Since the dawn of Human consciousness mankind has been engaged in the pursuit of happiness, peace and stress-free life. In the process, human beings are caught in a dynamic technological whirlpool closely linked with work settings which have numerous systems such as production, finance, marketing, and administration etc. These are accountable for the growth of the organisation. However, another very important element i.e. human element is sometimes reduced to a mere insignificant cog in the wheel of the total technological system. This tends to generate a feeling of powerlessness, meaninglessness, normlessness and consequent stress.

In the past three decades empirical researches on the topic of stress have increased many fold. Organisational stress in general and role stresses in particular are the major areas of research in India also. Researchers have focused their attention on casual factors of stress, stress-manifestations, moderators of the stress-strain relationship and various coping strategies/relaxation techniques adopted by organisational entities to cope with stress. Traditionally occupational hazards were regarded simply in terms of Biological, Chemical or Physical agents which might more or less directly physically damage the person. Relatively little attention was paid by the occupational health professional to psycho-social factors as a source of stress, or to the effects on psychological health or well-being. The psychological and physical health effects of job/role stress are not only disruptive influences on the individual, manager, executive, but also a ‘real’ cost to the organisation, on whom many individuals depend- a cost which is rarely, if ever, seriously considered either in human or financial terms by organisations.
Stress is considered as a negative feature of the work environment that impinges upon the individual certain pressures (e.g., role conflict, lack of opportunities to participate in decision making), and the outcome is strain in the form of psychological and physiological response of the individual (e.g., low job satisfaction, anxiety, depression etc.) Physiological responsiveness to psychological stress might be involved in the etiology of Coronary Heart Disease (CHD) or essential hypertension (Krantz, Baum & Singer, 1983, Obrist, 1981, Schneiderman, 1983). Stressors associated with organizational climate including the measures of perceived job design, leadership, and relations with co-workers, etc. have been found to be related to blood pressure, irregular heart rate, cholesterol level and other heart disease in different occupational groups (Cooper & Marshall, 1976). Occupational stress stems from various job dimensions, i.e., role overload, role ambiguity, role conflict, group and political pressures, poor peer relations, intrinsic impoverishment, responsibility for person (Caplan, 1985, Manning, Ismael & Sherwood, 1981).

Stress research using behavioural symptoms, such as absenteeism, turnover etc., shows that the higher the stress--more is the absenteeism and less is the turnover (Van Sell et al, 1979). Beehr and Newman (1978) reviewed literature that showed consistent replication of findings that perceived that on the job stress is related to employees' health and well-being (see also Cooper, 1983). Other behavioural measures which have been found to be associated with organisational stress include smoking, quitting smoking and escapist drinking (Caplan et al, 1975, Margolis et al, 1974, Shirom et al, 1973).

Literature further presents that the relationship of different indicators of organisational stress and health or behavioural symptoms can vary with the nature of occupational groups or with different job hierarchies in the same occupational group or organization. Jagdish (1987), Bhatnagar and Bose (1985), and Mishra and Singh (1987) studied occupational stress and employees' work behaviour in Indian settings. Srivastava (1983) and Barnes (1983) reported that organisational stress is related with health related variables. Surti (1983) found that nurses and bank employees experience
the highest role stress, while university and college teachers experience the lowest role stress, thereby highlighting the role of occupation in stress at work in these occupational groups as well.

3.1 ORGANISATIONAL ROLE STRESS AND TYPE-A BEHAVIOUR PATTERN

In recent years, the most widely discussed personal characteristic contributing to stress at work has been the Type-A vs. Type-B differentiation (Ivancevich & Matteson; 1982). Keen & McBain (1979), Rekhe & Van (1979) have also empirically and extensively tested Type-A/Type-B differentiation as contributor to stress at work in the West. Ivancevich and Matteson (1984) found that Type-A persons act in ways which produce more stressful events for themselves and find the events more intensively stressful. Earlier Ivancevich et al. (1982) found that Type-A individuals reported more work overload, more time pressures and more role conflict. Kelly and Houston (1985) conducted study on ninety one women employed full-time and concluded that Type-A women had higher occupational levels and reported more demanding jobs. And they reported higher stress and tension than their Type-B counterparts. Curiously, Type-A was related to more reported stress and tension for person who felt that they had many sources of support, but not for persons who did not perceive their having many sources of support.

Chesney and Rosenman (1980) concluded that although Type-A individuals are more likely to achieve higher occupational status and to advance more rapidly, but there are no consistent relations between Type-A behaviour pattern and indicators of occupational stress. For examples, whereas Friedman, George, Byers and Rosenman (1960) found that Type-A individuals had greater psycho-physiological reactivity on the job, De-Becker et al. (1979) and Caplan and Jones (1975) did not find psycho-physiological differences between Type-A and Type-B workers. Motowidlo et al. (1986) developed an Occupational Stress Index with 45 items to find out occupational stresses of Nursing Profession. They found that the stressful events occur more
frequently to Nurses with strongly Type-A behavioural style, than their Type-B behaviour pattern counterparts. Also, strongly Type-A simply feel more stressed regardless of how frequently or intensely they experience the stressful events. In contrast, Lester and Solis (1980) found a little association between Type-A behaviour self perceived stress in police officers. Schmied and Lawler (1986) found strong stress-illness association.

In one study, Pestonjee (1987b) studied role stresses in relation to Type-A pattern of behavioural disposition and state-trait anger. As the stressors vary from one job category to another depending on the personality characteristics of the focal person, it was decided to study three categories of management personnel namely, top, middle and IAS Officer. No difference was observed pertaining to Type-A pattern of behaviour and trait anger between the three job categories. Eleven Organisational Role Stress (ORS) factors were subjected to correlation analysis with Type-A behaviour, State and Trait anger in the three job categories. Type-A behaviour was associated significantly with eight Organisational Role Stress factors in the case of IAS Officer, and with six factors for the top management group. Also role stresses and Type-A behaviour were found to be statistically significant for the lower age groups as compared to the higher age groups.

Palsane and Evans (1984) studied 120 state transport drivers in the Pune region of Maharashtra State to examine the differences in their driving behaviour and health as related to Type-A/Type-B personality patterns. Driving behaviour, using brakes within the city links and outside on highways. The analysis revealed that Type-A drivers were significantly higher on such behaviours as blowing horn, overtaking other vehicles and applying brakes than Type-B drivers. Evans, Palsane and Carrere (1987) extended this study and attempted to compare Type-A and Type-B drivers in the United States and India. The analysis revealed that Type-A bus driver showed a higher incidence of accidents, absenteeism, official reprimands and self reports of occupational stress as compared to Type-B drivers. Second, in India, but not in the United States, Type-A drivers overtake and blow their horn more often than Type-B drivers. Third, though-drivers exhibited expected elevations in blood-pressure and
catecholamine on the job, the magnitude of these increases did not differ as a function of Type-A/Type-B classification. It is evident in both the studies that stress caused by Type-A pattern of behavioural disposition is responsible for heightened driving behaviour. Though it was not found to have any bearing on Cardiac problems.

Jamuna and Ramamurthi (1984) showed that age groups of 40-49 had significantly higher scores on Type-A behaviour, job involvement, speed and impatience, and hard driving and competitive behaviour. They had expected this in the light of observations made by Krantz et al (1981). The high CHD prone behaviour, they argued, may be due to functional limitations in work, occupational stress and high achievement orientation and perfectionism in the middle years of the life span.

Ramamurthi, Jamuna and Ramamurthi (1984) concluded a study on a sample comprising 30 executives and 30 non-executives (clerks). They administered the Jenkins Activity Survey (JAS) to measure four factors of coronary stress prone behaviour, namely, Type-A behaviour, speed and impatience, job involvement, hard driving and competency. The analysis revealed that the executives scored significantly higher on all four factors of coronary or stress prone behaviour as compared to non-executives.

3.2 ORGANISATIONAL ROLE STRESS AND COPING STYLES

Individuals and Organisations cannot remain in a continuous state of tension. Even if a deliberate and conscious strategy is not adapted to deal with stress, some strategy is adopted, for example to leave the conflicts and stress to take care of themselves. This is also a strategy, although the individual or the organisation may not be aware of this. This is called avoidance coping strategy. The word coping has two connotations in literature. The term has been used to denote 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). While much is known about the kind of stresses people experience in day to day life, less systematic attention
has been paid to study the stresses in working situations and the ways in which people respond to these stresses, more especially in India. There has been now an increased concern among Western researches about coping and adaptation in relation to stressful situations, and how stress is managed (e.g., Pareek, 1977), but a few studies in India dealt with this aspect of stress-coping.

Two different approaches to the study of coping have been pursued by various investigators. On the one hand some researches (e.g. Byrne, 1964; Goldstein, 1973) have emphasized general coping traits, styles or dispositions, while on the other (e.g., Cohen & Lazarus, 1973; Katz, Weiner, Gollagher and Hellman, 1970) some investigators have preferred to study the active ongoing strategies in a particular stress situation. Pareek (1977) has also suggested two types of stress coping strategies - approach and avoidance with four sub coping categories in each of these two main categories. Different persons employ complex and varied combinations of different strategies to deal with same kind of stress. One 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 others. As suggested by Cohen (1975), any answer to this problem would depend upon the particular situation, point of time (short or long) run, and level (physiological, psychological or social) at which the stress is being felt. What may be considered to be an optional or beneficial response in one situation at a particular point of time may be damaging (or ineffective) in some other situation or at a different point of time. In general dysfunctional modes of coping may be damaging when they prevent essential direct action, but may be extremely useful in helping a person maintain a sense of well-being, integration or hope under conditions otherwise likely to encourage psychological disintegration.

Coping styles can vary with the nature of role stress. Different occupational groups use different coping styles or within same occupational groups there can be different coping styles (Sen, 1982, Surti, 1983. Marshall and Cooper (1979) asked managers how they coped with work pressure. The most common technique reported was to work longer hours. Other methods were, delegation(6%), negotiating and compromising with those setting work to produce only that which is really
needed (8.5%), redistributing workload within the department (6%), planning ahead to
annual demand peaks (3%), and balancing the departments internally-generated
load (3%).

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
elicted problem focused modes of coping while health stressors were more often
associated with emotional focused modes. Earlier, Hinkle (1974) has suggested that
those who remain healthy may be those who are emotionally illustrated and less
involved with others. Kobasa (1979) found that those who did not get ill after
undergoing many stressful life events were those who had a stronger sense of
meaningfulness and commitment to self, a vigorous attitude to life and an internal locus
of control - a constellation labeled as ‘Hardiness’. 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 healing rate,
and that of the psychological variable 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 and Suls (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. Lazarus (1983) concluded from the related studies
that coping effectiveness depends on the controllability of the situation.

Miller and Mangan (1983) compared surgery patients who preferred to avoid
stressful information with those who tended to seek it out, using two treatment
conditions consistent with their preferred strategy, had less distress than those with
discrepancy between the two. Thus the effectiveness of coping strategies varies with
the nature of stress as well as the ‘person’ who use them. Some studies have examined
the relation of the mode of coping and some outcome measures. Some of these studies
have found that problem-focused coping decrease emotional distress, whereas
emotional focused coping increase it (Felton & Revenson, 1984, Mitchell, Cronkite &
Moos, 1983, Mitchell & Hodson, 1983) Others, however have reported the opposite
pattern (Baum, Fleming & Singer, 1983; Marrero, 1982). In another study, problem focused coping had little effect on emotional distress but did decrease subsequent problems (Menaghan, 1982).

Gupta and Murthy (1984) studied role conflict and coping strategies among Indian women. The coping strategy that was the most popular amongst the respondents was personal role re-definition. This strategy was significantly associated with low role conflict and high satisfaction with coping. Reactive role behaviour methods on the other hand were associated with high role conflict and low satisfaction with coping. The qualitative data also indicated that ‘Adjustment’ and ‘Compromise’ were the most commonly used and successful methods of coping. Approach coping modes were found to have positive relationship with role efficiency and effective role behaviour and job satisfaction (Sen, 1982). Highly significant positive relationship has been reported between approach styles and internality and between, avoidance styles and externality (Sen, 1982, Surti, 1983). Approach styles have high correlation with optimism and negative correlation with alienation (Sen, 1982).

Ahmad, Bhatt and Ahmad (1990) studied stress and coping strategies among executive technocrats and collected data to examine whether there is any difference in the coping styles of male and female technocrats on Role Props. The results indicated that the total sample scores were higher for the approach style than for the avoidance style. The executive technocrats used intropersitve style as the dominant style for coping followed by defensive and extrapersistive styles. Men used a defensive style more often than women, females largely used the approach style for coping. It was also found that none of the demographic variables age, number of dependents, income, drinking/smoking habits health of the individual- had a significant bearing on the strategies used for coping with stress. Surti (1983) offers insight into the different styles of coping used by eight professional groups of Indian working women in dealing with their organisational role stressors. Some of the major conclusion of this pioneering study are, (i) defensiveness is used more as a style to cope with role stress by professionals amongst women entrepreneurs and (ii) avoidance-oriented coping styles have a positive and approach oriented coping styles have a negative relationship.
with role stress. This shows that the type of occupation also determines the nature of stress coping strategies.

Kaur and Murthy (1986) studied the coping strategies of the managerial personnel at different organisational levels in a public sector. The results indicated a significant difference in the coping strategies adopted by individuals working at different organisational levels - Avoidance strategies were predominant at the junior levels and approach strategies were predominant at the senior levels. The defensive style was used to the maximum by the junior management personnel, impunitive by the middle management personnel, and introversitve by the senior/top management. There was a positive and significant relationship between role stress and avoidance strategies, between role stress and externality, and between externality and avoidance strategies. Organisational role stress is negatively and significantly associated with approach strategies.

Singh (1988) conducted a study to examine the modifying effects of coping strategies (avoidance and approach) which employees adopt to deal with their organisational role stress on the relationship between perceived role stress and mental health. The results indicated that employees who experienced stress arising from various inadequacies in their job role, had an adverse effect on their mental health. Employees who experienced high role stress manifested more symptoms of free floating anxiety, obsessive-neurosis, neurotical depression, hysterical neurosis, phobic anxiety and somatic concomitants of anxiety.

3.3 ORGANISATIONAL ROLE STRESS AND PSYCHOLOGICAL WELL-BEING

Stress is considered as a negative feature of work environment that impinges on the individual, and strain is taken as the psychological and physiological response of the individual. Physiological responsiveness to psychological stress might be involved in the etiology of Coronary Heart Disease (CHD) or essential hypertension (Krantz, Baum, & Singer, 1983; Obrist, 1981; Shrit & Gavriel, 1982, Schneiderman, 1983).
Srivastava (1983) and Barnes (1983) have also reported organizational/occupational stress to be related with health related variables (see also Schuler, 1980; pp-202). Role conflict and role ambiguity are associated with mental health symptoms of job dissatisfaction (French & Caplan, 1970, Gavin & Axelord, 1977; irritation (Caplan, 1976, Gavin & Axelord, 1977), depression (Gavin & Axelord 1977; Motowildo et al, 1986), psychosomatic complaints (Morris & Koch, 1979); and job related tension (Singh et al, 1981). The literature regarding perceived work overload in occupational/organisational settings suggests that either type of overload (i.e. qualitative or quantitative) can produce poor mental health symptoms, such as irritation, job dissatisfaction and depression (Pineherle, 1972; French & Caplan, 1973; French, 1974, Caplan, 1976).

Individuals reaction to the same work environment is different, some find it comfortable and rewarding, whereas others may consider it to be quite stressful. One person finds a job, working with people very satisfying, while another considers it to be a source of stress dissatisfaction (McMichael, 1978). A number of studies relate to two main stress measures, cardiovascular heart disease and mental ill health (CHD and MIH), to occupational levels of which, Marks (1967) provides an excellent review. Majority of these studies support the proposition that risk of CHD rises with occupational level. Several researchers have concluded that occupational stress has a negative impact on the mental and physical health of workers (Cooper & Marshall, 1976; Frese, 1978, Gardell, 1971; Gardell & Johnson, 1981). Schreoder and David (1983) reported negative relationship between life/occupational stress and psychological well-being.

Kaiser and Berndt (1985) concluded that high stress be considered as an indicator of depression. Kandel, Mark and Victoria (1985) found that strain and stresses were found to be lower in familial roles than in occupational or house work roles. But when they did occur, they had more severe consequences for the psychological well-being than occupational strain and stresses. Neill, Colleen and Zeichner (1985) examined the relationship among job-environment, job stress and health outcomes (i.e., depression, anxiety) in employed women. They found that the
level of job distress and tendency to use avoidance coping and problem focused coping were significant predictors of health outcomes. Also results support the notion that stress in the work environment has a negative impact on mental health of working women. Staats and Staats (1982) found that women responded to stress with more reported illness, medical consultation, medication usage, and mental health consultations. They indicated greater incidence of mental problems, stress related disorders, and positive family histories for stress related disorders. French and Caplan (1970), Margolis et al. (1975), Miles (1975), House et al., (1979), Srivastava (1986) concluded the negative relationships between perceived occupational stress and psychological well being which were in conformity with the results of earlier investigations examining the relationship between occupational role stress and individual strain and symptoms of mental ill health. Further, western studies have explored the relationship of life stress/occupational stress, personality variables, and various indicators of well being (e.g., Ivancevich et al., 1982, Bell, 1983, Kandel et al., 1985), with inconclusive outcomes.

There are few studies available on the relationship of organisational role stress with various indicators of Psychological Well Being (PWB) viz., Anxiety, Anger, Negative Affectivity, Positive Affectivity and Job satisfaction. Caplan and Kenneth (1975) concluded that role ambiguity is positively associated with anxiety and depression. Subjective work overload is positively associated only with anxiety. French and Caplan (1973) reported role ambiguity to be positively related to anxiety. Similarly, Gavin and Axelord (1977) found that stress such as under-utilization of skills, Job insecurity, role conflict and role ambiguity, variation in work load and lack of participation had moderate to high relationship with anxiety (besides irritation, depression, psychosomatic symptoms and job dissatisfaction). Sharma and Sharma (1983), on a sample of gazetted and non-gazetted officers, found that role efficacy has negative relationship with general and job anxiety. Srivastava (1983) on a sample of white collar employees, reported that high stress group had significantly higher free-floating anxiety. Sharma and Sharma (1987) studied the magnitude and pattern of the relationship between ten organisational role stress and two indicators of well being (anxiety and job satisfaction) in groups of senior bureaucrats and technocrats.
findings were (i) overall Organisational Role Stress (ORS) is positively related to job anxiety on both the occupational groups but to general anxiety in the case of technocrats only (ii) overall Organisational Role Stress (ORS) is negatively related to job satisfaction in both bureaucrats and technocrats. They concluded that the magnitude and pattern of organizational role stress well being convection varies with the type of Organisational Role Stress (ORS), the nature of well being measures and the nature of occupation studied.

There is limited research literature available on the relationship of organisational role stress and anger. Whatever literature is available on anger, hostility, and aggression reveals great deal of conceptual ambiguity and confusion (see Biaggio, Supplee & Curtis, 1981; Spielberger, Jacobs, Russell & Crane, 1983) Gentry and his colleagues (Gentry, Chesney, Hall & Harburg, 1981; Gentry, Chesney, Gray, Hall and Harburg, 1982) have reported findings that clarify the effects of race, sex, socio-ecological stress and habitual anger coping styles on blood pressure and the risk of hypertension. Myers (1979) found that the greater the coercive punitive behaviour of the superior, the higher is the reported prevalence of fear, anxiety, anger and depression. Cecchi (1984) showed that stress is associated with negative self-image, inability to express anger and lack of community support. Aggressive coronary patients frequently respond to job-related stressors by inappropriate anger and hostility. The role of anger expression in hypertension, coronary artery and myocardial diseases has also been studied in recent years in the West (e.g. Kones, 1979, Kuchel, 1977). Donnerstein and Berkowitz (1981) found that anger as well as aggression vary as a function of gender of the target. Carol (1984) concluded that not expressing anger may have cumulatively unhealthy effects. Berry (1981) pointed out that introverts internalize aggression, while basic personality of a person may determine his mode of anger expression.

Among different occupational groups, role conflict and role ambiguity are negatively related to job satisfaction (Burke, 1976; French & Caplan, 1970; House & Rizzo, 1972, Johnson & Stinson, 1975; Kahn et al; 1964). Strube (1982) investigated the relationship between job satisfaction and perceived stress among 82 lower level and
A significant negative relationship was found for upper management only between their perceptions of role stress and job satisfaction. Gavin and Axclord (1977) concluded that stresses such as under-utilization of skills and lack of participation have moderate to high positive relationship with job dissatisfaction. In Robe’s (1981) study with school principals, personality emerged as an important factor in determining the level of stress, job dissatisfaction and in successful coping. Rippe (1983) demonstrated that in the case of teachers, high role conflict and role ambiguity are more strongly related to low job satisfaction than in the case of administrators. Adams (1983) concluded that there is a weak relationship between role stress and job satisfaction. However, more recent studies have also concluded that higher the level of stress, the lower is the level of satisfaction of staff (e.g., Bersani & Leuis, 1985, Chen-Chin-Zue, 1985, Terracina, 1985; Fordhan, 1986).

Three studies on computer professionals were conducted by Pestonjee and Singh (1983, 1987) and Singh (1987). The result of the analysis has indicated that self role distance exerted a negative influence on job, management, and social relations areas of job satisfaction in particular and overall satisfaction in general. In another empirical investigation, Pestonjee and Singh (1987) explored the role stress and job satisfaction relationship and found a negative correlation between role stress and job satisfaction. In a study of officers of private sector organisation Pestonjee and Singh (1982) concluded that the overall index of role stress is negatively associated with the dimensions of job satisfaction (on-the-job, off-the-job areas) and also with overall job satisfaction. Surti (1983) also found that role stress and job satisfaction are significantly and negatively related. Earlier, Singh et al., (1981) concluded that general role conflict and job satisfaction are significantly but inversely related. Sharma and Sharma (1983, 1984) confirmed that, Organisational Role Stress (ORS) correlated negatively and significantly with on-the-job, off-the-job and overall job satisfaction for higher level employees, this relationship being stronger for the on-the-job facet of job satisfaction.

Jagdish (1983) investigated the relationship of occupational stress with job satisfaction and mental health of first level supervisors. On the basis of a review of
studies of occupational stress he concluded that little work has been done to examine the effect of occupational stress on the positive aspects of mental health. His study revealed that occupational stress significantly impair the supervisor’s job satisfaction, overall as well as area-wise. Also occupational stress was inversely associated with mental health of the employees. Jagdish and Srivastava (1983) found that role stress tends to be negatively correlated with job satisfaction. Mishra (1987) also confirmed on a sample of line supervisors working at Diesel Locomotive works, Varanasi, that occupational stress and job satisfaction have a significant, negative relationship. It is clear from the related research that the indicators of Organisational Role Stress (ORS) measures and job satisfaction are negatively related. But, the magnitude of the relationship varies with the nature of sample, job level, tools used and the organization studied.

3.4 TYPE-A BEHAVIOUR PATTERN AND PSYCHOLOGICAL WELL-BEING

Strube and Berry, Goza and Fennimore (1985) investigated Psychological well-being among Type-A and Type-B individuals across the age span. They found that hard driving, achievement oriented lifestyle exhibited by Type-As were adaptive in younger age groups, but also lead to lower well-being in later life because of increased limitations on the range and level of one’s activities, while older Type-Bs more than younger Type-Bs exhibited greater well-being. They also found that psychological differences may be mediated in part by differences in physical well-being. Freidman and Rosenman (1974), the originators of the Type-A concept, were convinced that the behaviour pattern is not associated with chronic emotional distress. They conceived Type-A behaviour being exhibited by certain persons only in response to situations working challenge or achievement. They also maintained that Type-A individuals tend to be largely unaware of their five-urgent hard-driving behaviours and may even actively suppress recognition of discomforts associated with the behaviour patterns. There is considerable evidence that Type-A individuals create or construct competitive, challenging situations for themselves, and an aggressive and incessant
struggle to achieve more and more in less and less time, create chronic feelings of anxiety and upset (Smith & Anderson, 1986; Suls & Sanders, 1989). Jamal (1985) examined Type-A and Type-B differences in job performance, psychosomatic complaints and career progression among 218 white-collar employees. Significant differences were found between Type-A's and Type-B's in quality of performance, effort exerted at the job, and psychosomatic complaints.

Johnston (1985) reviewed the literature on the behavioural treatment of primary hypertension, reduction of Type-A (Coronary prone) behaviour, and psychological intervention during acute coronary care and rehabilitation after a myocardial infarction (MI). It was concluded that relaxation and stress management can lower blood pressure by useful amounts in mild primary hypertension. Lester and Solis (1980) studied stress and job satisfaction in Police Officers. They found little association between Type-A behaviour and job satisfaction or self-perceived stress in Police Officers. Howard, Cunningham, Rechniter (1986) studied Type-A and Type-B individuals to examine the effects of job satisfaction as a moderator between a common job stressor (role ambiguity) and a number of coronary risk indicators. They found that for Type-A individuals, changes in ambiguity are associated with change in blood pressure and that intrinsic job satisfaction appeared to have both direct and moderating effect on these changes. Few similar effects were found for extrinsic job satisfaction. For Type-B individuals, the effects on systolic blood pressure were opposite to those for Type-A's, and it has been suggested that either Type-A's and Type-B's differ in autonomic and cardiovascular response or that ambiguity as a stressor may have differential effects for Type-A's and Type-B's.

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, Ronnie and Burkhead (1984) found significant relationship between job tension and Type-A personalities. Baker, Dearbon, Hastings and Hamberger (1984) reported that depression and anxiety in Type-A's vary as a function of sex-role orientation and locus of control. Motowidlo, Packard and Manniy (1986) found that Type-A Nurses simply feel more anxious and depressed regardless of their reactions to the events or
amount of stress they experience. Sood (1988) reported that Type-A behavior pattern was positively related to trait anxiety and total anger expression, as well as to two dimensions of anger expression i.e. anger-in and anger-out.

Baker et al. (1984) reported that Type-A behavior pattern positively correlated with various estimates of anger, hostility and masculine sex-role orientation. MacDougall, Williams et al. (1985) found potential for hostility and anger-in, to be significantly and positively associated with risk of Coronary heart disease CHD, including aging symptoms. Rosenman (1986) provided evidence which relates the sympathetic nervous system to hypertension and hostility/anger dimensions to the pathogenesis of hypertension, Coronary Heart Disease (CHD). The findings suggest that Type-A (Coronary prone) behavior is related to enhanced coronary artery disease. Earlier, Baer et al. (1979) reported that the coronary prone individuals seem to be more characteristically aggressive, prone to channel emotional arousal into action and probably less anxious when provoked. Results of the study by Tennant and Langeluddecke (1985) showed that measures associated with other Sclerosis were indicators of personality (Type-A trait), tension, anxiety, and suppression of anger. It was suggested that these traits may have some role in the pathogenesis of coronary atherosclerosis. 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 show that sex discrimination was a significant occupational stressor in Type-As and was associated with job anger, when social support from ones’ 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.

Booth, Kewley and Friedman (1987) suggested that the negative affectivity experienced by Type-A individuals and not their competitiveness or time urgency per se may be the predisposing element for CHD. A systematic assessment of the relation between Type-A and dysphoric emotions is also indicated by some interesting reports linking only certain measures of Type-A with CHD. For example, some studies using
the Framingham Type-A scale found to predict angina like chest pain complaints, but not "harder" CHD endpoints such as degree of atherosclerosis (Smith, Follick & Korr, 1984, Costa & McCrac, 1985). In the absence of underlying disease, such complaints may reflect a neurotic predisposition in view of other evidence that individuals high in negative affectivity tend to label minor or inconsequential symptoms as signs of serious illness (Costa & McCrac, 1987, Watson & Pennebaker, 1989). If certain measures of Type-A are highly correlated with chronic negative affectivity, then the later could plausibly be responsible for the heightened sensitivity to loss of control (Glass, 1977) or provocation (Carver & Glass, 1978), rather than Type-A behaviour per se.

Proposing a positive relation between Type-A behaviour and chronic emotional distress, does not mean they are conceptually identical, only that there is some overlap. This is apparently the view of Byrne and Rosenman (1986), who observed that previous data support a positive relation between Type-A and chronic affective distress. In their own study, Byrne and Rosenman found Type-A to be significantly related to measures of chronic negative emotions in a sample of nominally physically healthy government employees (with correlations ranging between 0.10-0.37). Meta-analysis by Suls & Wan (1989) found evidence that self reported Type-A behaviour is reliably associated with chronic dysphoric emotions. Contrary to the traditional view, Type-A does have some emotional concomitants.

One might expect Type-As to exhibit greater Psychological well-being because the Type-A pattern represents a behavioural orientation consistent with the success ethic of the Western Society. For example, Type-As have been found to be more successful in school (Waldron et al, 1980), attain higher occupational status (Mettlin, 1976, Waldron, 1978), and gain greater scientific distinction (Mathews, Helmreich, Beans & Lacker, 1980) than the Type-Bs. Investigations of well-being among Type-As and Bs, however have produced mixed results (cf., Burks & Weir, 1980; Rose, Jenkins & Hurst, 1978, Suls, Becker & Mullen, 1981, Suls, Gastorf & Witenbery, 1979), suggesting that other variables are mediating the relation between Type-A/B and Psychological well-being. In at least one study, in fact, a mediating variable has been identified. DeGregorio and Carver (1980) noted that the Type-A behavioural style appears to match the stereotypic masculine role in the Western Society. They
Hypothesized that Type-A behaviours would be adoptive within a highly masculine sex role orientation, but would be mal-adaptive in the absence of such an orientation. As predicted, well-being was lower when there was a mismatch between preferred behavioural style and that imposed by age. In general, older Type-As exhibited lower well-being than younger Type-As, whereas younger Type-Bs exhibited lower well-being than older Type-Bs.

There have been a number of studies suggesting that Job Satisfaction may be associated with coronary heart disease. One of the earliest investigations was reported by Sales and House (1971). They found negative and significant correlations across occupations between average levels of job satisfaction and heart disease mortality rates. House (1972) also reported correlations between job satisfaction and a variety of heart disease risk factors including smoking, cholesterol and blood pressure. Jenkins (1974) has also reported on a number of retrospective studies in the United States and other countries in which it has been found that persons with coronary disease were significantly more dissatisfied with their overall jobs or aspects thereof. In addition, in a study of twins, Liljefors and Rahe (1970) found that individuals who were high in job satisfaction and life satisfaction were higher than their twins in risk factors and in heart disease. Howard, Cunningham, Rechnitzer (1986) found that whether a particular job characteristic (ambiguity) is stressful depends on the characteristics of the individual (Type-A or Type-B) and that intrinsic job satisfaction has the potential to moderate these effects. Mudgil, Muhar and Bhatia (1992) conducted a study on a sample of 82 college and university teachers and found that low job satisfied teacher exhibited Type-A behaviour, which could make a person highly susceptible to chronic heart disease. According to Matteson et al., (1984) the relationship between Type-A behaviour and job satisfaction has not been clear. Although some studies have reported a negative correlation between Type-A behaviour and job satisfaction (Dearborn & Hastings, 1987), others have reported no relationship between these variables (Burke & Weir, 1980; Greenglass, 1987; Howard, Cunningham & Rechnitzer, 1977, Matteson et al., 1984). One reason for this inconsistency may be that Type-A behaviour has been assessed as a global, rather than a multifaceted construct. It is also possible that the different components of Type-A behaviour are differentially related to work-related
attitudes (see Wright, 1988) However, several studies have demonstrated that time urgency has been implicated in dissatisfaction and burnout in the nursing profession (Dewe, 1988; Maslach & Jackson, 1984).

3.5 COPING AND PSYCHOLOGICAL WELL BEING

The recent burgeoning of research on coping is indicative of a growing conviction that coping is a major factor in the relation between stressful events and adaptational outcomes such as depression, psychological symptoms, and somatic illness (e.g., Andrews, Tennant, Hewson & Vaillant, 1978; Baum, Fleming & Singer, 1983; Billings & Moos, 1981, 1984; Collins, Baum & Singer, 1983; Coyne, Aldwin & Lazarus, 1981). In the last two decades, there has been an explosion of research into how individuals cope with stress. This research has been spurred by the recognition that the correlation between measures of stressful life events and mental and physical health, though consistent, is modest at best (see Holmes, 1979; Johnson & Sarson, 1978; Rabkin & Struening, 1976; Thoits, 1983). This suggests that existence of stress may be less important to well-being than how an individual appraises or copes with stress (Antonovsky, 1979; Lazarus, 1981). Although initial results are encouraging (e.g. Caplan, Naidu & Tripathi, 1984; Menghan & Menes, 1984; Vitaliano, Russo, Carr, Maio & Becker, 1985), there are still many unresolved issues concerning the conceptualization and measurement of coping and its relation to mental health.

There is no clear consensus about which coping strategies or modes of coping are most effective. Few studies that have examined the relation of coping with some outcome measures have produced inconsistent results. For example, some studies have found that problem focused-coping decreases emotional distress, whereas emotion focused coping increases it (Felton & Revenon, 1984, Mitchell, Cronkite & Moos, 1983; Mitchell & Hodson, 1983). Others have reported the opposite pattern (Baum, Fleming & Singer, 1983; Mervoro, 1982, Menaghan, 1982). The most appropriate causal model for the relation between stress, coping, and mental health may be one that can account for reciprocal relations between these multifactors (Alwin & Stokols).
Just as those in poorer initial mental health may experience more stressful life events (Aldivin & Revenon, 1986), they may also cope in maladaptive ways. Thus, the greater the initial level of emotional distress and the greater the severity of the problem, the more likely individuals are to use maladaptive coping, thereby further increasing emotional distress and possibly increasing the probability of problems in the future.

The stress and coping paradigm holds that life stressors are associated with a wide range of disorders, whereas coping resources are compensatory factors that help to maintain health. Considerable research has focused on depressed mood, ideation, and behaviour as prototypical stress related phenomenon. Compared with controls, depressed persons experience more stressful life change events in the period antecedent to the onset of depression (Billings, Cronkite & Moos, 1983; Paykel, 1979; Tennant, Bebbington & Hurvy, 1981) An expanding paradigm calls for considering individual’s coping responses to stressors and the availability of social resources that support the coping process and affect the severity of the disorder/well-being by mediating the impact of stressors (Billings & Moos, 1982a; Lazarus, 1981). Only a few studies have reported buffering effects of coping (e.g., Billings & Moos, 1981; Pearlin & Schooler, 1979) whereas others have not (e.g., Andrews, Tennant, Hewson & Vaillant, 1978; Menaghan, 1982).

There is a long standing and widely held conviction among researchers and practitioners in the fields of mental health and behavioural medicine that the ways people cope with the demands of a stressful event make a difference in how they feel emotionally and contribute to well-being. Yet despite this conviction, there is little understanding about the ways coping processes actually affect the emotion response. Emotions depend on cognitive appraisals of the significance of the person-environment relationship for the individual’s well being and the available options for coping (Lazarus, 1982; Lazarus, Averill & Opton, 1970; Lazarus and Folkman, 1984; Lazarus, Kanner & Folkman, 1980). Any one stressful event, even an ordinary daily encounter, usually has more than one implication for well-being and more than one option for coping (e.g., Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1982).
Folkman and Lazarus (1988) reported that coping was associated with changes in four sets of emotions, with some form of coping associated with increases in positive emotions and other forms associated with increases in negative emotions.

The functional value of the coping process can seldom if ever be divorced from the context in which it occurs. Scherer, Carver (1987) and Peterson, Seligman and Vaillant (1988) reported that effective coping style can be an asset with respect to long term adaptational outcome such as subjective/psychological well-being and somatic health. For a longtime, mental health professionals have assumed that certain types of coping processes, most notably denial or avoidance, are pathological or pathogenic. One thing wrong with this view is that most, if not all people, including sound ones’, use denial link modes or avoidance coping from time to time (Lazarus, 1983). There are occasions when nothing can be done to alter a damaging situation, and when avoidance mode of coping may not only be necessary but may have positive consequences (see Hackett & Cassem, 1975; Hackett, Cassem, & Wishnie, 1968; Shaw et al, 1986).

Sen (1982) reported that 'Approach' coping mode has positive relationship with Job satisfaction (see also, Surti, 1983). Srivastava and Singh (1988) concluded that the approach coping markedly alleviated and avoidance coping strategies intensified the harmful effects of role stress on mental health or Psychological Well-being. Singh and Sinha (1986) reported that coping styles represented by a cheerful and optimistic work orientation and Yogic exercises were negatively correlated with the dimensions of strain or ill mental health. However, Roth and Cohen (1986) found that ‘Approach’ coping is associated with the increased distress and non-productive worry. Many researches agree that some coping strategies are generally more effective than others in stressful situations. However, there is still a debate as to which coping strategies are more effective than others in specific situations. Generally, it is believed that emotion focused strategies may increase emotional distress, while problem focused strategies may decrease emotional distress (Folkman & Lazarus, 1980). It has been found that emotion oriented coping 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, 1990). 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) Other studies however found just the opposite (e.g. Baum et al, 1982). It has been suggested that the relationship between problem focused coping and anxiety reduction depends on the extent to which the individual believes that he or she can control the situation and minimize the stress by using the appropriate coping strategy (Aldwin & Revenson, 1987). Compas, Malcrane, and Fondacaro (1988) have noted that during childhood and adolescence, task-oriented coping with stress is most efficacious in situations, the person cannot control. Thus it may be that the optimal choice for effective coping is moderated by the situation. The relationship between avoidance coping and anxiety reactions are much more complex. State anxiety is positively related to distraction, but unrelated to socials diversion. For the total Coping Inventory for stressful situations avoidance scale, state anxiety is positively related to avoidance but only for females (Endler & Parker, 1990a). Lobel, Gilat and Endler (1993) investigated the relationship among coping strategies, trait anxiety and distressful reactions of Israeli Civilians under missile attack during the 1991 Gulf war. The results showed that individuals who used emotion oriented coping more frequently, experienced more state anxiety and experienced greater distress. Task oriented and avoidance oriented coping were not related to the distressful reactions.

3.6 MODERATORS OF PSYCHOLOGICAL WELL-BEING

3.6.1 Type-A Pattern of Behaviour as Moderator

Pestonjee and Singh (1988) investigated the moderating effect of Type-A pattern of behavioural disposition on the relationship between role stress and state-trait anger. They theorized that Type-A individuals' high concern for control over environment' and maladaptive coping behaviour decrease their ability to tolerate stresses and, consequently, manifestations of stress such as anger increase. They tested the moderating effect of Type-A behaviour on two types of relationships between stresses and anger. The findings revealed that stresses, Type-A behaviour, state and trait anger were correlated positively and most of the coefficients of correlation were
Statistically significant In a test of moderating hypothesis, the degree of relationship of state anger with six role stress variables such as inter-role distance, role erosion, role overload, role ambiguity, resource inadequacy, and overall role stress was significantly higher for Type-B managers as compared to Type-A managers. No significant difference was reported between role stresses and trait anger for Type-A and Type-B managers. In the light of the Western researches, Pestonjee and Singh (1988) argued that situational variables which account for state anger were natural allies of Type-A behavioural disposition and, therefore, state anger was correlated mildly with stresses. In the same line of thought, it was argued that since Type-B managers manifested a different set of behaviours, they would react to a stressful situation with increased state anger rather than suppressing it and vice versa.

Type-A individuals being aggressive and competitive may perceive a rather passive, low pressured environment as a constraint, while Type-B may see it as an opportunity (Schuler, 1980) There is clear empirical evidence that the Type-A person experiences more stress at work and suffers more coronary heart disease than Type-B person, with latter apparently partially due to the former (e.g., Caplan & Jones, 1975; Caplan, Cobb & French, 1975; Evans, Palsane & Carrere, 1987; House, 1974; Jenkins, 1976; Sherry, 1981). Moderating impact of Type-A personality on psychiatric symptoms of depression, irritation, anger, systolic blood pressure and other poor physical well-being indicator has been confirmed by many researchers (e.g. Haward, Canningham & Rechnitzer, 1986, Gatti, 1984; Ivancevich & Matterson, 1982).

Caplan & Jones (1975) indicated that relationship between workload and anxiety was greater for Type-A person than for Type-B. Ford and Bagat (1976) suggested that Type-A behavioural pattern moderated the relationship between role clarity and job satisfaction. In a study, Keenan and McBain (1979) also confirmed that Type-A personality had stronger relationship between role ambiguity and psychological strain than those with Type-B personality. Similar were the findings in a study by Ivancevich, and Matterson (1982) on groups of nurses, and managers. Abush and Burkhead (1984) on a sample of inductive working women found a significant relationship between job tension and Type-A personality.
3.6.2 Coping Styles as Moderator.

Srivastava and Singh (1987) tested the moderating effect of two coping strategies—approach and avoidance, on the relationship between Organisational Role Stress (ORS) and mental health in the case of supervisors. In their study of first line technical supervisors, they administered the Organisational Role Stress (ORS) Scale (Pareek, 1983), the Role Pich(O) (Pareek, 1983d) and the Mental Health Questionnaire (Srivastava and Bhatt, 1974) to a group of 300 first line technical supervisors. Product moment coefficient of correlation, one way Analysis of Variance and moderated Multiple Regression analysis were used to analyze the data. The findings revealed a positive correlation between role stress and mental ill health variables. A comparison of mental ill health scores for ‘avoidance’ and ‘approach’ coping groups revealed that the avoidance coping group scored higher than the approach group. Differences in scores were statistically significant. Further, both coping strategies—avoidance and approach—were found to modify the relationship between role stresses and mental ill health, though in opposite directions. The approach coping strategies had a “buffering” effect whereas the avoidance coping strategies extended the “intensifying” effect on the positive relationship between the variables. According to the authors, the different effects of avoidance and approach coping strategies may be attributed to the distinct features associated with these coping strategies as well as to the specific personal characteristics of the individuals adopting these strategies.

Another study which used coping strategies as a moderator was conducted by Singh (1988). In his doctoral dissertation Singh tested the moderating effect of coping strategies on the relationship between role stress and mental health in the case of 300 employees of supervisory cadre of the Life Insurance Corporation (LIC). The avoidance mode of coping was found to markedly enhance the magnitude of positive correlation between perceived role stress and mental health. The approach mode of coping markedly moderated the degree of positive relationship between role stresses and mental ill health.
There is no clear consensus as to which coping strategies or modes of coping are most effective, that is, how well a coping strategy serves to resolve problems, prevent future difficulties, or relieve emotional distress and enhance Psychological Well Being. The few studies that have examined the relation of coping to some outcome measures have produced inconsistent results. For example, some studies have found that problem-focused coping decreases emotional distress, whereas emotion-focused coping (paradoxically) increases it (Felton & Revenson, 1984; Mitchell, Cronkite, & Moos, 1983; Mitchell & Hodson, 1983). Others, however, have reported the opposite pattern (Baum, Fleming, & Singer, 1983; Marrero, 1982). In yet another study, problem-focused coping had little effect on emotional distress but did decrease subsequent problems (Menaghan, 1982). Many factors can influence the relation between coping and mental health outcome, most notably the type of problem faced (Pearlin & Schooler, 1978) and the degree of stress experienced (Menaghan, 1982).

3.7 Overview

From the preceding review, it is evident that empirical researches on the theme of occupational/organisational stress have increased substantially in India. Indian researchers have discussed stress at work, at least implicitly, while dealing with subjects like absenteeism, leadership, motivation, quality of working life and participative management.

Researchers have also tried to focus on causal factors of stress, stress manifestations and to some extent on the personal and situational moderators of the stress-strain/well-being relationship. However, Singh, Malhan, and Agarwala (1979), and Agarwala, Malhan, and Singh (1979), after reviewing related studies, lamented that researchers in India have primarily concerned themselves with physical hazard stressors (i.e., effects of stresses such as dust, dirt, noise, temperature, long working hours, and dangerous and unguarded machines) and have largely neglected psychological hazards like role conflict, role ambiguity, role overload and other organizational role stressors, which are equally important in affecting the quality of working life. Among the most commonly measured long-term manifestations of stress
are self reported psychosomatic complaints and psychiatric symptoms, or complaints about well-being. In India Pestonjee (1987b) studied role stress in relation to Type-A behaviour pattern and State-trait anger. Palsane and Evans (1984) studied driving behaviour and health as related to Type-A/Type-B behaviour pattern.

Some studies have shown a significant relationship of role stress/occupational stress and anger, anxiety, job satisfaction at different job levels in different occupational groups (e.g., Ramamurthi, Jamuna and Ramamurthi, 1984; Kedar Nath, 1988; Gupta and Pratap, 1987; Jasmine, 1987; Ahmad, Bhardwaj and Narula, 1985; Kaur and Murthy, 1986). Pestonjee and Singh (1987) explored the stress-strain relationship in the case of system analyst and managers of both public and private computer service organisations. The relationship have also been highlighted, in a number of studies, to be negative and significant at different job hierarchies or in different occupational groups (e.g., House & Rizzo, 1972, Bienemann, 1982; Surti, 1983; Singh, 1981; Sharma & Sharma, 1983; 1984; Srivastava, 1983; Jagdish, 1987). But distinction has not been made between, on-the-job and off-the-job facets of satisfaction as well as Positive affectivity.

Some studies have reported the effects of subjective, current, retrospective and anticipated person environment fit on affective and somatic strains and well-being (e.g., Caplan, Tripathi and Naidui, 1985; Sharma, 1985; Bhaskar, 1980; Illi, 1987; Myer et al, 1974; Portner, 1982). Few Western studies have explored the relationship of life stress/occupational stress, personality variables, and various indicators of well-being (e.g., Ivancevich et al, 1982; Bell, 1983; David, 1982; Kandel et al, 1985; Maskindes and Krause, 1986) but without conclusive outcomes. Stress coping strategies were investigated by many researchers (e.g., Gupta and Murthy, 1984; Ahmad, Bhatt & Ahmad, 1990; Kaur and Murthy, 1986; Singh, 1988). However, Sharma (1988) has lamented about the paucity of meaningful research on stress coping strategies in different occupational groups. Only a few studies have tested some variables for their moderating effects e.g., Organisational climates, Locus of control, Type-A behaviour pattern, various Needs, Mental health, Job satisfaction and Coping (Srivastava, 1985, 1987, Schgal, 1985; Singh, 1986; Srivastava & Jagdish, 1989;
Pestonjee and Singh, 1981; 1988; Srivastava and Singh, 1987; Sharma, 1983; Acharya & Sharma, 1989; Krishna, 1988). As is evident, the research on stress at work in India has mainly dealt with the correlates of stress. The moderating influences of, personality, behavioural characteristics and organizational/social support on the organizational stress well-being relationship have not been adequately examined. The lack of attention to moderator variables (relatively stable personal characteristics like locus of control, sensation seeking, Type-A and Type-B behaviour patterns and environmental factors such as available social support) constitutes a major limitation of most of stress research in India. Studies in the West have consistently demonstrated that social support moderates the stress well-being relationship (buffering effect). Little is known about how combinations of coping responses--patterns and constellations--influences well-being over a broad range of life settings (see Caplan, Naidu & Tripathi, 1984). These researchers have suggested further research to determine the extent to which different combinations of coping and defense promote and inhibit well-being. Except for two studies (Sen, 1982; Surti, 1983), no systematic attempt has been made to investigate the mechanisms utilized by various professional groups to cope with stresses at work.

In India, also, not much of significance has been published on the relationship of Organisational Role Stress, Coping strategies and Type-A/B classification vis-à-vis various negative and positive indicators of Well-Being (e.g. Das, 1982; Harigopal, 1980; Singh et al, 1981; Srivastava, 1986). It is apparent that adequate attention to moderator variables of stress-illness or stress-well-being relationship constitutes a major limitation in India. Moreover, the studies exploring the relationship between occupational/organisational stress and well-being utilized only one or two measures as indicators of well-being. Also there is a tendency to focus only on negative indicators of well-being (e.g. anxiety, anger, depression etc.) Therefore, it is desirable to use a comprehensive measure of well-being to investigate the relationship of Organisational Role Stress with Psychological Well-Being (considering both positive and negative indicators simultaneously) and explore the moderating role of Type-A behaviour pattern and Coping styles. None of the Indian studies has dealt with the role stresses in organisations and their impact on various indicators of well-being in the middle
management level. In view of the above review, the present study is an attempt to consider all these issues simultaneously on middle level Bank Managers, and therefore following hypotheses have been framed for the present study.

3.8 Hypotheses

1(a). Organisational Role Stress will be significantly and positively related to negative indicators of Psychological well being (i.e. Negative Affectivity, T-Anxiety of T-Anger).

1(b). Organisational Role Stress will be significantly and negatively related to Positive indicators of Psychological Well Being (i.e. Positive Affectivity & Job Satisfaction).

2(a). Type-A Behaviour Pattern will be significantly and positively related to negative indicators of Psychological Well Being (i.e. Negative Affectivity, T-Anxiety & T-Anger).

2(b). Type-A Behaviour Pattern will be significantly and negatively related to positive indicators of Psychological Well Being (i.e. Positive Affectivity & Job Satisfaction).

3(a). ‘Approach’ coping will be positively related to positive indicators of Psychological Well-Being (i.e. Positive Affectivity & Job Satisfaction).

3(b) ‘Avoidance’ coping will be positively related to negative indicators of Psychological Well-Being (i.e. Negative Affectivity, T-Anxiety and T-Anger).

4(a). The nature and magnitude of the relationship of Organisational Role Stress with negative indicators of Psychological Well Being (i.e., Negative
Affectivity, T-Anxiety & T-Anger) will be positive and stronger for persons with Type-A behaviour pattern than their Type-B behaviour pattern counterparts.

4(b). The nature and magnitude of the relationship of Organisational Role Stress with positive indicators of Psychological Well Being (i.e., Positive Affectivity & Job Satisfaction) will be positive and stronger for persons with Type-B behaviour pattern than their Type-A behaviour pattern counterparts.

5(a). The nature and magnitude of the relationship of Organisational Role Stress with negative indicators of Psychological Well Being (i.e. Negative Affectivity, T-Anxiety and T-Anger) will be positive and stronger for persons adopting Avoidance coping than their counterparts adopting Approach coping.

5(b) The nature and magnitude of the relationship of Organisational Role Stress with positive indicators of Psychological Well Being (i.e. Positive Affectivity & Job Satisfaction) will be positive and stronger for persons adopting 'Approach Coping' than their counterparts adopting 'Avoidance' coping.

6(a) Type-A individuals with higher Organisational Role Stress and following 'Avoidance' coping will report higher Negative Affectivity, T-Anxiety and T-Anger as compared to their Type-B counterparts with low Organisational Role Stress and following 'Approach' coping.

6(b). Type-B individuals with lower Organisational Role Stress and following 'Approach' coping will report higher Positive Affectivity and Job-satisfaction as compared to their Type-A counterparts with high Organisational Role Stress (ORS) and following 'Avoidance' coping.

7. Organisational Role Stress (ORS), Type-A Behaviour Pattern and Coping styles (Avoidance/Approach) will be significant predictors of various negative and positive indicators of Psychological Well-Being (PWB).