CHAPTER VI
DISCUSSION

Stress plays an important role in the individual life; some takes stress as a motivating factor, but other feel that it interferes with their life. Stress in the organization is generally associated with negative well being (Cooper and Sutherland, 1992; Van der, 2003; Landsbergis & Theorell, 2000; Wallgren & Hanse, 2007).

Stress in the organization is an extremely important phenomenon however, there is a great deal of semantic confusion in stress research and this makes the task of the integration of finding of this stud with earlier research quite difficult. Studies have dealt with Job demand control, anxiety and depression but not with modes of anger expression, especially control (Ax/Con) and subjective happiness, consequently it is difficult to identify from the existing literature the relevant research for the variables investigated in the present study. Every possible effort has been made to seek supportive evidence of related studies while explaining the results at appropriate point in this chapter.

6.1 Job Demand Control in Doctors and Managers

The result of the study indicated that there was a significant difference observed between doctors and managers in terms of Job Demand (Table 5.1). Doctors reported higher job demand in terms of workload, time pressure, role conflict and conflicting demands in comparison to managers counterparts.

Studies generally, pointed out that physicians are at risk of stress. The main experienced pressure at work were uncertainty and
insecurity, isolation, poor relationship with other doctors, delusion with the role of the general practitioners and awareness of chancing demands (Baruthwaite, Ross, 1998; de Jonge, Mulder, Nijhuis, 1999; Devoe, Fryer, Hargraves, Phillips, Green, 2002). It has been demonstrated that negative feelings of tension, lack of time, excessive paperwork among physicians take turn over with poor clinical performance and patient's dissatisfaction (Charles, Houlker, 1999; Hubey, Greey, McKinstry, Porter, Shaw, Wrate, 2002; Tsutsumi, Kawakami, 2004). The importance of Job Strain as a problem for the general practitioners (GP's) was investigated by Appleton, House, Dowell (1998) in a study among 406 general practitioners. It was found that the prevalence of stress was 52%. Other studies also showed that general practitioners are one of the most stressful workplaces among health care workers (Calnam, WainWright, 2002; Chan, Lai, Ko, Boey, 2002; Salminen, Kivimaki, Elovainio, Vahtera, 2003).

Linzer, Marks, Martha, Douglas, Jeffrey, Mc Hurray & Julia (2003) examined stress in US physicians and found that job demands such as work hours, time pressure and hassles were significant predictors of stress. Richardson, Astrid, Burke & Ronald (1991) studied the relationship among Canadian physicians. The results indicated that sources of stress were largely related to time pressure, however, ability to help patients and relationships with colleagues were major sources of satisfaction. Subjects who experienced greater level of occupational stress were less satisfied with their practice and had more negative views about the health care system. Dissatisfaction and frustrations with limitations and procedures imposed on the profession by the government predicated negative attitudes about the health care system most strongly.

A report by the center for organizational Health and development for British Medical Association (BMA) Board of Science and Education
(1998) found that many doctors suffer high level of stress as a result of their work. It was found that the main source of stress for consultants and general practitioners was workload, especially due to the effect that has on personal life. Fielden and Peckar (1999) found that there is a direct link between numbers of hours worked and stress levels. Bergman, Ahmed and Stewart (2003) studied personal and work relate factors contributing to health and stress in men and women physicians in a university hospital. The results revealed that regardless of gender majority of physicians reported an excessive workload.

A medical Audit Advisory Group, Sibbald, Enzer, Cooper, Rout & Sutherland (2000) surveyed general practitioners in 1993. It was found that top ten stressors in descending order of frequency were emergency call during surgery hours, night calls, time pressure, working about patient complaint, interruption of family life, 24 hours responsibility for patient and unrealistically high expectations by others of the doctors role. Erickson and Ursin (1991) studied 1060 employees working in Norwegian postal service and found that individual with high demands report high job stress. Greenglass (1982) and La Croix and Haynes (1987) found that men and women differ in work experience overload and burnout. Similar findings were reported by others group of investigators (Baum and Grunberg, 1991; Pines and Kafry, et al, 1981; Vermeulen & Mustard, 2000, Vagg, Spielberger & Wasalo, 2002). Yue (1997) studied the work stress among teachers in Hong Kong and found that job ambiguity, need deficiency and work overload were consistently and positively correlated with job stress.

The above studies indicated doctor’s profession to be demanding. These demands are conflicting and diverse. The doctors experience higher demand associated with patient load, mental requirement and time constraints. It has also been reported that, although high psychological demands are not, in themselves, a great source of strain,
if they are combined with decision latitude i.e., influence on one's own work since this influence enables a person to adequately meet the demands to which he is subjected.

Findings of the study (Table 5.1) reveal that there was a significant difference between doctors and managers in terms of Job Control. The managers report high job control characterized by the workers authority to make decision on the job with their skills. However two studies have found contrary findings, to the majority of studies which reported high job stress reduces stress. Fox et al., (1993) and Warr (1987) have revealed that high control provokes stress in those who do not have the ability (or perceived ability) to handle it, and in those who do not desire personnel control. These inconsistencies call for further investigation considering the nature of job and other psychological factors among different working population.

Ghosh (2000) studied the two occupational groups that are physicians and executives, and found that in case of executives there is a poor fit between their skills and the jobs they are performing. Canvanaugh, Wendy, Boswell, Mark, Roethling & Bodreau (2003) studied the self reported work stress among US managers and found that challenge related to self reported stress is positively related to job satisfaction and negatively related to job search. Mohan and Chauhan (2000) studied 50 Government, 48 private sectors and 76 public sectors managers (with 5-10 years experience) in India. They found that public sector managers reported higher scores on role erosion followed by government and private sector managers. Pareek (1993) observed that stress can be reduced by helping the individual to see the various strengths and challenges in which it might not have been apparent earlier.
Recently Wong, Desanctis, Staudenmayer (2007) investigated how perceived amount and clarity of interdependency in managers job affect role stress, and the extent to which job control moderates the relationship. Result show that amount of interdependency was positively associated with role conflict and clarity of interdependency was associated with role ambiguity. Torkelson and Muhonen (2003) conducted a study to investigate gender difference at managerial and non managerial level in perceived stress and no difference in perceived control when compared with men and women working at the same level. It was further indicated that the differences in perceived stress and control were found between managers and non managers.

Noor (2002) studies the relationship between work-family conflict and well-being among 310 Malaysians employed women with families. It was predicted that work-family conflict would be negatively correlated with well being. It was found that work-family conflict was a significant predictor of job satisfaction and distress and negatively related job satisfaction and positively related to symptoms of distress. Ernst and Ozeki (1998) examined the relationship among work-family (w-f) conflict, job and life satisfaction. The Meta analytic results showed that regardless of the type of measured used (bi-directional, w-f conflict, work to family, family to work), a consistent negative relationship exist among all forms of w-f conflict and job life satisfaction. Chiu (1998) investigated work family conflict and job satisfaction among nurses (n=47) and found that work-family conflict affected job satisfaction.

Vermeulen and Mustard (2000) using the demand-control-support model of job strain, examined gender difference in the relationship between psychosocial work exposures and psychological distress in cross sectional sample of 7,484 employed Canadians. Compared with
low strain work, high strain work and active work were associated with a significantly higher level of distress in both men and women. Differences in psychological distress in relation to psychosocial work exposures were greater for men than for women. Low social support was associated with higher distress across all categories of job strains, and the combined effect of low social support and high job strain was associated with the greatest increase in distress. This pattern was similar in men and women. This study suggests the psychosocial work exposures may be a more significant determinant of psychological well-being in male workers compared with female workers. Narayan, Menon and Spector (1999) observed that lack of control reported as major stress by clerical groups and interpersonal conflict as major stressors by academic and sales group

Van der Doef and Maes (1999) conducted a meta analysis and found that individuals in high strain experienced the worst well-being. Individuals in passive jobs (those with low decision latitude and low workload demands) and those in active jobs (characteristics by workload and high decision latitude) experience better well being than those in high strain jobs. Theses comparisons indicate the autonomy an individual experience related to making decision is an important determinant of well-being. Warr (1990) found a curvilinear relationship between job autonomy and job satisfaction; this suggests individuals who are the most satisfied with their jobs do not experience too much or too little job autonomy. De Jonge & Schaufeli (1998) found a curvilinear relationship between job autonomy and employees well-being. This indicates that too much or too little job autonomy might negatively influence an individual’s sense of well-being. Earlier Parasuraman and Alutto (1984) found that individuals with more job autonomy also experience less stress.
6.2 Anger expression and Its Modes (Ax/In, Ax/Out, Ax/Con) in Doctors and Managers

A finding of the study reveals that there was a significant difference between doctors and managers in terms of overall anger expression (Table 5.1). Managers reported higher anger expression, which means that they express more anger regardless of the direction of expression.

Another finding of the study (Table 5.1) indicated that doctors have higher anger control as compared to managers counterparts. However, on the other modes of coping with angry feelings e.g., anger suppression and anger expression there was no significant difference observed.

Bensimon (1997) reported that most employees experienced anger at workplace with regard to lack of employment security, poor working condition, work alienation, salary inequities and work harassment by supervisors and co workers (Bensimon, 1997; Narayanan, Menon & Spectors, 1999; Neuman & Baron, 1997).

Although anger among doctors is more likely to be state dependent i.e., situationally determined than a trait however person with higher trait anger is more likely to perceive a wide range of situation as anger provoking than individual low in T-anger and to respond to such situation with elevation is S-Anger (Spielberger, 1988). Higher anger control among the doctors indicates is a desirable trait. The professional demand of the role insists them to maintain a better interpersonal relationship with the patients to sustain better treatment regimen. Anger is a negative and socially disapproved emotion may be especially prone to inhibition (Frenandez, 2002). Anger control is
however generally regarded as positive and socially desirable, but high level of anger control or failure to express anger can threaten the well-being and can have negative health consequences (Nicholson, Gramling, Ong, Bnenaven, 2003; Bruehl, Chang, OY and Burns, 2003).

Spielberger (1988) suggested that anger can be managed in three possible ways: keeping anger in ("anger-in"), expressing anger outwardly ("anger-out") and discussing angry feelings with others. Use of one mode in anger management does not precludes use of anger. Studies have also shown that anger control was significantly associated with several positive personality features, such as self esteem and a strong sense of coherence. Also, subjects scoring high on Ax/Con report high levels of social supports from their families coped with loses and misfortunes in optimistic ways. Significantly negative correlation indicated further that men obtaining high scores lower on various negative psychological consequences (for example; Helplessness, Cynical, Distrust and Alexthymia) (Julkunen, Kauhaness, Kaplan and Soloness, 1994.).

Schat and Kelloway (2000) examined the role of perceived control in ameliorating the negative outcomes associated with the experience of violence at work using. Results indicated that perceived control did not moderate the relationship between violence and fear and emotional well-being, somatic health, or health. Results also indicated that perceived control was directly associated with emotional well being and indirectly associated with somatic health. Bartlett (2002) reported that physicians who were dissatisfied with their jobs tend to misdirect their anger. In Norwegian hospital, Skorshammer (2003) studied the interaction between the health professionals and the consequences of anger behavior on work cooperation. Results indicated that angry
behavior of doctors is stress factors for the work day of nurses and has a negative impact on their work environment and reduce the quality care of patients.

Hepworth & Tower (2004) examined the effects examined the effects of individual difference variables (trait anger, self control, negative affectivity attitude towards revenge and attributional style) and charismatic leadership on incidents of workplace aggression. The results revealed that psychological empowerment partially mediates the relationship between charismatic leadership and workplace aggression. Rawat (1996) examined 200 school teachers and reported a positive and significant relationship between organizational role stress and anger. Maisto and Lester (1997) studied 47 elementary school teachers and found that job satisfaction was associated with scores on expression rather than suppression of anger.

Van der Ploeg, Van Bhumen and Van Brummelan (1985) examined the relationship in 35 females and 69 males executives and found that hypertensive avoid showing anger or suppress anger. Payne and Cangemi (1997) reported that Feminine women leaders have the need to control anger because they believed display of anger would be costly to their interpersonal relationship, whereas masculine person leaders tend to be aggressive and use counter argument as strategies to protect their position. More recently, Domagalski & Steelman (2007) studied the independent and joint influence of gender and relative organizational status on workplace anger expression and found that emotional restraint is the most frequent method of handling anger across all groups. Study further indicated that lower status males, directly express their anger around higher status members more frequently than compare to lower status female. Taken together it can
be argued that person relying on anger control have more stable personalities with better capable of coping successfully with various negative job outcomes.

6.3 Trait Anxiety in Doctors and Managers

Another finding of the study revealed that a significant difference was observed between doctors and managers in terms of Trait Anxiety. Result indicates that doctors show anxiety proneness and perceive a wide range of situation with differential elevation in state anxiety.

Findings similar to this have been reported by several researchers (Karasek, 1979; Pikhart, Bobak, Pajak, Malyntina, Kubinova, Topar, Sebakova, Nikitin, Marmot, 2004). More recently Plaisier et al (2006) reported that poor working conditions may contribute to development of anxiety. Khanna (1992) studied life stress among working and non working women in relation to anxiety and found that anxiety is significantly and negatively related to positive life change in non working women.

In Turkey, Uncu, Bayram and Bilgel (2006) conducted a cross sectional study on a group of primary health care physicians with regards to job related emotional perception and their reaction in terms of stress and anxiety. It was found that job related negative emotional perceptions are associated with reactions in terms of stress and anxiety. Chambers and Campbell (1996) conducted a study on 896 general practitioners and found that anxiety cases were associated with living alone and amount of on call duties undertaken.

Caplan (1994) studied 81 hospital consultants, 322 general practitioners and 121 senior hospital managers to find the relationship between stress and anxiety. Results indicated that 46% were regarded
as free from anxiety, 25% were borderline cases and 29% were likely to experience clinically measurable symptom. Strazdins, D'Souza, L-Y Lim, Broom, Rodgers (2004) conducted a cross sectional survey on 1,188 mid aged Australian managers and professional. It was found that both job strain and job insecurity showed synergistic association with health and anxiety

6.4 Depression in Doctors and Managers

This study also showed that there was a significant difference between doctors and managers in terms of depression (Table 5.1). Doctors experience more depressive feelings in terms of emotional state of dejection, feeling of worthless and guilt.

Earlier, researches have reported depression to be a significant variable at workplace. It has been pointed out as a potential occupational health issue of complex etiology and no clearly established causative mechanism. It has been observed that complex individual- environment interaction at workplace is a cause of stress which in terms has linked with cause of depression among workers (Langlieb, DePaulo, 2008; Wang, Simon Kessler, 2003; Eaton, et al., 2001). Recently, Uncu, Bayram and Bilgel (2006) conducted a descriptive cross sectional study to investigate a group of Turkish primary health care physicians and found that job related associated with reaction in terms of stress and depression. Caplan (1994) studied stress and depression, in a group of senior health service staff. It was found that 27% of general practitioners were likely to be depressed or borderline. It was also found that general practitioners were more likely to be depressed than managers.

Steward and Barling (1996) examined whether work stressors and depressive mood affected interpersonal job performance of 71
physicians, nurses and technicians. Result indicated that role conflict was significant work stressor related to depressive mood. Earlier, Heyworth et al (1993) conducted a cross sectional study on depression associated with specific job factors such as task clarity and supportive communication among 201 trainee and consultants doctors. The response rate was 72% and the finding revealed that task clarity and supportive communication are associated with lower depression.

Cahill and Landsbergis (1996) examined job strain among post office mail handlers in the US using job demand and control model. It was found that heavy job demands, low job control and low supervisors support were strongly related to psychological strains. Mausner-Dorsch and Eaton (2000) studied the effects of psychological work environment on depression using job demands and control model among 905 full time workers and found that low decision authority was significantly related to a higher number of depressive symptoms. More recently Dragano, He, Siegrist, Moebus, Jockel, Erbel (2008) conducted a comparative analysis of two theoretical models, the demand-Control and the effort-reward imbalance model attempted to investigate depression vis-a-vis demand and control aspect of job. It was interesting to find out that control, effort reward imbalance and over commitment was independently associated with depressive symptoms. It was also reported that highest level of depressive symptoms was found in employees who had low control and high over commitment.

From the above studies it is quite evident that depression is one of the most common negative emotions encountered by the employees. Studies have pointed to the possibility that high level psychological demands, low levels of decision latitude and low level of social support
at work were predictive of depression (Niedhammer, Goldberg, Leclerc and David, 1998; Steward et al., 2003). Studies have also reported work family conflict i.e. the incompatibility of demands between home and job as a source of depression at work. This was more evident among women. It has also been reported that women who worked longer hours had an increased risk of depression. Majority of these previous studies have mainly evaluated work stress and a few other domains and there is hardly any study that considered Positive and negative emotional vital signs together among the doctors and managers. Although these studies taken together indicate strong evidence that depression is widespread at workplace however there is still a debate over the issue of depression being either on antecedents or concomitant of complex psycho-social work conditions (Plaisier, de Brugin and De Gaff et al, 2007). Prospective/longitudinal studies that could consider mediators/confounders are needed to link the psycho-social factors at workplace and its association with depression. Like the most of its predecessors, the present study has a cross-sectional studies are likely to be followed by confounding due to distress caused by other psycho-social and physical job condition.

6.5 Relationship of Job Demand-Control, Anger Expression and Its Modes (Ax/In, Ax/out, Ax/con), Trait Anxiety, Depression and Subjective Happiness in Doctors

The results of this study indicate that there is a positive and significant relationship between Job Demand and Anger Control (Ax/con) among doctors (Table 5.2). There is hardly any study which has dealt with relationship of job demand and anger control (Ax/con) among doctors. Gordon (1997) reported that professional care givers
become so stressed by impossible demands of patient that they are unable to give care they would otherwise be able to offer and their frustration could turn to undifferentiated anger affecting their performance. Satar, Cenkseven, Karcıoglu, Topal and Sebe (2005) evaluated anger level of 62 medical and 54 surgical residents with regard to the department in which they worked, seniority, sex, satisfaction with their work environment and number of night shifts worked per month. Results indicated that level of trait anger was greater in the first two years. Men trait anger levels were greater in the residents who were not satisfied with their department. Results further revealed that male residents had higher level of anger than their female counterparts.

Li, Calzi, Farinelli, Ercolani, Aliants Manigrasso and Taroni (2006) conducted a study on physical rehabilitation professionals including four categories that is nurses, therapists, physicians and technicians. Results indicated that feeling of anger have quite often emerged in the different groups of professionals at different levels (more or less expressed). Results further indicated that for the expression of anger high scores were obtained in the anger toward inside scale rather than anger toward the outside or controlled anger scale. Bartlett (2002) reported that physicians who were dissatisfied with their jobs tend to misdirect their anger. Skjorshammer (2003) reported that angry behaviour of doctor is a major stress factor in the workday of nurses and have negative impact on their work environment and professional cooperation and also reduce the quality of patient care.

Some studies have reported that gender difference do exist in the expression of anger (Domagulski & Steelman, 2007; Kopper &
Epperson, 1991). Malatesta-Magai et al., (1992) and Zukerman (1984) found that young, college and aged women were more likely to express anger than men. Payne and Cangemi (1997) reported that masculine person leaders tend to be aggressive and make use of counter arguments to protect their positions where as feminine women leaders control their anger because they believe the display of anger would be costly to their interpersonal relationship.

Earlier, Sharma & Acharya (1989) studied engineers and found that those with suppressed or greater anger control utilized approach coping as a dominant mode to deal with role stress. Mearns and Mauch (1998) observed that police officers who report more anger also report more distress. Vander Ploeg, Van Bumen and Van Brummelan (1985) indicated that organizational climate, role stress and lack of support also contribute to the level of environmental frustration. This indicates that in the events of higher demands on the part of their jobs, these doctors tend to cope with their angry feelings greatly by controlling or mitigating their anger.

Although studies have reported that anger out and anger in to be predominant modes of coping with angry feelings. However, despite higher job demand these doctors opt anger control as a mode to deal with their angry feelings. This indicated the incremental level of demand ementing from their job does not provoke these doctors to express their anger and/or suppress these feelings. This may be because of the nature of their job; higher level of job pressure does not decrease their emotional stability and job involvement. Decreasing job involvement would only serve to increase doctor’s time pressure because their work load will not necessarily be reduced.

Another finding of the study revealed that there was a negative and significant relationship between job control and trait anxiety among
doctors (Table 5.2). This indicates that higher the job control lower will be trait anxiety. Anxiety is an unpleasant emotional state. Therefore excessive amounts could have maladaptive consequences (Addae and Wang, 2006). There is no direct study which showed association of job control and trait anxiety. However, there are studies which show association between occupational role stress and anxiety. Sanne, Mykletum, Dahl, Moen, Tell (2005) conducted a study to test the strain/iso strain interaction and buffer hypothesis of Job Demand-Control Support Model in relation to anxiety. The results indicated that high demands, low control and low supports individually but particularly combine with risk factor of anxiety. Wilson and Brown (2002) studied the effects of multidimensional stress management intervention on workers anxiety, perceived occupational stress and coping among nurses and found that a low level of anxiety is associated with lower level of stress.

Some studies have found relationship between stress and anxiety among general practitioners, physicians. Chambers and Campbell (1996) reported the anxiety level in general practitioners are associated with personal and practice characteristics. Anxiety was found to be associated with living alone and amount of on call duties undertaken. Caplan (1994) studied hospital consultants, general practitioners and senior hospital managers and found that 46% did not experience anxiety, 25% were borderline cases and 29% were likely to experience clinically measurable symptoms. However unlike other studies this study did not find profound anxiety among health care professionals, Uncu, Bayram and Bilgel (2006) studied primary health care physicians and found that job related negative emotional perception are associated with reaction in terms of stress and anxiety. Plaisier et al. (2006) reported that poor working conductions may be an important predictor of stress and may contribute to the development of anxiety. Other studies have also found
abundant relationship between working conditions, stress and anxiety
(Niedhammer, Chastang, David, Barouhie, Barrandon, 2006)

The results of this study also reveal that there was a negative
and significant relationship observed between job control and
depression in doctors (Table 5.2). This indicates that higher the job
control defined in terms of decisions latitude which focuses on person’s
ability to control his work activities lower will be depression Doctor's job
entail higher control over their job although doctor and patient
participate in the treatment process together. However, doctors require
the patient to accept the control and in turn tend to experience greater
control over their job and lesser feeling of depression such as lower self
worth, lowered self confidence despair and worthlessness (American
Psychiatric Association, 2000).

Studied have reported association between Job Control and
conducted a comparative analysis of two theoretical models, the
demand control and the effort reward imbalance model and found that
control, effort reward imbalance and over commitment were
independently associated with depressive symptoms. Study also
reported that relatively highest level of depressive symptoms was found
in employees who had low control and high over commitment. Frone et
al. (1995) conducted a longitudinal study on 795 employed adults and
identified the association between work pressure, lack of autonomy and
role ambiguity and found that work pressure, lack of autonomy, role
ambiguity are all associated with depression.

Earlier, Kandel, Davies and Raveis (1985) examined the role
stress on depressive symptoms among 197 working women in New
York and found that significant stress related factors in depression was level of control people have on work at home and at job. Mausner-Dorsch and Eaton (2000) studied the effects of psychological work environment on depression using the job demand-control model among 905 full time workers. Results indicated that low decision authority was significantly related to a high number of depressive symptoms.

Cahill and Landsbergis (1996) examined job strain among 4,018 post office mail handlers using job demand control model and found that heavy job demands, low job control and low supervisors support were strongly related to psychological strain. Karasek (1990) conducted a cross sectional study on 8504 white collar workers and found that decreased job control is associated with depression in men but not in women. Plaisier et al., (2006) reported that poor working condition may lead to stress and further contribute to the development of depression. Virtanen Honkonen & Kivimaki (2007) found that in a finish work population, high job demands and strain are associated with increased depression. Uncu, Bayram and Bilgel (2006) conducted a cross sectional study to investigate a group of Turkish primary health care physicians job related emotional perception and to assess their reaction in terms of stress depression. It was found that job related negative emotional perceptions are associated with reaction in terms of stress and depression.

The above studies indicated a link between deficient control and depression. It has been found that lack of perceived control is central and the development of depression (e.g. Seligman, 1975). Job control can act as a buffer against the negative impact of harmful psychological factors such as stress and depression. (Meier, Semmer, Elfering and Jacobshagen, 2008). Hence higher control among doctors over their job
should help the doctors to cope with the excessive demands at the work.

Another finding of the study revealed that there was a positive and significant relationship between job control and subjective happiness among doctors (Table 5.2). This indicates that higher the job control i.e. individual’s potential to control over his task and his conduct in workplace higher will be subjective happiness that is the overall appreciation of one’s life as a whole.

There is paucity of research on job control and positive indicators of well-being. Control is seen as important for psychological well-being researchers have opined control is an important motive guiding human behaviour (Heckhausen and Schulz, 1995). Isen, Rozenzwieg & Young (1991) concluded that physicians experiencing positive emotions tend to make more accurate medical diagnosis. Several investigations observed that happiness appears to have a number of positive by products which may benefit not only individual but families, communities and societies (Myers, 1992, Seligman, Steen, Park, Peterson, 2005; Sheldon & Lyubomirsky, 2004; Synder & Zoper, 2007; Veenhoven, 2003).

Isen (1987) demonstrated and association between the experiences of greater positive affects and creative thought pattern. Study further observed that the experience of positive affects leads to more integrated and flexible thought processes with greater identification of inter connections among thoughts and ideas (Isen & Daubman, 1984; Watson, 2002; Maruta, Colligan, MalinChoc, Offord, 2000).
Several studies have reported stress has negative consequences on well being (Spielberger and Sarason, 1996; Sankhyan, 2002). While happiness or positive emotion broadens an individual's momentary though action repertoire which in turn can build an individual’s enduring personal resources. Studies have shown that positive emotions have an undoing effect on negative emotion gains on an individuals mind and body (Lyubomirsky et al., 2000; Lyubomirsky & Ross, 1997, 1999, Lyubomirsky & Trucker, 1998). The experience of greater subjective well-being has shown associations with few symptoms of psychopathology, particularly in terms of depression, suicide and paranoia (Diener & Seligman, 2002). Happy people are healthier more successful and more socially engaged and the causal direction runs both ways (Lyubomirsky, King & Diener, 2005).

There are some studies which have found the correlation between social relationship and happiness. Earlier Bradburn’s (1969) found that social relationships were one of the strongest correlates of positive emotion. Many studies have supported the social relationship and happiness, such as Myers (2000) reported that more intimate relationships are associated with a higher quality of life and Denier and Seligman (2002) found that the happiest people are highly social and had strong social relationship.

As discussed earlier, negative and positive emotions are distinct and complementary. These two convictions are not the same. Both dispositions can be conceptualized at varying degree of specificity. Hence, it is important to examine their specific role at work place to enhance the competencies of work force.
6.6 Relationship of Job Demand Control, Trait Anxiety, Anger Expression and Its Modes (Ax/In, Ax/Out, Ax/Con), Depression and Subjective Happiness in Managers.

The result of this study indicates that there is a positive and significant relationship between Job Demand and anger Control (Ax/Con) among managers (Table 5.3). This means that higher the workload, time pressure, conflicting demands, role conflict, higher will be anger control (ax/Con) that is anger overtly controlled.

The finding of the study also reveals that there is a positive and significant relationship between Job Control and Anger Control (Ax/Con). This means that higher the managers experience control in terms of targets, goals and objectives in their job higher will be anger control.

There is hardly any study that reflects any association/relationship between Job Demand-control and anger control dimensions of coping with angry feelings. However, attempts have been made to understand conditions that relate control at workplace. In this context Jackson (1989) made an interesting observation that two general aspect of environmental influence amount of control employee experience at work place these are managerial style and Job/task design. Managerial styles involve participative/ democratic and non democratic/ authoritarian. This reflects allowing employees to take control and version requiring the employees to accept control. Doctors and managers differ in their style of functions while doctors tend to achieve control over their patient's distress and manager often allow employees to decide how and when tasks are to be completed. It depends on the autonomy the job offer.
The study further indicated that there is a negative and significant relationship between Job control and Trait Anxiety among managers (Table 5.3). This indicates that higher the job control defined in terms of decision latitude which focuses on person’s ability to control his work activities; lower will be trait anxiety proneness as a personality trait (feeling of tension, apprehension, fear).

Several studies have reported a significant and positive association of various organization role stressors and anxiety across different occupational group (Dunhan, 1978; Gavin & Axelod, 1977, Lazarus and Averill, 1974, Chen, Popovich & Kogan 1999; Newbury-Birch & Kamali, 2001) but there is no study which showed direct association between Job Control and trait Anxiety. Plaisier et al., (2006) reported that poor working conditions lead to stress which further lead to anxiety. Similar findings are also reported by others researcher (Wang and Putten, 2001; Karasek, 1979). Strazdins D’Souza L-Y Lim, Broom, Rodgers (2004) conducted a cross sectional survey on 1,188 mid aged Australian managers and professionals. Results indicated that both job strain and job insecurity showed synergistic association with health and anxiety.

Wilson and Brown (2002) studied the effect of stress management intervention on workers anxiety and perceived occupational stress among nurses. It was found that there was no significant difference in anxiety, perceived occupational stress. They also found that low level of anxiety would be associated with lower level of stress. Chen, Popovich & Kogan (1999) studied employee’s working in various organizations and found that work anxiety increased when employees engaged in communication pertaining to negative job related contents.
Recently Sanne, Mykletum, Dhal, Moen, Tell (2005) conducted a study to test the strain/iso strain interaction and buffer hypothesis of Job Demand-Control Support Model in relation to anxiety. 5562 workers participated in the study. The results indicated that the strain and iso strain hypothesis were confirmed. The results further revealed that high demands, low control and low support individually but particularly combined with risk factors of anxiety.

Researchers have found positive relation between job control and well-being (Van der Doef and Maes, 1999; Van Horn, Taris, Schaufeli & Schreurs 2004). Spector (2002) found that occupational stress has been recognized as a major health issue for modern work organization and lead to negative emotional reaction (e.g. anxiety), physical health problem in both short term (e.g. headache or stomach disease) and counterproductive behavior at work. It was also found that control at work can be an important element in employees’ health and well being.

Finding of the study (Table 5.3) further revealed that there is a negative and significant relationship between job control and depression. This indicated that higher the job control with regard to individual’s potential control over his task at the workplace lower will be experienced of an emotional state of dejection, feeling of worthlessness and guilt.

Dragano, He, Siegrist, Moebus, Jockel & Erbel (2008) reported that relatively highest level of depressive symptoms was found in employees who had low control and high over commitment. Karasek (1990) conducted a cross sectional study on 8504 white collar workers and found that decreased job control is associated with depression in men but not in women. Plaisier et al., (2006) suggested that poor
working conditions may be an important precursor of stress and may therefore contribute to the development of depression.

More recently, Rusli, Edimansyah and Naing (2008) studied the relationship between working conditions (Job demand, Job control and social support), stress, depression and perceived quality of life factors (physical health, psychological well-being, social relationship and environment condition) were assessed among 698 male automotive assembly workers in Malaysia. It was found that stress was directly related to depression and inversely related to physical health, environment conditions and social relationship. Depression was inversely related to psychological well-being. Job demand was directly related to stress and inversely related to social relationship. Frone et al (1995) indicated that work pressure, lack of autonomy is all associated with depression. Earlier, Karasek (1979) examined the role of decision latitude and job demand in 1896 working males and found that decision latitude was negatively associated with depression and absenteeism.

Mausner-Dorsch and Eaton (2000) found that low decision authority a component of job control was significantly related to a high number of depressive symptoms. Abramis (1994) reported that depressive symptoms were significantly related to role conflict and absenteeism was related to role conflict, job insecurity, anxiety and depression. In US, Cahill and Landsbergis (1996) examined job strain among post office mail handlers in using job demand and control model. It was found that heavy job demands, low job control and low supervisors support were strongly related to psychological strains.

Another finding of the study revealed that a positive and significant relationship between job control and subjective happiness among manager (Table 5.3). This indicates that the managers utilize
the skills and are able to take proactive moves to address the challenges in job, higher will be subjective happiness operationalized as the ability to enjoy one’s experiences, accompanied by degree of excitement.

Happiness is correlated with the presence of favourable events (such as promotion, marriage, etc) and the absence of troubles or bad lucks (such as accidents, conflicts, etc (Heyligher, 1992). Generally people who experience a preponderance of positive emotions enjoy more beneficial outcomes in the workplace than those who experience lower level of positive emotions. Staw, Sutton, Pelled, (1994) found that employees with high positive affects have jobs that involve a wide range of tasks and are described as more meaningful and more autonomous. Iverson et al (1998), Van Katwyk, Fox, Spector, Kelloway (2000) also supported the ideas that happy people have a high degree of autonomy in their jobs than their less happy people are more satisfied in their job compared with unhappy people (Connolly & Viswervaran, 2000; George, 1995; Fisher, 2002; Judge & Ilies, 2004; Thoresen, Kaplan, Barsky, Warren & de Chermont, 2003; Weiss, Nicholas & Daus, 1999).

The presence of positive affects predicts behavior that extends beyond a job description but that benefit other individual or organization itself (Borman, Penner, Allen & Motowidlo, 2001; Crede, Chernyshenko, Stark, Dalal & Bashshur, 2003; Fisher, 2002). George (1991) observed that happy people are more likely to help fellow workers and customers than unhappy people. Thoits & Hewitt (2001) reported the number of hours a person volunteers for organization outside the workplace is related to higher well being and A happy person involvement and commitment to the workplace does not go unnoticed by others. George
(1995) reported that managers with positive mood at work receive more rewards from their supervisors.

Happy employees reap, the accrue additional benefits in the form of interpersonal rewards. Iverson et al (1998) reported that people who experience more positive emotions receive more social support from both colleagues and supervisors. Barsade, Ward, Turner & Sonnenfeld (2000) found that happy chief executives with managerial teams and high in positive affect experience relatively less conflict and more cooperation. Results also revealed that those in same managerial teams feel relatively more satisfied about group relation.

6.7 Job Demand-Control, Trait Anxiety, Modes of Anger Expression (Ax/In, Ax/Out, Ax/Con), Depression and Subjective Happiness as Discriminator of the Doctors Group and Managers Group.

Stepwise discriminant analysis indicated that out of the eight variables included as potential discriminators between the doctors and managers group, six variables emerged as discriminators. Result indicated that six variables included in the analysis on the basis to F-To-Remove, Wilk's Lambda and Wilk's decrement (Table 5.4, 5.5) were (i) Job Demand, (ii) Job Control, (iii) Subjective Happiness, (iv) Trait Anxiety, (v) Anger Control (Ax/Con) and (vi) Depression. F value for a variable indicates the statistical significance in the discrimination between the group, that is, it is a measure of the extend to which a variable makes a unique contribution to the prediction of group membership. Wilk's Lambda observed the difference between the groups as well as cohesiveness within the group. Wilk's Lambda decrement value between successive steps further indicates the unique
contribution of the variables to the equation above and beyond the contribution of the preceding variables.

Study further indicated that in case of Standard Canonical Discriminant Function Coefficient the Job Demand made the highest contribution in discriminating the two groups (doctors and managers) followed by subjective happiness, Trait Anxiety, Depression, Anger Control (Ax/Con) (Table 5.6). The value of Standard Discriminant Function Coefficient (ignoring sign) in terms of these six variables indicates the rank order of six variables for their contribution in discriminating between doctors and managers groups.

Further more, Anger Expression (Ax/Ex) was not included in the analysis because it is a linear combination of Ax/In, Ax/Out, Ax/Con. Klecka (1985) suggested that no discriminating variable should be a linear combination of other discriminating variable(s) to be included in the analysis. The identification of the six discriminators stated above, and their relative power has been achieved by simultaneous use of multiple indices of discrimination namely, F-To-remove, Wilk’s Lambda, Wilk’S Decrement and Standard Discriminant Function (SDF) Coefficients.

These six discriminators significantly separated the doctors groups and the manager group. It is also important to point out that the remaining variables namely anger in (Ax/In) and anger/Out (Ax/Out) which were not selected at the last step cannot be termed as unimportant. It may be possible that these variables which were entered late in the computation might have correlated with one another or with other variables selected earlier to duplicate the contribution of the variable was considered redundant.
The emergence of Job Demand as a leading discriminator was anticipated (Table, 5.6). Several research reviews have reported that job demand is a common source of stress among doctors. Linzer, Marks, Martha, Douglas, Jeffery, McHurray & Julia (2003) found that in US Physicians sources of stress are largely related to time pressure and hassles were significant predictors of stress. Richardson, Astrid, Burke & Ronald (1991), earlier found that sources of stress are largely related to time pressure in Canadian Physicians. Appleton, House, Dowell (1998) found that the prevalence of stress was 52% among general practitioners. Fielden and Peckar (1999) found that there was a direct link between the numbers of hours worked and stress level.

A report by the center for organizational Health and development for the British Medical Association (BMA) Board of Science and education (1998) found that the main source of work related stress for consultants and general Practitioners was workload. A Medical Audit Advisory Group Sibbald, Enzer, Cooper, Rout & Sutherland (2000) reported that top ten stressors in descending order were emergency calls, time pressure, working about patient complaints, interruption of family life, 24 hours responsibility for patients and unrealistically high expectation by other doctors role and by partner on holiday. This impairs their health and compromises their ability to provide high quality care to patients. Bergman, Ahmed and Steward (2003) revealed that regardless of gender majority of physicians reported an excessive workload. Some studies have shown that general practice is one of the most stressful among health care workers (Calnam, WainWright, 2002; Chan, Lia, Ko, Boey, 2002; Salminen, Kivimaki, Eloavainio, Vahtera, 2003) and some researchers have reported that negative feeling of tension, lack of time, excessive paper work among Physicians take turnover with poor clinical performance and patients dissatisfaction

The findings further revealed that Subjective Happiness emerged as a significant discriminator (Table 5.6). Several studies have reported the role of positive emotion in the life of an individual, but as such there is no specific study with to subjective happiness among doctors and managers. Several investigators have observed that happiness appears to have a number of positive by products which can be a benefit to an individual as well as families, communities and societies (Myers, 1992, Veenhoven, 1988 for review) Earlier, Isen (1991) reported that physicians experiencing positive emotions tend to make more accurate medical diagnosis. In a US national survey Diener and Diener (1996) observed, that most people report a positive level of subjective well-being (SWB), and say that they are satisfied with domains such as marriage, work, health finances and friendship. Cross-national data suggest that there is a positive level of SWB through out the world, with the possible exception of very poor societies. In 86% of the 43 nations for which nationally representative samples are available, the mean SEB response was above neutral.

Diener, Lucas, Oishi & Suh (2002) examined whether happy and unhappy individuals weighted 8 life domains (health, finances, family, friends, recreation, religion, self and education) differently when constructing life satisfaction judgment. In both studies, regression equation predicting life satisfaction showed that their were significant interaction between happiness and a person's best domain and between happiness and persons worst domain, even after controlling for participants standing on all other domains. Happy participants weighted their best domain more heavily than did unhappy individual
where as unhappy individual weighted their worst domain more heavily than did happy individuals.

Seidlitz, Wyer and Diener (1997) examined the relations of subjective well being with the attention paid to positive and negative life events the organization of events in memory according to whether they were positive or negative events. Using 171 college students in 2 experiments results show the more intense and more enduring reaction to positive life then to negative ones were associated with higher well-being and, for intensity of reactions, this relation was stronger for those events that were subsequently recalled. When equal number of positive and negative life events were eligible. Crocker and Near (1998) predicted that affect measures would explain significant incremental variance in happiness, beyond that explained by cognitive variables. Analysis of data from six national sample of adult respondents indicate that happiness could be predicted better from cognitive measures of domain satisfaction and work attitudes than from a measure of positive affect, there by calling into question the widely accepted argument that satisfaction measures are cognitive and happiness measures affective in orientation.

Staw, Sutton, Pelled (1994) found that employees with high positive affect have jobs that involve a vast range of tasks and are described as more meaningful and more autonomous. Some researchers have supported the idea that happy people have a high degree of autonomy in their jobs than their less happy peers (Iverson et al, 1998, Van Katwyk, Fox, Spector, Kelloway, 2000). It has been found that happy people are more satisfied in their job as compared with unhappy people (Ignonac & Herrback, 2004; Thoresen, Kaplan, Barsky,
Warren & De Chermont, 2003; Judge & Ilies, 2004; George, 1995; Cannolly & Viswervaran, 2000; Weiss, Nicholas & Duas, 1999).

Study further indicated that trait anxiety emerged as significant discriminator (Table 5.6). Plaisier et al (2006) reported that poor working conditions may contribute to development of anxiety. Khanna (1992) studied life stress among working and non working women in relation to anxiety and found that anxiety is significantly and negatively related to positive life change in non working women.

Chambers and Campbell (1996) reported that anxiety levels in general practitioners are associated with personal and practice characteristics. Results indicates that 19% of respondents were cases of anxiety and 22% others had borderline anxiety scores. Study further revealed that anxiety cases were associated with living alone and amount of on call duties undertaken. In a recently investigation Uncu, Bayram and Bilgel (2006) conducted a cross sectional study on a group of Turkish primary health care physicians with regards to job related emotional perception and their reaction in terms of stress and anxiety. It was found that job related negative emotional perceptions are associated with reactions in terms of stress and anxiety.

In Australia, Strazdins, D’Souza, L-Y Lim, Broom, Rodgers (2004) conducted a cross sectional survey on 1,188 mid aged managers and professional. It was found that both job strain and job insecurity showed synergistic association with health and anxiety. Caplan (1994) studied 81 hospital consultants, 322 general practitioners and 121 senior hospital managers to find the relationship between stress and anxiety. Results indicated that 46% were regarded as free from anxiety, 25% were borderline cases and 29% were likely to experience clinically measurable symptom.
The findings of the study indicated that depression emerged as the fourth discriminator (Table 5.6). Several researchers reviewed that depression is commonly seen in human service professionals (Steward et al., 2003; Simon & Kessler, 2003). Caplan (1994) found that general practitioners were more likely to be depressed than managers. Uncu, Bayram and Bilgel (2006) in a cross study among Turkish primary health care physicians and found that job related negative emotional perceptions are associated with reactions in terms of stress and depression. Steward and Barling (1996) indicated that role conflict was a significant work stressor related to depressive mood in physicians, nurses and technicians. Chambers and Campbell (1996) conducted a postal survey to measure depression level in general practitioners and identified the association with personal and practice characteristics. Results indicated that there was no gender difference but 10% of the respondents were cases of depression and 16% others had borderline depression scores. It was also indicated that depression was found to be associated with over occupied job and workload. Rout (1999) investigation revealed that male doctors showed significantly depression scores than the normal and no gender specific difference among the doctors was found.

Plaisier et al., (2006) reported that poor working conditions may be an important precursor of stress and may therefore contribute to the development of depression. Frone et al., (1995) found that work pressure, lack of autonomy, role ambiguity is all associated with depression. Karasek (1979) earlier found that decision latitude was negatively associated with depression. Later, Karasek (1990) found that decreased job control is associated with depression in men but not in women Mausner-Dorsch and Eaton (2000) reported that low decision authority was significantly related to a high number of depressive
symptoms. Earlier Kandel, Davies and Raveis (1985) found that significant stress related factors in depression was level of control people have on work at home and at job. Abramis (1994) reported that depressive symptoms were significantly related to role conflict. Dragano, He, Siegrist, Moebus, Jockel, Erbel (2008) indicated that control, effort reward imbalance and over commitment were independently associated with depressive symptoms. It was also found that relatively highest level of depressive symptoms was found in employees who had low control and high over commitment.

The study further revealed that the fifth significant discriminator is anger control (Ax/Con). Studies have reported that anger is common at workplace but very few studies have reported their observation and association about this mode of anger expression and its consequences anger control (Ax/Con), one of the components of anger expression (Ax/Ex). Rawat (1996) reported a positive and significant relationship between organizational role stress and anger (For example, Ax/Ex, Ax/Out, Ax/In and Ax/Con). Maisto and Lester (1997) found that job satisfaction was associated with anger expression rather than suppression of anger. Fitness (2000) studied the similarities and differences amongst supervisors, co-workers and subordinates anger experience and also the causes, features and consequences of work place episodes. They found that features of anger episodes were different according to the status of the respondent. Superiors found to be angered by morally reprehensible behaviour and public humiliation and subordinates angered by unjust treatment. Subordinates were found to be less likely than superiors to confront the anger target and are more likely to consider the incident unresolved. Fitzgerald, Haythornthwaite, Suchday Ewart (2003) revealed that low level of job dissatisfaction were independently associated with increased work-
related anger. Results further indicated that anger experienced at work may be an early marker of job stress.

Bensimon (1997) study revealed that most employees experience annoyance in the work at least 10 times each day and that 25% of workers experiences anger in the workplace. The reasons for anger include a lack of employment security, salary inequities, poor working conditions, low job control, interpersonal conflict work alienation and work harassment by supervisors and co-workers (Bensimon, 1997; Narayanon, Menon & Spector, 1999; Newman & Baron, 1997). Hepworth & Tower (2004) study examined the effects of individual differences variables (trait anger, self control, negative affecting attitude toward revenge and attributional style) and Charismatic leadership on incidents of workplace aggression in a sample of 213 employees from a wide range of organization. The results indicated that the individual differences variables accounted for an additional 5% after controlling for individual differences. Results further indicated that psychological empowerment partially mediates the relationship between charismatic leadership and workplace aggression.

In Norwegian, Skjorshammer (2003) studied the interaction between the health professionals and the consequences of anger behaviour on work cooperation among professionals and found that angry behaviour, in particular from doctors, is a major stress factor in the work day of nurses and has a negative impact on their work environment and professional cooperation and may even reduce the quality of patient care. Bartlett (2002) reported that physicians who were dissatisfied with their job tend to misdirect their anger. Earlier Gordon (1997) reported that professional care givers become stressed by impossible demands of patients that they are unable to give care
they would otherwise be able to offer and their frustration turn to undifferentiated anger affecting their performance.

Domagalski and Steelman (2007) investigated both the independent and joint influence of gender and relative organizational status on workplace anger expression. The results indicated that emotional restraint is the most frequent method of handling anger across all groups. Results further revealed that lower status males, directly express their anger around higher status members significantly more frequently than do lower status females. Bartz, Blume and Rose (1996) earlier reported that gender accounted for less than 1% of the variance in self-report measures of anger experiences, expression and control. Some studies reported that there is no gender difference (Kopper & Epperson 1991; Fine and Olson, 1997).

Results of the study indicated that Job Control emerged as sixth discriminator (Table 5.6). Wong, Desanctis, Staudenmayer (2007) found that amount of interdependency was positively associated with role conflict and clarity of interdependency was associated with role ambiguity. Narayan, Menon and Spector (1999) observed that lack of control reported as major stress by clerical groups and interpersonal conflict as major stressors by academic and sales group. Canvanaugh, Wendy, Boswell, Marks Roethling & Bodreau (2003) found that challenge related stress is positively related to job satisfaction and negatively related to job search. Ghosh (2000) studied two occupational groups (Physicians and Executives) and found that in case of executives there was a poor fit between their skills and the jobs they are performing. Van der Doef and Maes (1999) found that individuals in passive jobs and active jobs experienced better well being than those in high strain jobs. This comparison indicated that the autonomy an
individual experience related to making decision is an important determinant of well being.

It can be concluded that the doctors and managers distinguished from each other on the measures of Job demand-control, trait anxiety, modes of anger expression (Ax/In, Ax/Out, Ax/Con), depression and subjective happiness.

Implications:

The present study would facilitate identification of negative and positive well-being factors and help in designing intervention for doctors and managers and other working population who experience high stress and negative emotion at the workplace. The present study had observed high level of stress, anxiety, anger and depression among the doctors and managers. Therefore, it has been generally agreed that reducing stress, anxiety, anger and depression at the workplace would be helpful to provide healthy work environment and increasing the efficiency of doctors and managers.

Inputs from the present study can be utilized to develop interventions that will help to improve employees’ effectiveness in the organization by reducing negative factors such as stress reaction (psychological and behavioral). Moreover the physical fitness program can enhanced to ensure increased level of skills and physical health.

The present study will help to conduct stress audit in the organization to assess the level of stress along with emotion so that psychological well-being can be achieved which in turn enhance the organizational health and well being.
In the present study, Job Demands like, role ambiguity and role conflict act as stressors and are linked with high tension level, anxiety and depression. Goal conflict inhibits workers success at work which is positively related to employees mental health and well being. It is important that organizations should provide workers regarding their job profile, expected role and targets to be achieved which in result will help in reducing role ambiguity and job stress.

In the present study the job control/ decision latitude has emerged as a factor which moderates and reduces job stressors. This parameter (i.e. Job Control) enhances the organization skills, creativity and other important aspects so as the employee can fulfill the job demands and will be more productive. Thus the present study promotes the concept of job redesign intervention which in turn would increase the job control and thus reducing the negative emotions and other stressors in the organization and employees.

The present study also indicates the importance of positive emotion. The experiences of positive emotion at the workplace act as the active ingredient which energizes the employee. Experience of positive emotion broaden habitual mode of thinking, build resources for coping with negative emotion and help employees to have optimistic approach towards life. Psycho-educational programs based on cognitive therapies for depression, have been demonstrated to produce "learned optimism" finding positive meaning in dire circumstances is another route to increase level of optimism.

Suggestions for Future Researches

1. Future research should involve longitudinal analyses that can more clearly establish the casual relationship among job demand,
control and emotions (both negative and positive), and personality. It is also important to note that the present study was on doctors and managers. It is necessary to determine whether the results are generalizable to more occupationally diverse groups of workers.

2. In the present study the role of social support is not analysed at the workplace. Future research should be conducted to understand how demand, control and social support contribute to doctors and managers well-being.

3. Generally quantitative workload is considered as potential organizational stressors. Studies should be conducted to examine the interactive effects of two or more stressors (such as quantitative job demands and qualitative job demands) which may create more accurate picture of how and why certain strain occurs.

4. Studies should be conducted to see the effects of different types of control in different occupational settings which have long term impact and job performance can be assessed in better way.

5. Research has suggested that mental demands have a greater effect on stress than physical demands (Dwyer & Ganster, 1991). Studies should be conducted to examine the different demands experienced by people holding different kinds of jobs.

6. Future research should be conducted to employ more objective outcome measures, in order to determine whether job strain has an impact upon the physiological well-being of doctors as well as managers and also the role of personality variables should be examined.
Future research should be conducted in other working population to validate the results found in the present study to clarify the impact of the psychological vital sign at workplace and to investigate more fully the issues related to differential impact of each vital sign along with stress associational with demand control. Such studies will enhance the efficacy of management of psychological problems at workplace and in turn the effectively of workers at large.