the coping process involves selecting and implementing various strategies intended to reduce stress and improve well-being (Edwards, 1986). This process may vary from controlled, conscious decision making to a virtually unconscious scripted response (Lord et al., 1987). This present theory provides a unifying framework for the study of stress, coping, and well-being in organizations and establishes a basis for its empirical investigation.

2.2 CONCEPT OF OCCUPATIONAL/ORGANISATIONAL ROLE STRESS

Stress in organizations is now becoming an increasingly important concern in both academic research and organizational practices, yet there is still a great deal not known about stress in organizations. There has been a spate of writings on managerial and executive stress (Cooper and Payne, 1978, 1980; Greenwood and Greenwood, 1979; Marshall and Cooper, 1979; Wright, 1979; Yates, 1979). Kahn, Wolfe, Quinn, Snoek and Rosenthal (1964) were the earliest to draw attention to organizational stress in general and role stress in particular. “Stress” is considered to denote disturbed mental state of the employee caused by negative or undesirable environmental factors associated with the Job-life. An analysis of the definition yields two related components of occupations' stress (a) Stimulus input, i.e., undesirable environmental
factors, which may be considered as organisational or occupational stressors, and (d) disturbed mental state of the employee, which actually denotes occupational stress.

Organizational or occupational stress is widely viewed as a product of mismatch between the individual and his/her physical or social environment (Harrison, 1978) Organisation role stress covers a wide variety of stresses arising from ones' membership in a work organisation (Pareek, 1981) Cooper and Marshall (1976) stated that "by occupational stress is meant negative environmental factors or stressors (e.g., work overload, role conflict/ambiguity, poor working conditions) associated with a particular job. Organisational qualities may be associated with constraint, demand and opportunity stress (Sells, 1970) Beehr and Newman (1978) defined job stress "as a condition wherein Job-related factors interact with the worker to change (disrupt or enhance) his/her psychological or physiological condition such that the person (mind and/or body) is forced to deviate from normal functioning".

Motowidlo et al., (1986) provided a model of Occupational Stress showing its causes and consequences for job performance, which is shown in Figure 2.4

**Fig 2.4** Preliminary model of the causes of Occupational Stress and its consequences for job performance (Adapted from Motowidlo, Packard and Manning. Occupational Stress Causes and consequences for Job Performance Journal of Applied Psychology 1986 Vol 71, No 4, 618-629)

Stress in the organisational perspective is worth studying because many recent researches conducted in the West suggest that stress, although not necessarily bad in all situations, induces undesirable effects in human beings. The effect may range from feelings of uneasiness to psychosomatic symptoms, work performance impairment and finally
coronary heart disease. With growing concern for all round development and well-being of man-in-the work place, studies in mental health and occupational stress are getting prominence (Das, 1982) The concept of role is a key concept in understanding the integration of the individual. It is through the role that individual interacts with, and gets (or do not get) integrated with a system (Pareek, 1976). According to Baum, Singer and Baum (1981), role stress falls in the category of psychological stress. Kahn and Quinn (1970) had classified role stress as (i) expectation - generated stress, in which they include role ambiguity and role-conflict; (ii) expectations-resource discrepancies, in which they include role overload; responsibility authority dilemma and inadequate technical information, etc. Role Stress usually results from conflicting incompatible or unclear expectations that are derived from work environment. Role conflict, ambiguity, and overload frequently have been studied as antecedents of occupational stress (i.e., Ivancevich, Matteson, & Preston, 1982; Rosse & Rosse, 1981)

Pareek’s (1976, 1981, 1983) significant contribution to the organisational role stress research lies in identifying as many as ten different types of ORS. They are described briefly here.

(i) **Inter-Role Distance**: It is experienced when there is a conflict between organisational and non-organisational roles. For example, the role of an executive versus role of a husband.

(ii) **Role- Stagnation**: It is the feeling of being stuck in the same role.

(iii) **Role-Expectation**: It arises out of conflicting demands originating from colleagues, that is, superiors, subordinates, and peers in the organisation.

(iv) **Role-Erosion**: It arises when a role has become less important than it used to be, or when somebody else gets the credit for doing what needs to be done in one’s own role.

(v) **Role-Overload**: It is the feeling that one is required to do too much or is doing things of considerable importance.
(vi) **Role-Isolation**: It is characterized by feeling that others do not reach out easily, indicative of the absence of strong linkages of one's role with other roles.

(vii) **Personal-Inadequacy**: It is depicted by the absence of adequate skills, competence, and training to meet the demand of one's role.

(viii) **Self-Role Distance**: It arises from gap experienced between one's concept of self and the demands of the role.

(ix) **Role-Ambiguity**: It is experienced when there is a lack of clarity about the demands of the role.

(x) **Resource-Inadequacy**: It arises when the human or material resources allocated to meet the demands of the role are inadequate.

Hall & Hall (1980) has provided a model of stress that attempts to explain the effects of role demands on stress.

![Figure 2.5](image)

**Figure 2.5 Effects of Role Demands on Stress** (Adopted from Hall, D.T. & Hall, F.S., In Current Concerns in Occupational Stress: Edited by Cooper and R.Payne (c) 1980 ; John Wiley , pp. 249).

According to them, there are three common demand effects that tend to induce stress, each representing a different area of the stress literature. The first is change, a discontinuity in life activities (Holmes & Masuda, 1974). The second is conflict between important roles (Kahn et al., 1964.) The third is role overload or excessive role demands (Selye, 1975). Often the three are interrelated. Major life changes may
lead to conflict or increased pressure. Thus, the effects are not always experienced in isolation. All of them, however, create for us a state of imbalance or dis-equilibrium.

Thus experienced stress is a function of circumstances associated with change, conflict or overload (Hall & Hall, 1980). According to them three factors, i.e., predictability, control/ lack of control, and value, seem to moderate the amount of stress, any demand or event, causes for a person.

Researchers working in the field of organisational role stress in India have mostly used scales developed by Rizzo, House and Lirtzman (1970). These scales measure two types of role stresses, viz., role ambiguity and role conflict, (e.g., Madhu and Harigopal, 1980; Natha, 1980; Harigopal and Ravikumar, 1979a, 1979b). A revised version of this scale has been developed by Johnson & Stinson (1975). Rogers and Molnar (1976) also developed an instrument to measure role ambiguity which is a 14 item questionnaire, and it has been used by many researcher's in India (e.g., Dass, 1982). Motowidlo et al.,(1986) developed a 45-item occupational Stress Index. Srivastava and Singh (1981) have developed a 46-item Occupational Stress Index containing 18 “False-keyed” and 28 “True-keyed” items. The split-half reliability of this index is 0.935 (N=200).

Defining role efficacy as the potential effectiveness of a role of an individual in an organisation, Pareek (1980, a & b) has developed a 20-item Role Efficacy Scale (RES), which considers ten dimensions and it has been used in many Indian studies (e.g., Sharma & Sharma, 1983; Surti, 1983). More recently, Pareek (1982a) has standardized three Role Stress Scales (RSS). These are:

1. **General Role Stress (GRS):**
   - It contains 12 items, 3 items for each of the 4 role stresses, namely (1) Self-role distance (SRD), (2) Inter-role distance (IRD), (3) Role boundedness (RB), and (4) Role Inadequacy (RIn).

2. **Entrepreneurial Role Stress (ERS):**
   - It is a 27-items scale measuring role stress in entrepreneurs.
(3) **Organisational Role Stress Scale (ORS):** This scale has 50 items that measure 10 role stresses relevant to organisational life. The reliability coefficients range from 0.37 to 0.73. Validity is provided by a measure of self consistency of this instrument.

2.3 **CONCEPT OF TYPE-A BEHAVIOR PATTERN**

The Type-A Behaviour Pattern is characterized by a set of behavior reflecting a sense of time urgency, aggressiveness, competitiveness, ambition, and hostility (Rosenman et al., 1964) Those individuals who do not display their behavioral pattern are classified as Type-Bs. Although a great deal of research has examined the Type-A behaviour pattern, theoretical and operational definitions of Type-A are over simplified and often relatively vague (Mathews, 1982). Nevertheless, Glass’s (1977) need for control theory of Type-A behaviour is the most comprehensive theoretical explanation of Type-A behaviour (Matthews, 1982).

Glass developed his theory from his observation that Type-As were driven to succeed, ignored subjective feelings that impeded task performance, rapidly worked on task related activities, showed little tolerance for interference, and expressed hostility after being interrupted during task completion. These observances led Glass to conclude that Type-A behaviour is the manifestation of an individual’s attempt to control the environment. Glass predicted that this constant struggle to maintain control over the environment result in increased exhibition of over Type-A behavior, heightened physiological activity, and eventual risk for Coronary Heart Disease CHD.

However, Type-A behaviour is not synonymous with coronary prone behaviour, coronary prone behaviour leads to Coronary Heart Disease (CHD) by definition, but the effect of Type-A behaviour on health is still an empirical matter. Perspective studies have suggested that an epidemiological construct known as Type-A Behavior Pattern is an independent risk factor for CHD in both men and women (Haynes, Feinleib and Kannel, 1980, Rosenman, et al, 1975), and it is independent of and equivalent to traditional risk factors (e.g. Age, smoking, elevated serum
cholesterol). Most recently, Friedman and Ulmer (1984) described the nature of Type-A Behaviour as "above all a continuous struggle, an unremitting attempt to accomplish or achieve more and more things." Evidence has accumulated in recent years that implicates Type-A Behaviour Pattern as a risk factor for CHD. Longitudinal studies as well as retrospective studies indicate that Type-A individuals are more likely to (a) develop heart disease (Jenkins, 1976), (b), suffer another heart attack following a non-fatal attack (Jenkins, Zyzansks, & Roseman, 1976), and (c) Show more extensive hardening of the arteries (arteriosclerosis) of heart (Blumenthal, Williams, Kong, Schanberg & Thompson, 1978) than are non-coronary prone or Type B individuals.

Williams (1975) suggested that Type-A Behaviour leads to Coronary Heart Disease (CHD) through excessive physiological reactivity. It is suggested that, Type-A individuals, as compared with Type-Bs, respond to various stimuli with enhanced, sympathetically mediated physiological activity. The chronic pattern of repeated and pronounced reactivity, in turn, is believed to initiate and hasten the development of coronary artery atherosclerosis, the disease underlying the clinical manifestations of CHD. Some studies (i.e., systolic blood pressure, heart rate) and neuroendocrine (i.e., circulating epinephrine, control) response to certain stimuli than do Type B individuals.

Glass (1977) and Williams (1975) have suggested the mechanistic interactional approach to Type-A behaviour and cardiovascular risk, which is shown as Fig. 2.6

![Figure 2.6 The Mechanistic interactional Model](Adapted from Williams (1975), Journal of Personality and Social Psychology, 1986, Vol. 50, 6, 1166-1173.)
Another model by Krantz, Arabian, Davia and Parkes (1982) suggests that Type-A itself in part reflects an excessive sympathetic response to environmental stressors — perhaps excessive or repetitive elicitation of sympathetic responses over the course of a life span may both enhance the expression of Type-A Behavior and predispose to Clinical coronary diseases as well. This model is summarized in Fig. 2.7

Figure 2.7  The Biological Interactional Model (Adapted from Krantz, D S., Arabian, J M, & Davia, J E (1982). Type-A Behavior and coronary artery by pass surgery: Intraoperative blood pressure and preoperative complications. Psychosomatic Medicine, 44, 271-284)

Recently Smith and Anderson (1986) have suggested "Bio-physiological Interactional Model" that is summarized in Fig 2.8

Figure 2.8  The Bio-physiological Interactional Model (Adapted from Smith, T. W. and Anderson, N B (1986) Journal of Personality and Social Psychology, 1986, Vol 50, 6, 1166-1173)

Research has shown that Type-A Behaviour Pattern is a set of aggressive, ambitions, time-urgent, impatient and competitive behaviour that is often elicited by
environmental stressors or challenges. The converse Type-B Behaviour Pattern, is increasingly perceived as an alternative style of responding to or coping with environmental challenges. Type-B are more relaxed, less competitive, and more easy-going than Type-As (Ivancevich & Matteson, 1984). Type-A Behaviour Pattern has been considered to be an “overt behavioral syndrome” or style of living characterized by extremes of competitiveness, striving for achievement, aggressiveness, haste, impatience, restlessness, hyper-alertness, explosiveness of speech, tenseness of facial musculature and feelings of being under the pressure of time and under the challenge of responsibilities. In achievement situations, Type-A individuals, as compared with Type-B counterparts, tend to be more competitive (e.g., Glass, 1977; Van Egeren, 1979) and hard driving in the sense that they respond with greater effort, vigor, of Persistence (e.g., Burnman, Pennebaker & Glass, 1975; Carver, Coleman & Glass 1976, Weidner & Mathews, 1978). Type-A individuals also tend to set difficult performance goals (e.g. Grimm & Yarnold, 1984; and Show, 1978), obtain higher levels of overall achievement on some measures (e.g. Matthews, Helmreich, Beanne & Lucker, 1980; Orcharchyn, Johnson, & Petzel, 1981). Clearly, Type-A individuals are ambitious and it might be concluded that Type-A Behaviour represents an adaptive achievement orientation. In a recent review of the Type-A Behaviour Pattern and occupational settings, Chesney and Roseman (1980) concluded that although Type-A individuals are more likely to achieve higher occupational status and to advance more rapidly, there are no consistent relations between Type-A and indices of occupational stress.

More recent work, particularly the analysis of Booth-Kewley and Friedman (1987) and Williams (1987), has increasingly claimed that not all behavioral components of Type-A behaviour are equally strong risk factor, but the sub-components (e.g., depression, hostility, anger and anger expression) should be viewed as relevant dimensions that exhibit a relation to the occurrence of cardiovascular disorders, other psychosomatic complaints and low psychological well-being. Although Type-A behaviour has been widely researched, results show non-significant or weak relationships between Type-A behavior and outcome variables such as performance and several affective reactions (Lee, Earley, & Hanson, 1988; Matteson, Ivancevich, & Smith, 1984; Matthews, 1988). It has now been suggested that certain Type-A
behaviour components may yield positive consequences, whereas others may be responsible for health risks typically associated with Type-A behaviour (Matthews, 1982, Wright, 1988)

2.4 CONCEPT OF COPING

When an individual and an organisation experience role stress, they adopt some ways of dealing with the stress. Individuals and the organisations cannot remain in a continuous state of tension. Even if a deliberate and conscious strategy is not taken to deal with the stress, some strategy is adopted, for example, the strategy may be to leave the conflicts and stress to take care of themselves. Even this is a strategy, although the individual or the organisations may not be aware of this. This is called "Coping." The word coping has been used in several meanings. However, mainly two meanings predominate the literature. The term coping has been used to devote, the way of dealing with stress, or the effort to "master" conditions of harm, threat, or challenge when a routine or automatic response is not readily available (Lazarus, 1974)

Interest in the process by which people cope with stress has grown dramatically over the past few years. The starting point for much of this research is the conceptual analysis of stress and coping offered by Lazarus in 1966 (see also Lazarus & Folkman, 1984). Lazarus argued that stress consists of three processes. Primary appraisal is the process of perceiving a threat to oneself. Secondary appraisal is the process of bringing to mind a potential response to the threat. Coping is the process of executing that response. Although these processes are most easily described as a linear sequence, Lazarus has emphasized that they do not occur in an unbroken stream. Rather, an outcome of one process may reinvolve a preceding process. For instance, realizing that an adequate coping response is readily available may cause one to reappraise a threat as less threatening. As another example, if a coping response is less effective than expected, one may reappraise the level of threat or reappraise what coping response is
appropriate. The entire set of process, then, may cycle repeatedly in a stressful transaction.

Two different approaches to the study of coping have been pursued by various investigators. On the one hand, some (e.g. Byrne 1964; Goldstein, 1973) have emphasized general coping traits, styles, or dispositions, while others (e.g. Cohen & Lazarus, 1973; Katz et al, 1970; Wolf & Goodell, 1968) have preferred to study active, ongoing Coping strategies in particular stress situations. Lazarus (1975) has suggested a classification of coping process that emphasizes two major categories, namely direct actions and palliative modes. Direct actions include behaviors or actions, which when performed by the organism in the face of a stressful situation or expected to bring about a change in stress causing social or physical environment. The other category, palliative modes of coping, refers to those thoughts or actions whose purpose is to relieve the organism of any emotional impact of stress (both physical, i.e., bodily or psychological).

Ways of coping were further classified into two categories (Folkman & Lazarus, 1968). The first, termed problem focused coping, is aimed at problem solving or doing something to alter the source of the stress. The second, termed emotion focused coping is aimed at reducing or managing the emotional distress that is associated with (or cued by) the situation. Although most stressors elicit both types of coping, problem focused coping tends to predominate when people feel that the stressor is something that must be endured. At first glimpse problem focused coping can potentially involve several distinct activities, and sometimes even forcing one self to wait before acting.

Lazarus and his colleagues viewed coping as a response to perceived stress and defined as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, pp.141). Lazarus (1981), Lazarus and Launier, (1978) described four basic modes of coping. Instrumental strategies, or direct action, are directed towards managing the threat or stressor itself. Intrapsychic strategies are aimed primarily at regulating or minimizing the
accompanying emotional distress. Inhibition of action refers to the ability to resist taking action when such action would increase the likelihood of harm, danger, or conflict with moral restraints. Information seeking involves the instrumental activity of gaining a basis for action and also is a form of support mobilization that can relieve emotional distress. Although this definition undoubtedly does not include the entire universe of potential coping strategies and specifically excludes defensive or unconscious strategies, these modes may be broad enough to reflect personality differences but specific enough to be sensitive to situational differences.

Problem focused coping deserves closer examination (Aladvin & Reversion, 1987). At first glance a single process, problem focused coping can potentially involve several distinct activities, planning, taking direct action, seeking assistance, screening out other activities, and sometimes even forcing oneself to wait before acting. Active coping is the process of taking active steps to try to remove or circumvent the stressor or to ameliorate its effects. Active coping includes initiating direct action, increasing one’s efforts, and trying to execute a coping attempt in stepwise fashion. The term active coping is very similar to the case of what Lazarus and Folkman (1984) and other term problem focused coping. Planning is thinking about how to cope with a stressor. Planning involves coming up with action strategies, thinking about what steps to take and how best to handle the problem.

Another aspect of certain kinds of problem focused coping is a construction in the range of one’s phenomenal field. The person may suppress involvement in competing activities or may support the processing of competing channels of information, in order to concentrate more fully on the challenge or threat at hand. Suppression of competing activities means putting other projects aside, trying to avoid becoming distracted by other events, even letting other things slide, if necessary, in order to deal with the stressor. One more tactic from the arsenal of problem focused coping is the exercise of restraint. Restraint coping is waiting unfit an appropriate opportunity to act presents itself, holding oneself back, and not acting prematurely. Another coping response that can be considered as relevant to problems focused coping is the seeking out of social support. People can seek social support for either of
two reasons, which differ in the degree to which they imply problem focus. Seeking social support for instrumental reasons is seeking advice, assistance, or information. This is problem focused coping. Seeking social support for emotional reasons is getting moral support, sympathy, or understanding. This is an aspect of emotion focused coping.

In the literature, generally two different styles of coping with stress are distinguished, the "avoider" as opposed to the "coper". The avoider solves his stress problems simply by denying them, while the coper seeks out stress situations in order to learn how to cope with them. This coping issue is extensively dealt with in the classic survey of Lazarus et al. (1974). Another distinction is between repression and sensitization, which is closely related to the aforementioned division. With repression the emphasis lies on defense mechanism that keep the individual from adequately facing reality, but at the same time protect him from too much stress. "Sensitization" means looking for solutions by turning one's attention to the outside world. Repression and sensitization are commonly termed as avoidance and vigilance or approach type of coping strategy. Avoidance means not making use of stress relevant information and not thinking about the stressor. Conversely, vigilance means that subjects actually seek out information about a stressor, for example, by monitoring a warning signal or by thinking about the stressors' qualities.

The above mentioned division of coping styles is too narrow. In organizational psychology a much broader coping literature has developed (Copper and Marshall, 1978, Newman and Beehr, 1979). Kets de Vries distinguishes two trends of coping with stress, the courses an individual can take on the one hand, and the possibilities to arrive at stress-coping with in organization, on the other. Lazarus (1974) emphasized the key role of cognitive processes in coping activity and the importance of emotional reactions. Monat and Lazarus (1974) point out, that there is impressive anecdotal and research evidence, i.e., escaping or postponing unpleasant situations, actively changing threatening conditions, deceiving ourselves about the implications of certain facts, or simply learning to detach ourselves from unpleasant situations. Religion also serves as
a highly efficient coping device by being a culturally constituted and approved defense mechanism (Spiro, 1965).

Pareek (1976) proposed two types of coping strategies which people use generally in order to handle stress. One way is that the person may decide to suffer from, accept or deny the experienced stress or put the blame on somebody (self or other) or something for being in that stressful situation. There are passive or avoidance strategies and were termed as "dysfunctional" styles of coping with stress situations. Another way is that the person faces the realities of stresses consciously and takes some action to solve the problems himself or with the help of other people. These are active approaches and were termed as "functional styles" of dealing with stressful situation and are more approved by social scientists as these are supposed to be more effective and healthy than "dysfunctional styles".

Recent conceptualizations of the coping process have emphasized flexibility in a person's manner of coping with different stressors as indicator of effective adaptation (e.g. Cohen, 1984, Lazarus & Folkman, 1984; Moos & Billings, 1982). Flexibility means "changing the coping strategies one use in response to the demands of different stressors and/or in response to the same stressor as demands change over the course of a stressful encounter". By contrast high levels of consistency or rigid patterns of responding across different stressful episodes and over reliance on certain strategies are supposed to be characteristic of less competent individuals or of maladaptive responses to stress. Field research has demonstrated that most individuals exhibit a flexible way of coping, in the sense that they either tend to use more than one strategy in a given situation or change their coping behaviour in response to changing situational demands (Cohen, 1987; Folkman & Lazarus, 1985). However, a systematic analysis of the role of personality variables or coping styles with regard to variability and consistency in coping behaviour has been widely neglected. Relatively little is known about the relationship among situational demands, personality dispositions, and the reliance on a certain coping strategy or shifts from one strategy (e.g., avoidance) to another (e.g., vigilance), respectively. The present laboratory research aims to help fill gap, by taking simultaneous account of dispositional characteristics (i.e., coping style).
and situational factors (i.e. predictability of an aversive event) as determining actual coping behaviour.

Coping preferences have been classified in a great variety of ways. One of the more common schemes consists of a dimension which, behaviorally, has been called “approach-avoidance” (Roth & Cohen, 1986). On a cognitive level, avoidant-like responses have been classified under such categories as “Repression” (Byrne, 1961), “Denial” (Lazarus, 1983), “Blunting” (Miller, 1987), or “Cognitive Avoidance” (Krohne, 1993) while approach-like responses have been termed “Sensitization”, “Isolation”, “Monitoring”, or “Vigilance”. Most of these terms have also been used to describe underlying personality dimensions or coping styles. An early unidimensional instrument for the assessment of dispositional coping is Byrne’s (1961) Repression-Sensitization Scale (R-S Scale). Empirical research, however, has shown that the R-S Scale is highly correlated with tests of trait anxiety, thus lacking discriminant validity (Abott, 1972). Later developments in the theoretical and operational determination of repression sensitization tried to overcome this problem.

The above classification in no way suggests that people use one kind of coping processes or another exclusively. Rather, it is common knowledge that different persons employ complex and varied combinations of different strategies to deal with the same kind of stress. An issue that can be raised while discussing the effectiveness of various coping styles is whether some ways of coping with stress are more effective than other. As suggested by Cohen (1975) any answer to this problem would depend upon the particular situation in which, points of time (short or long run) and levels (physiological, psychological or others) the stress is being felt, i.e., what may be considered to be an optimal or beneficial response in one situation at a particular point of time may be different point of time. In general, then, dysfunctional modes of coping may be damaging when useful in helping a person maintain a sense of well-being, integration, or hope under conditions otherwise likely to encourage psychological disintegration.

While researchers express concern at the lack of consensus about how coping strategies should be measured (Cohen, 1987), they do appear on issues of policy and
procedure. The fact that coping is central to any understanding of the stress process, and that in the context of work stress it is a construct that now deserves clear investigation, is firmly established (Payne et al., 1982; Bhagat & Beehr, 1988; Cohen, 1987; Dewe & Guest, 1990). Two major functions of coping considered are: First, to change the situation for the better if we can, either by changing one's own offending action (focus on self) or by changing the damaging or threatening environment; and second, to manage the somatic and subjective components of stress related emotions themselves, so that they do not get out of hand and do not damage or destroy morals and social functioning. However, these functions are sometimes, but not always, contradictory, and when they are, there is a danger of maladaptation. The two functions of coping, problem solving and regulation of emotional distress (palliation), have been commented on by many writers (e.g., Kaplan et al., 1973; Mechanic, 1962; Parsons and Bales, 1955; Pinneau, 1976).

2.5 CONCEPT OF PSYCHOLOGICAL WELL-BEING

Definitions of Psychological well-being are often not made explicit on the literature, but are only inferred by the measures that are used. Nonetheless, a current composite definition of Psychological Well-Being or Subjective Well-Being can be gleaned from the major works in the field. Diener (1984) suggests that there are three hallmarks to the area of psychological or subjective well-being. First, it is subjective—it resides within the experience of the individual. Second, it is not just the absence of negative factors, but also includes positive measures. Third, it includes a global assessment rather than only a narrow assessment of one life domain. Although these hallmarks serve to define the area of study, they are not complete definitions of Psychological or Subjective well-being.

Veenhoven (1984) defines Psychological well-being as the degree to which an individual judges the overall quality of her or his life as a whole in a favorable way. In other words, psychological well being is how well the person likes the life he or she
leads. Andrews and Withey (1976) define psychological well-being 'as’ both a
cognitive evaluation and some degree of positive or negative feelings, i.e. “affect”.

World Health Organisation (WHO) has defined health as “a state of complete
physical, mental and social well-being and not merely the absence of disease or
infirmity”. The concept of well-being is a somewhat reliable concept that is to do with
people’s feeling about their everyday life activities (Brodhurn, 1969; Warr & Wall
1975, Campbell, 1976). Such feelings may range from negative mental states (e.g.
Anxiety, depression, unhappiness, dissatisfaction, worries) through to a more positive
outlook which extends beyond the mere absence of dissatisfaction (as health is
something beyond the mere absence of illness)-------- into a state which has sometimes
been identified as positive mental health (e.g., Jahoda, 1958; Bery, 1975). Bradhurn’s
(1969) model of Psychological Well-Being provides the notion that a person’s well-
being is determined by the relative balance of positive and negative affects. Campbell
(1988) distinguished three types of well being, affect, strain and satisfaction. Campbell
recognizes that when people speak of satisfaction, they focus more spontaneously on
the flow of everyday life experience. Psychological Well-Being is thus a wide ranging
concept that embraces affective aspects of everyday experience. Negative and bivalent
components of well-being are relatively easily assessed through self reports such as
anxiety, happiness, job satisfaction or personnel esteem. The positive aspects of well
being have been widely discussed by Maslow (1973), and his follower; Deo & Sharma,
(1971), Spielberger, Sharma & Singh (1973), Spielberger & Sharma (1976) and
Sharma & Sharma (1978), but contents and structure of feelings of those kinds are still
so sorely in need of extensive exploration.

Despite the success of the measures to date, more sophisticated approaches to
defining and measuring Psychological Well-Being are now possible. Advances from
other areas of psychology suggest that a multi-method approach to assessing
Psychological Well-Being/Subjective Well-Being will create a more comprehensive
depiction of the phenomenon. Not only will multifaceted battery yield mere credible
data, but inconsistencies between various measurement methods and between the
various components of well-being help in better understanding of Psychological Well-
One can decompose Psychological Well-Being into finer and finer units. For examples, life satisfaction can be broken down into satisfaction with various domains: work/job, love and so forth. These domains in turn can be broken down more finely. Similarly, emotion can be divided into finer and finer categories. Unpleasant, affect can be broken into discrete emotions such as anger, anxiety, which can in turn be decomposed into anger over various types of events or anxiety over various events. The more global categories of hedonic level, life satisfaction, and subjective well-being serve a useful scientific role, however, because people show coherence between their well-being in different domains (e.g., Campbell, Converse, & Rodgers, 1976) and because specific positive or negative emotions tend to co-vary to some extent (e.g., McConville & Cooper, 1992). In other words, the reasons to study more molar as well as more molecular categories are that the smaller categories cohere in larger units. Thus, broader categories of Psychological Well-Being are useful scientifically because they point to more global psychological phenomenon. Therefore in present study Psychological Well-Being is operationalised in terms of Negative Affectivity, T-anxiety, T-anger, Positive Affectivity, and Job Satisfaction.

2.5.1 CONCEPT OF ANXIETY

The term anxiety is most often used to describe an unpleasant emotional state or condition, which is characterized by activation or arousal of the autonomic nervous system. The term anxiety is also used to refer to relatively stable individual differences in anxiety proneness as a personality trait. Lazarus and Averill regarded anxiety as a complex emotional syndrome which consists of unpleasant cognitive and affective states and, physiological arousal as basic components. Beck, Epstein, Manoller, and Spielberger all emphasize the centrality of cognitive factors in the arousal of anxiety as an emotional state. Thus, there remained an ambiguity in the definition of the concept anxiety. At various times, anxiety has been conceptualized as a response, a stimulus, a trait, a motive and a drive (Spielberger, 1972a, 1972b). Spielberger (1972) asserted that much of ambiguity and semantic confusion associated with the concept of anxiety resulted from more or less indiscriminate use of this term to refer to two related, yet logically very different concepts. Distinction between A trait and A state has clarified
trait, a motive and a drive (Spielberger, 1972a, 1972b). Spielberger (1972) asserted that much of ambiguity and semantic confusion associated with the concept of anxiety resulted from more or less indiscriminate use of this term to refer to two related, yet logically very different concepts. Distinction between A trait and A state has clarified semantic confusion considerably and has helped to procure anxiety a conceptual status as a scientific construct.

Spielberger (1966, 1971, 1972, 1973) maintained that an adequate theory of anxiety must distinguish between anxiety as a transitory state (A-Trait). In general, personality traits have been described as relatively enduring individual differences among people specifiable tendencies to perceive the world in a certain way and in disposition to react or behave in a specified manner with predictable regularity. Specifically, anxiety as a personality trait (A-trait) has been defined in terms of relatively stable individual differences in anxiety proneness, i.e., to perceive a variety of situations as threatening and to respond to these situations with differential elevations in state anxiety (Spielberger, 1968, 1972 & 1975). A-Trait may also be regarded as reflecting individual differences in the frequency and the intensity with which A-States have been manifested in the past, and the probability that such states will be experienced in the future. Persons who are high in A-Trait tend to perceive a large number of situations as dangerous than persons who are low in A-Trait.

Anxiety as an emotional state (S-Anxiety) is characterized by subjective consciously perceived feeling of tension, apprehension, and nervousness accompanied by or associated with activities of the autonomic nervous system (Spielberger, 1966, 1972a). State Anxiety (S-Anxiety) is a transitory emotional state or condition of human organism that varies in intensity and fluctuates overtime. The level of intensity of an anxiety state may be measured by self-report scales, or by changes in physiological measures that reflect activation of the autonomic nervous system such as heart rate, blood pressure and galvanic skin response. The level of S-Anxiety should be high in circumstances that are perceived by an individual to be threatening, irrespective of the subjective danger, A-State intensity should be relatively low in non-stressful
with differential elevations in state anxiety. Trait anxiety dispositions are reactive and remain latent until activated by the stress associated with a specific danger situation. Trait anxiety is not directly manifested in behavior but may be implied from the frequency and the intensity of an individual’s elevations in S-Anxiety over time. Persons who are high in Trait anxiety are disposed to perceive the world as more dangerous or threatening than low Trait anxiety individuals. Consequently high Trait anxiety individuals are more vulnerable to stress and tend to experience S-Anxiety reactions of greater intensity and with greater frequency over time than persons who are low in Trait anxiety.

The term “anxiety” is also used by a number of personality theorists to refer to a complex process. Anxiety as a process refers to a complex sequence of cognitive, affective and behavioral events that is evoked by some form of stress. This process may be initiated by a stressful external stimulus or by internal cues that are perceived or interpreted as threatening. Cognitive appraisals of danger are immediately followed by S-Anxiety reactions, or by an increment in the level of S-Anxiety intensity. Concept of anxiety-as- process implies the following temporally ordered sequence:—

\[
\text{External Danger} \rightarrow \text{Perception of Danger} \rightarrow \text{Emotional Reactions}
\]

The Taylor’s (1953) Manifest Anxiety Scale (MAS) and the Mandler-Sarason’s (Mandler & Sarason, 1952) Test Anxiety Questionnaires (TAQ) were among the first of psychometric instruments developed to assess individual differences in anxiety. Other instruments designed to assess anxiety in adults has been constructed by Cattell and Scheier (1963), Spielberger et al., (1970) and Zuckerman (1960) General (Trait) anxiety scales developed in India include Sinha’s Anxiety Scale (Sinha, D. 1962, 1965) and its shorter version (Khan & Hassan, 1981), Taylor Manifest Anxiety Scale (MAS)(Singh & Thakaur, 1968); Cattell and Scheier’s Positive Affect T-Anxiety Scale (Sinha, A K P & Sinha, I. N K , 1969; Krishna, 1970), Hindi Version of State-Trait Anxiety Inventory (Spielberger, Sharma & Singh, 1973; Spielberger & Sharma, 1976). The STAI is widely used in cross-cultural research and has been translated or adopted
in 32 languages or dialects, including Arabic, Chinese, French, German, Japanese etc. (Spielberger, 1984). Both S-Anxiety and A-Trait Scales of STAI consist of 20 items. Each A-Trait item has been determined to be impervious to situational stress and is relatively stable over time. Test retest reliability of STAI was found to be 77 to 88 over perfect ranging from 30 to 90 days.

2.5.2 Concept of Anger

Anger is most often defined as an emotional state that consists of feelings of irritation, annoyance, fury and rage, and heightened activation or arousal of the autonomic nervous system. It is one of the six basic emotions (Ekman & Oster, 1979) recognized to be culturally, universal in human beings. Anger, hostility and aggression are the central concepts of many theories of personality. According to Spielberger, Jacobs, Russell and Crane (1983), anger is generally considered to be a simpler concept than hostility and aggression. Hostility also involves angry feelings, but this concept is much broader, usually having the connotation of negative destructive attitudes such as hatred, animosity and resentment, as well as chronic anger, while anger and hostility refers to feelings and attitudes, the concept of aggression generally implies destructive or punitive behaviors directed towards other persons or objects.

Spielberger et al (1983) have defined anger as a personality trait (T-anger) and state anger (S-anger). Trait anger (T-anger) has been defined in terms of individual difference among people in the disposition to perceive a wide range of situations as annoying or frustrating and in the tendency to respond to such situations with marked elevation in state anger. Persons high in T-anger are more likely to experience more intense elevations in S-anger, whenever annoying or frustrating (or stressful) conditions are encountered.

Spielberger, Johnson, Russell, Crane, Jacobs and Worden (1985) have distinguished between experience and expression of anger feelings. On anger expression, individuals are typically classified as "anger-in," which means that they suppress their anger or direct it inward toward the ego or self (Averill, 1982; Tavris, 1982). "Anger-in" refers to how often anger feelings are experienced but not
expressed "Anger-out" means that individuals express their anger towards other persons or the environment. Anger directed outward may be expressed in physical acts such as assaulting other persons, destroying objects, and slamming doors. The outward expression of anger may also take the behavioral form of criticism, insult, verbal threats, or the extreme use of profanity (Anger-out).

Conceptualizing anger simply as an aspect of aggression overlooks the fact that, even when angry feelings do not lead to aggressive behaviour or depression, such feelings may nevertheless have detrimental physical and psychosomatic effects. Awareness of the importance of assessing anger accurately (Biaggio & Maiuro, 1985) has been greatly enhanced by increasing evidence that angry and hostile feeling may be related to high blood pressure (BP), coronary heart disease (CHD), cancer, and other health problems. In addition to health related issues, a person's sense of well-being can be markedly and negatively affected by the inability to express angry feelings in adaptive ways. Conversely, the uncontrolled expression of anger can lead to problems and conflicts with other people and with the society.

Reaction Inventory (RI) was developed by Evans and Strangeland (1971) to assess the extent to which specific stimulus Anger-Expression (AX) Scale developed by Spielberger et al. (1985) consist of 24-items. The three sub scales assess individual differences in the tendency to: (i) express anger toward other people or object in the environment (Ax/Out) (ii) experience but hold in (suppress) angry feelings (Ax/In) and (iii) control the experience of expression of anger (Ax/Con). The alphas ranged from 0.73 to 0.84 and were highest for the Ax/In sub scale. The item remainders for the Ax/Ex items were heterogeneous, ranging from 0.14 to 0.56, with a median of 0.33. The Ax/In and Ax/Out subscales were moderately to highly correlated with Ax/Ex scores, which would be expected, of course, given the overlap of the subscale items with the total anger-expression scores. This scale has been validated by West-Berry (1980) who found it to be correlated with BDHI total score ranging from 0.66 to 0.73. The Hindi version of the AX Scale has been developed by Krishna (1980), and its cross-language equivalence has been empirically demonstrated.
2.5.3 **Concept of Job Satisfaction**

A major part of man's life is spent in work, therefore, it is natural to expect that man would seek to satisfy many of their needs in and through their work. Maslow's study of hierarchy of human needs provided the basic foundation for many subsequent studies on job-satisfaction. Essentially, Job satisfaction is a person's attitudes towards the job, like any other attitudes, it represents a complex assemblage of cognition (beliefs or knowledge), emotions (feelings, sentiments or evaluations) and behavioral tendencies.

Comprehensive concept of job satisfaction has been formulated by Smith (1963) and his associates. The group makes the observation that "the feelings of an individual towards various-aspects of his job are not absolute, but relative to the alternatives available to him". According to Crites (1969), on the basis of above assumption, job satisfaction is defined as an affective state that is "a function of the worker's present job, on the one hand, and his frame of reference and his adaptation level on the other". Vroom (1964) defined Job Satisfaction as the positive orientation of an individual towards the work role that he is presently occupying. It refers to an employee's general attitude towards his job. Locke (1976) defines job satisfaction as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience".

Benjamin and Robert (1957) are of the opinion that job satisfaction is most adequately conceptualized as a personalistic evaluation of conditions existing on the job (work, supervision) or outcomes that arise as a result of having a job (pay, security). Blum and Naylor (1968) consider job satisfaction a resultant of many attitudes possessed by a worker, in different areas. Gilmer (1960) observe, "Job satisfaction or dissatisfaction is the result of various attitudes the person holds toward his job, toward related factors, and toward life in general". After reviewing several studies Herzberg et al., (1957) reported ten major factors that constitute job satisfaction. These were intrinsic aspects of job, supervision, working conditions, security, opportunity for advancement, wages, management, social aspect of job, communications, and benefits. Twery, Schmit, and Wringley (1958) on the basis of a
factor analytic study revealed the following five common factors: general attitude towards the job, satisfaction with the supervisor, satisfaction with higher echelon, satisfaction with living conditions, and satisfaction with Co-workers.

There does seem to be one common theme that pervades the research on job satisfaction. An affective state is implied. It is assumed that at any specific point in time, an individual occupies a point on a continuum that range from a strongly positive emotional state to a strongly negative one. The position that an individual occupies, depends on both internal and external variables. Job related stimuli comprise a class of these variables. Thus, it is assumed that at least in past, a person’s emotional state is affected by interactions with the work environment. It is this portion of affective variance that is referred to as job satisfaction.

According to Sinha (1972) job satisfaction is generated by individual’s perception of how well his job on the whole is satisfying to his various needs. Pestonjee (1973) has suggested that job satisfaction is the summation of employee’s feeling in four important areas. Two of these areas encompass on the job factor i.e. those directly connected with the job (intrinsic factors) and the other two include off the job factors i.e. not directly connected with the job but which are presumed to have a bearing on job satisfaction. These four areas with their related aspects are as follows:--

(i) **Job**: Nature of work, hours of work, fellow workers, opportunities on the job etc.
(ii) **Management**: Supervisory treatment, participation, rewards and punishment, praise and blame, etc.
(iii) **Social relations**: neighbors, friends and associates, attitude towards people in community, etc.
(iv) **Personal Adjustment**: Emotionality, health, home and living conditions etc.

The first two together are termed as On-the-Job factors while the later two are known as off-the-Job factor. Job satisfaction is not only the result of the aspects
related to the work (on-the-job factor) but is also a product of Off-the-Job environment.

(a) On-the-job factors:

Pestonjce (1981) arrived at the following factors in on-the-job area of satisfaction.

(i) Supervisory Treatment/Consideration: Important aspects of empathy such as ‘sympathetic treatment,’ ‘respect for their skill and abilities’, ‘opinion seeking,’ ‘external help to workers,’ ‘promotion policy’, ‘supervisor’s behaviour’, etc. Is included here. Kahn and Katz (1953) called it ‘employee orientation’, Halpin and Winer (1957), and Fleishman (1957a, b) ‘consideration’, Whereas Likert (1950) an ‘attitude toward men’ to refer to this supervisory behaviour.

(ii) Equity regarding work loan and pay: An emphasized by numerous investigators salary is certainly an important factor in job satisfaction. To Williams (1925) it is one of the fundamental factors in an individual’s attitude toward his work. As suggested by Patchen (1961), a worker compares his own wages with those of others and tends to evaluate similarities and differences in terms of his relative standing on dimensions believed to be the basis of pay(i.e. skill, seniority and education).

(iii) Supportive function: The items constituting this factor relate to the workers relations with their supervisors and their interpersonal relations. In contrast to the first factor, this factor is chiefly restricted to the interpersonal relationships with the supervisors

(iv) Interest in Work: If a worker finds his work interesting and satisfying, he will be dissatisfied when deprived of his work.

(v) Rules and regulations: Items cover such aspects as over time rules and regulations. Included also are statements like “Do you have to work with some such people whom you don’t like much ?”.

(vi) Intrinsic satisfaction: It includes such aspects as the proper selection of job, nature of work, etc It also includes such aspects as to whether the worker
considers his job respectable and worth doing, whether the job is simple or difficult one.

(vii) **Regard for the organization**: This dimension includes such aspects as relation to the overall management cadre, nature of supervision, as also the organizational environment

(viii) **Working conditions**: Includes such aspects as tools, materials and work equipment, reward for good work and promotion opportunities. This dimensions also includes reward and punishment policy of the company. Rewards and punishments can be material as well as psychological. A worker getting a word of praise or a pat on the back from the supervisor for good work feels rewarded; likewise a worker who is reprimanded feels punished even though such a verbal action may not accompany any physical or material loss.

(ix) **Cooperation of the co-workers**: Interactions between members of a group can lead to satisfaction as well as dissatisfaction. Walker and Guest (1952) observed that congenial work associates and opportunities for social interaction were very important for job satisfaction. Vroom (1964) has put forth things in a different way. To him, “If the work group is believed by an individual to be instrumental to the attainment of positively equivalent outcomes, it will acquire positive valence for him; if, on the other hand, it is perceived to be instrumental to negatively equivalent outcomes, it will acquire negative valence for him.”

(x) **Supervision nurturance of subordinates**: This factor refers to the supervisor’s attitude toward growth and development of subordinates, as perceived by the subordinates

(b) **Off-the-job factors**

People in an organization, as observed by Dubin (1951), “are not just a bunch of individuals bundled together in a mass. They form groups that are social unites.” Historically, the emphasis upon social organization at the work group level was anticipated in the social philosophy of Durkheim (1893). Whatever a worker does or
feel regarding his company is not only the product of what goes on in the company; rather, his attitudes and beliefs are also affected by factors away arising from off-the-job factors are frequently reactions to job conditions. Research evidence indicates that low job adjustment coexists with low social and personal adjustment (Akhtar, 1963; Akhtar and Pestonjee, 1963). On the basis of factor analysis some eleven factors emerged in off-the-job aspects of job satisfaction (Pestonjee, 1981):

(i) **Relation with family members**: The items constituting this dimensions are mostly related with interpersonal relationship with the family members and relatives.

(ii) **Emotionality-neuroticism**: It includes such aspects as withdrawal, neurotic anxiety, tiredness, etc. In an investigation on female employees by Kornhauser and Sharp (1932) it was found that out of the 25 most neurotic, 16 were more dissatisfied than the average and out of the 25 most stable, only 3 were dissatisfied.

(iii) **The perception of the people in the society**: This includes the items indicating the feelings about society and social bindings.

(iv) **Anxiety about health**: Items grouped under this dimension are concerned about personal health and health of family members.

(v) **Sociability**: This factor indicates about the ease with which a person can interact with other people in the society and is able to maintain his interpersonal relationships in the society.

(vi) **Intra-psychic factors-extraversion introversion dimension**: This is a personality trait. This factor affects the way of working of an individual as well. It may also be conceived as determining the likes and dislikes of individual workers for some jobs.

(vii) **Neighbourhood**: This can be explained as a dimension which is a constituent of interpersonal relation with the surroundings and social ecology of the place.

(viii) **Intrapsychic**: It mainly relates with empathy and temperament of the individual.
(ix) **Trust.** It can be conceived as a general indicator of interpersonal trust both in the society and job surroundings.

(x) **Isolation.** It can be conceived as a dimension of the more elaborate construct of alienation. This dimension is indicative of the combined effect of isolation, self-estrangement and social isolation.

(xi) **Living conditions:** This factor reflects the worker’s feelings about the environment where he lives. It includes home environment as well as neighbourhood.

In summary, it clearly appears that job satisfaction is not only the result of aspects related to the work (on-the-job factors) but is also a product of off-the-job environment.

On the job satisfaction arise only when men do their work that is necessary to meet organisational goals. Satisfaction arises either directly or indirectly from the work. A sense of achievement arises from doing a job well when a man performs an assigned task and at the same time satisfies his basic needs, we say he enjoys direct or on the job satisfaction. In such a case it is the work itself and the normal relations with other people at work that provide satisfying experience. There may be rewards for work that are not generated as an aspect of work activity. Familiar forms of this kind of reward are pay, vacations and pensions. Satisfactions that arise from such rewards take place outside the management system or work situation and mostly outside the company. It is known as “indirect” or “off-the-job” satisfaction.

One widely used measure of job satisfaction is Job Descriptive Index (JDI) developed by Smith et al., (1969). It consists of a number of adjectives descriptive of the people who work, including his supervisor, the nature of the work itself, the level of pay received and opportunities for promotion. From this scale, it is possible to derive a total satisfaction score as well as sub scale scores. Harigopal (1979) has also used an indigenous questionnaire for measuring job satisfaction. The Satisfaction Dissatisfaction (SD) employee’s inventory has been developed by Pestonjee (1973, 1981). This inventory provides satisfaction scores on four dimensions (Job,
management, social relations personal adjustment) as well as on-the-job and off-the-job facts of job satisfaction.

2.5.4 CONCEPT OF NEGATIVE AFFECT AND POSITIVE AFFECT:

Positive Affect and Negative Affect are two broad and independent dimensions of emotional experience. Although the terms Positive Affect and Negative Affect might suggest that these two mood factors are opposites (that is, strongly negatively correlated), they have in fact emerged as highly distinctive dimensions that can be meaningfully represented as orthogonal dimensions in factor analytic studies of affect.

Positive Affect reflects one's level of pleasurable engagement with the environments. High Positive Affect is marked by such terms as excited, delighted, active, alert, and determined, whereas low Positive Affect is best defined by descriptors reflecting lethargy and depression (e.g., sluggish, tired, depressed). High Positive Affect is also a state of high energy, full concentration, and pleasurable engagement. In contrast, Negative Affect is a general dimension of subjective distress and unpleasurable engagement that subsumes a variety of aversive mood states, including anger, contempt, disgust, guilt, fear, and serenity. Trait Positive Affect and Negative Affect roughly correspond to the dominant personality factors of extraversion and anxiety/neuroticism, respectively (Tellegen, 1985; Watson & Clark, 1984). Drawing on these and other findings, Tellegen has linked trait Negative Affect and Positive Affect, respectively, to psychological and psychodynamic constructs of sensitivity to signals of reward and punishment. He has also suggested that low positive affect and high negative affect (both state and trait) are major distinguishing features of depression and anxiety, respectively (Tellegen, 1985, see also Hall, 1977).

As outlined by Watson and Clark (1984), trait Negative Affect is a dimension that reflects stable and pervasive differences in negative mood and self-concept. They review extensive evidence indicating that high Negative Affect 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. High Negative Affect subjects are more introspective and differentially dwell on their failures and
shortcomings. They also tend to focus on the negative side of others and the world in general. Consequently, they have a less favorable self-view and are less satisfied with themselves and their lives. In contrast, low Negative Affect individuals tend to content, secure, and self-satisfied.

Numerous Positive Affect and Negative Affect scales have been developed and studied in a variety of research areas. Generally speaking, the findings from these studies indicate that the two mood factors relate to different classes of variables. Negative Affect but not Positive Affect is related to self-reported stress and (poor) coping (Clark & Watson, 1986, Kanuer, Coyne, Schaefer, & Lazarus, 1981; Wills, 1980), health complaints (Beiser, 1974; Bradburn, 1969; Tessler & Mechanic, 1978), and frequency of unpleasant events (Stone, 1981; Warr, Barter, & Brownbridge, 1983). In contrast, Positive Affect—but not Negative Affect—is related to social activity and satisfaction and to the frequency of pleasant events (Beiser, 1974, Bradburn, 1969; Clark & Watson, 1986, 1988; Watson, 1988).

Trait Negative Affect is assessed by many common personality measures, including the Eysenck Personality Inventory Neuroticism Scale (EPI-N, Eysenck & Eysenck, 1968), NEO personality inventory (NEO-PI, Costa & McCrae, 1985b), Neuroticism Scale, the Taylor Manifest Anxiety Scale (TMAS; Taylor 1953), the State-Trait Anxiety Inventory A-Trait Scale (A-Trait; Spielberger, Gorsuch, & Lushene, 1970), the Repression-Sensitization Scale (R-S; Byrne, 1961), and the Positive affect Anxiety Scale (Krug, Scheier, & Cattell, 1976), as well as various measures of general maladjustment, low self-esteem, pessimism, and ego-strength (reverse-keyed). Given the number of scales and the diversity of content in the scales defining the construct, it is clear that Negative Affect trait is a diffuse, nonspecific measure of subjective distress and dissatisfaction that exerts a pervasive influence in self-report personality assessment (see, Watson & Clark, 1984).

MPQ is a 25-items scale, in which 14-items assess Negative Emotionality (NEM) and 11-items assess Positive Emotionality (PEM). The NEM focuses on the experience of negative affect and contains no somatic complaint or health related items. Like other measures of Negative Affect, NEM is internally
consistent (coefficient of alpha $\alpha = .82$, $n = 872$) and demonstrates high test-retest reliability (12 week retest, $r = .72$, $n = 109$) factor analyses of the NEM items reveals a single general factor. Trait Positive Affect is measured by 11-items of Positive Emotionality contained in MPQ. High PEM scores, describe themselves as happy and enthusiastic, and leading an interesting and exciting life. PEM is also internally consistent (coefficient $x = .80$), reliable over time (12-week retest, $r = .77$, $n = 109$), and unifactional.