CHAPTER - 6

INTERPRETATION & DISCUSSION
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Occupation has become highly complex phenomenon in the present era of technological developments. In the modern economic world quality of life has been the most important concern for any individual taking up a profession. There is an intricate relationship between choice of occupation and effective living, which seems to be essential for self-development. Today occupationalists are more concerned with (a) happiness contentment and peace for himself and his near and dear; (b) achieving goals set for himself (c) a 'Goodman' image (d) Self-actualization. Spiritual values have decidedly taken a back seat and materialistic values like success, prestige, power and money have made a major inroad into ones' life. Mans' elitist origin, which could have proved a handicap in relationship with the work force because of social distance and value gulf. But it is no longer so because man has acquired a value system tinged with concern for genuineness in human relationship, devotion to task, concern for being diplomatic coupled with a deep regard for other peoples' feelings and interests. What professionals seek from the work situation is job satisfaction, creditability, competence, creativity, truthfulness and achievement success. The professionals need to exhibit behavior that is in harmony with the people and the environment around at work place as well as in the society outside.

Thus, with the above frame of reference the problem of the present investigation was formulated to study the job involvement, self esteem, stress and health in relation to four different professionals viz. Doctors, Teachers, Engineers and Nurses. The results represented in the previous chapter will be discussed in the present chapter. Firstly all the four variables; job involvement, self esteem, stress and health will be discussed separately with regard to all the four professionals: Doctor, Teachers, Engineers and Nurses. Secondly the difference in males and females with respect to the four above said variables in relation to professionals i.e. Doctor, Teachers, Engineers and Nurses will be taken into consideration and discussed. And finally the effect of income and length of service on job involvement, self
esteem, stress and health will be discussed separately. The results will be supported and interpreted with the help of studies and theoretical phenomenon in order to either accept or reject the various hypotheses formulated, in the light of main objectives of the present study.

**JOB INVOLVEMENT**

In recent years, the concept of job involvement has gained much importance, both theoretically and empirically. According to Dubin (1961), when a person internalizes a value, norm, goal or behavior pattern, these become guide for further activities hence job involvement is the internalization of values about the goodness of work. Thus the importance of work to an individual decides upon his worth. Job involved person is the individual for whom work is a very important part of life and he is affected by much responsibility of his whole job situation, the work itself, his co-workers, the company etc.

Lodhal and Kejner (1965), defined job involvement as a degree to which a person is identified psychologically with his work. Therefore a person who considers work as an important part of his life, is a person involved in job. Frunce (1959), stated the degree of occupational involvement as referring to the extent to which success and failure in occupational role affects self esteem.

Job involvement is greatly influenced by personal background, values and job characteristics as intervening variables. Factors like autonomy, friendly relations, supervisory behavior, trust and support lead to high job involvement.

In the present study, an attempt was made to investigate the difference if any in job involvement amongst different professionals: Teachers, Doctors, Engineers and Nurses.
Upon analysis of data and theoretical interpretation it was found that there was a significant difference among Doctors, Teachers, Engineers and Nurses with regard to job involvement variable.

Table 1, shows the percentage of individuals falling in the three levels of job involvement, 'High', 'Average' and 'Low'. It was found that amongst the four professional group maximum percentage of Teachers and Nurses fall in the 'Average' category, 48% and 45% respectively. The Doctors and Engineers fall under the High level of job involvement, 56% and 64% respectively. Amongst Teachers 26% of individuals fall in the 'High' as well as 'Low' category. Amongst Doctors it is 23% in 'Average' category rest in the 'Low' category. Interestingly only 12% of Engineers show up in the 'Low' level of job involvement depicting that the individuals consider their job to be an important part of themselves. And they work for their organization with full dedication. When Nurses are considered it is found to be having 45% of individuals falling in the 'High' category and rest in the 'Low' category of job involvement. A close watch of the table very clearly reveals that there has been only few individuals in all the professions who show up 'Low' job involvement. The table also shows that there was difference amongst the professionals at the three levels of job involvement for all the four professional groups: Teachers, Doctors, Engineers and Nurses.

Table 2 reveals very clearly that there was difference in job involvement score for the four professional groups. Amongst the four professionals Engineers have shown the highest mean score of 41.6, depicting a 'High' level of job involvement, whereas Teachers have shown the least mean score of 28.3 depicting an 'Average' job involvement with their professional demands, work schedules and duties.

Doctor and Nurses have shown 'High' and 'Average' amount of job involvement respectively, with their mean scores falling in between the Engineers' and Teachers' mean score. All these scores very clearly indicate that Engineers and Doctors consider their job as a central part of their life, they are personally involved in the job and consider their job as a centre to
their existence. Both of them are much more affected by the job values, their responsibilities of work and fulfillment of the goals of their organization.

The above two tables very clearly indicate the difference in job involvement levels amongst the four professionals groups. This difference is very clearly observed when 'F' ratio was calculated to look for any significant difference amongst Teachers, Doctors, Engineers and Nurses.

The Table 3 showing the 'F' ratio, reveals a clear significant difference ($P \leq 0.01; 3.83$) between the four professional groups on the job involvement variable. This clearly indicates that there has been difference among the individuals belonging to various professional groups in regard to considering their job as a part of self, and most of their life goals are job oriented. Bass (1965), mentioned different condition that strengthens job involvement. Factors like opportunity to make decisions rise high, self-determination, recognition and freedom to set one's own work place. When the significant difference between individuals of different professions was taken into consideration in the light of above concepts it becomes clear that Doctors and Engineers get far better chances to work independently, to take decisions, have freedom of setting goals, mean of achievement and to show their talents to their sub-ordinates, super-ordinates, colleagues and to the organization. Teachers and Nurses mostly work in small organizational setup with almost a fixed format of work-planning within the limited parameters. Their nature of work, job characterization and shared responsibilities, leave them with less opportunities to accept fully the demands of organization and work. The other well documented reasons are work over load, poor climate, under participation in decision making, poor support from superiors and colleagues, powerlessness, low social status, unmet expectations and personality factors such as Self esteem, locus of control, hardiness and reactivity. Lawler and Hall (1982), found that job characterization, satisfaction and intrinsic motivation are related to job factor and job behavior of an individual in and organization. Farris (1971), assumed that job
involvement is the function of the interaction of a person with his environment, thus not considering it solely an individual characteristic.

Naaz (2000), examined the effects of autonomy, task identity, feedback, skill variety, salary and advancement potentials in job involvement. Results show that the only significant predictor of those examined was skill variety, which was a negative predictor of job involvement. Findings suggests that job involvement is significantly determined by job characterization.

Hence, on the basis of the results obtained, interpretation attained and in the light of theoretical background of various studies it is concluded that individuals show difference in job involvement. Therefore the hypothesis stating that there will be significant difference across the four professional groups: Teachers, Doctors, Engineers and Nurses regarding job involvement is accepted in complete.

SELF ESTEEM

'Self', 'Self esteem' and 'Self-concept are overlapping terms and each refers to a particular component of a person's total personality. A person's 'self' is a sum total of all he can call of him. The 'self' includes among other things a system of ideas, attitudes, values and commitments. Self is a person's total subjective environment. Self-concept refers to the organised cognitive structure derived from experiences of our own self. 'Self esteem' refers quite literally to the extent to which we admire or value the 'self'. Self-concept is the cognitive part of self, whereas Self esteem is the effective portion of the 'self'. Our feeling of self-worth and Self esteem grows in part from our perception of where we see ourselves standing in relation to persons whose skills, abilities, talents and aptitudes are similar to our own. (William James, 1890).

Like any other attitudinal structure, the 'self' includes not only elements of sheer perceptual but also evaluative component. This evaluative
aspect of self-perception, which might be thought of as the degree to which one likes himself, is referred to as self esteem or self-regard, Mead (1934).

In the context of the above theoretical background, an attempt was made in this study to look for significant difference regarding self esteem amongst the individuals who are in either of the four professional groups - Teachers, Doctors, Engineers and Nurses. Since each occupation has its own accountability towards the mankind and organisation to which he or she belongs, here the evaluative and affective component of self becomes prominent. This feeling of 'worth' helps the individual to decide upon as the degree to which he likes himself and the general feeling of approval of himself in comparison to other persons, whose skills, talents, etc. are similar to his own. The personal level of aspiration also determines the feeling of self esteem as it helps in establishing what one regards as either success or failure.

In order to study the difference between teachers, doctors, engineers and nurses, regarding self esteem, when we look at the various percentage of individuals showing up 'Positive', 'Negative' and 'Balanced' Self esteem it is evident that not all individuals irrespective of their occupations have similar set of self esteem. On observing Table 1, it clearly indicates that maximum percentage of individuals of each profession taken for study have 'Positive' self esteem for almost about 50% and above. Amongst all professionals about 16% or less of individuals have shown 'Negative' self esteem. Only about 32% or less individuals of the four professional groups have shown 'Balanced' self esteem. The table gives an idea about the discrepancies amongst the Teachers, Doctors, Engineers and Nurses regarding their Self esteem.

A look at Table 4 depicts the mean score of the four professionals and their respective interpretations in terms of 'Positive', 'Negative' and 'Balanced' self esteem. It is found that all the four professionals have 'Positive' self esteem. The 'Positive' self esteem of all Teachers, Doctors, Engineers and Nurses provides a conclusion that all the individuals of the
four professions have feelings rooted in unconditional acceptance of 'self', despite mistakes, defeats and failures. This suggests an innately worthy and important existence of himself. They express an attitude of approval and have a complete confidence to be capable, significant, successful and worthy. This healthy approval of 'self' by themselves leads to personal satisfaction and effective functioning in relation to other individuals of the society. The attitudinal component of self esteem explained by Orpen (1994), suggests that the feelings a person has about himself, about his worthiness, aspirations, commitments, and his attitude about his present status & future prospects make up his philosophy of life.

Table 4 also gives an idea about the discrepancies that exist between person's evaluation of himself and the evaluations that 'others' make of him (Basic Self-Concept and Mirror Image). Here in this study, the former is 'Personally Perceived Self' (PPS) and the latter is 'Socially Perceived Self' (SPS). Here in this study, the maximum difference has been found for Engineers and the lowest difference between the PPS and SPS has been found for 'Doctors'. The greater is the difference between the two scores, the more difficulty in self-acceptance, personal and social adjustments arises. This depends partly upon the pressure put on the person to accept the evaluations of 'others' in place of his own, and how resistant he is to their evaluations. Tension is especially great when evaluations are unfavourable and are made by people in authority or by persons who have high prestige in the social group. This can lead to personality disturbance, frustrations, feeling of inferiority and even can bring about poor social adjustments and humiliation. Lecky (1945), pointed out that all emotions could be traced directly to experiences which are interpreted by the individual as support or threat to one or more 'ideas of self'.

Table 5 gives the 'F' ratio calculated to look for the significant difference amongst the four professional groups on the two dimensions of self esteem – PPS and SPS. This Table shows no significant difference for PPS amongst the four professional groups. This means that all the professionals make almost the same evaluation of themselves, as they are,
and believe themselves to be capable, significant, successful and worthy. When SPS is taken into consideration, there is a significant 'F' ratio (P ≤ 0.5 level). This significant value indicates that socially the individual understands and expresses that the other people of the society do not consider all the four professionals of having almost same amount of positive evaluation in terms of success, worthiness and approval with respect to their jobs.

Experimental studies indicate that a person with high self esteem maintains a fairly constant image of their capabilities and abstractness as a person. They are also more likely to assume an active role in social groups and express their views frequently and effectively. They are less troubled by fears, threats and ambivalences. A person with high self esteem apparently moves more directly and realistically towards his personal goals. Whereas, a person with low self esteem is less capable of resisting pressures to conform and is less able to perceive threatening stimulants, which lead to self doubt and minor personality disturbances, Hallman & Thomas (1994); Freeman (1984).

Wiener, Muczyk and Martin (1992), tested the hypothesis that Self esteem and job involvement act as moderators of the relationship between job and career satisfaction as well as indices of well being, Overall Life Satisfaction and affective symptoms. The relationships between work related satisfaction and well being indices were stronger for low self esteem individuals than for high ones.

Thus on the basis of the data tables, their interpretations, studies, and the various notions of Self esteem, the hypothesis stating that there will be significant difference amongst Teachers, Doctors, Engineers and Nurses regarding Self esteem is only partially accepted. The significant difference was found only for 'Socially Perceived Self' and not for 'Personally Perceived Self'.

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LIFE STRESS

Life stress is viewed as self-reported life events, and it generally refers to the circumstances that place physical and psychological demands on an individual and to the emotional reactions experienced in these situations, Spielberger (1979). When a person feels a force or a pressure exerted upon him, individual tries to resist the force/pressure in his effort to maintain his original state and in the process, suffers from some degree of discomfort. This discomfort gives rise to distress which manifests in the form of psychosomatic symptoms or disorders.

Stress is a bodily experience that generally refers to the circumstances that place physical or psychological demands on an individual, and to the emotional reactions experienced in these situations. It is a combination of physiological, glandular and psychological components.

Lazarus (1963), asserts that stress is concerned with an individual in the context of his environment as well as it depends on the individual himself – how well he can face up to stressful situations. It is immaterial whether the agent or situation one faces is pleasant or unpleasant. All that counts in determining the degree of stress that an individual experiences is the intensity of the demand for readjustment or adaptation, Quick and Quick (1986).

According to Adams (1980), the organisational stress is not only dependent on the organisational characteristics, but also depends on the occupation which individual holds.

An attempt was made to study the differences, if any, regarding the perception of life stress amongst the individuals belonging to four different occupational groups: Teachers, Doctors, Engineers and Nurses.

Again Table 1, is observed to study the percentage of individuals scoring 'High', 'Average' and 'Low' Life stress scores for each of the four occupational groups of Teachers, Doctors, Engineers and Nurses. It is seen
that there are more number of individuals falling in 'High' category of life stress. Amongst Teachers, 53% of them fall in 'High' category, showing high amount of stress experienced by them. In contrast to the above, amongst Doctors maximum percentage of individuals experience 'Average' amount of stress followed by 'High' amount of stress. Amongst the Engineers and Nurses, maximum percentage of individuals fall in the 'High' category. Rest of the individuals of both the groups fall in the 'Average' level, showing moderate amount of stress perception by them in their activities relating to job and home. When the outcome is analysed it is seen that nature of job and its demands upon individuals, the overwhelming anxieties and joys associated with it, personal and professional gratification and self-fulfillment, all have significant impact on the perception of stress by the individual.

Consideration to Table No. 6, gives the mean scores and their respective interpretation in terms of 'High', 'Average' and 'Low' of Total Life Stress and its five sub-scales (Health, Work, Finance, Family, Home, Personal and Social) for the all four professions indicate a clear difference amongst them.

The total mean score suggests that Engineers perceive the maximum of life stress with an interpretation of 'High' category, whereas the Teachers perceive the life events as least stressful with 'Average' category. The Doctors perceive stress to be a little more than what Teachers perceive and little less than what Nurses perceive. it to be. Nurses have shown a 'High' score, whereas the Doctors fall under 'Average' category. The results reveal that Engineers find the different aspects of life events such as stress regarding health, home, family, work, personal, social, emotional, educational etc. to be more stressful. They find trouble with boss, change in work situation, major changes in social and living conditions, business readjustments, etc. to be more stressful as compared to their counterparts. Reason could be attributed to the nature of their job and their working environment. These are the people who have to work hard physically as well as mentally for the recreation of any technical plan. Some times these men have to even stay away from family in remote and outer areas where life is
very hard and survival is difficult. Living alone with too much of work pressure may be making them emotionally vulnerable to react too much to these life change events. These problems might not be perceived equally 'High' by other professionals such as Teachers, Doctors, or even Nurses, as they might not be confronting with such harsh life.

Regarding the component 'Health', which has statements concerning health and illness; it was found that out of four professionals only Nurses have scored 'High' on 'Health' factor. The other three professionals i.e. Teachers, Doctors and Engineers reported an 'Average' level of health related stress scores. This means Nurses report comparatively too much of stresses for serious illness, injury, change in sleeping habits as compared to other professionals.

When the stress arising from 'Work' aspect of Life Stress was taken into consideration, it was found that Engineers reported the highest amount of work stress followed by Doctors and Nurses all falling under 'High' category. Least stressed are Teachers having 'Average' stress perception. Table 6 very clearly indicates that Doctors, Engineers and Nurses, all perceive their work related problems to be more stressful than Teachers. This means that all the three professionals except Teachers find situation like trouble with boss, being fired from job, change in conditions of job etc. to be more stress arousing than the Teachers. The reason could be attributed to the fact that the above three professionals have job characteristics which requires them to be mentally and physically very alert all the time. Their work requires quick decision making, team cohesion, strong sense of responsibility etc. along with difficult working conditions, strenuous efforts to achieve the goals, and expected to give high success with "zero error syndrome". A study conducted by Moore and Reckel (1980), investigated that women in non-traditional jobs like Police, Engineering, Managers etc. were achievers and emphasized on work, production and saw themselves as having characteristics which are more like men, e.g. dominance, aggressive, blunt and truthful. Sue (1982), found that women in sex typical occupations perceived themselves to be more feminine than the women choosing
atypical occupation. All these studies reveal that women having more masculine characters and different personality traits, find themselves to be more able to adjust with the confronting jobs situations.

'Finance' is the factor of Life Stress, which has been stated as one of the highest order of stressor. The Table 6 reveals that individuals of all the four professions perceive higher degree of stress regarding the financial aspects like major and moderate loans, mortgages, purchases, change in financial conditions, etc. 'Finance' is considered to be one of the strongest incentive, an employee can have. It is one of the forms in which efforts are rewarded man gets an estimate of his worth and of his own effort. It ensures continued satisfaction of the psychological needs, security needs, emotional and social needs. The money itself is often considered an index of status. Money being such a strong incentive that even thought of being financially weak or change in financial state is perceived to be highly stressful by the professionals.

When the 'Family & Home' component was analyzed in depth, it was found that the Teacher and Doctors reported 'Average' stress whereas, the Engineers and Nurses reported 'High' level of stress. This dimension of stress has situations, which mainly deal with home and family members, relations, kinship etc. The Table 6 clearly indicates that Engineers perceive a highest degree of stress while dealing with in-laws, gaining a new family member, change in residence, change in husband's/wife's work etc., than persons of other occupational groups like Teachers, Doctors and Nurses. The reason could be interpreted in terms of the amount of adjustment and involvement Engineers have to make at home with the family members. Engineers being hard pressed by occupational demands, mentally pre-occupied by work and emotionally vulnerable: all these factors must be making them to react too sharply to matters related to home and family. Rossi (1980), distinguished occupational groups ranging from Homemaker or Traditional to Pioneers. He found that Pioneers tend not to differ from Traditional or Homemaker with regard to the desire to fulfill the biological, physical and psychological roles associated with parenthood. All groups
aspire to marry, have children and home. However, Pioneers were more opt
to marrying later in life. Similar results were found by Liberman (1991), who
found that people of almost all occupation express traditional values
regarding family, home, children etc.

The next sub-scale of Life Stress Scale is the 'Personal & Social'
component, which gives an idea about the situations which are considered to
be stressful regarding the personal and social aspects of life. Table 6,
indicates that Doctors, Engineers, Teachers, Nurses all perceive 'Average'
amount of Life Stress with regard to personal and social aspects of life stress. Factors like major changes in sleeping habits, death of close friend,
divorce, death of spouse, marital separation, major changes in social
activities etc. are perceived almost creating same amount of stress to all
individuals of the four professions. It is found that Engineers perceive
maximum amount of life stress, closely followed by Doctors. Nurses and
Teachers perceive the least amount of stress. When the reasons are looked
upon it is found that all the human beings are living in the same materialistic
world with common values, beliefs, conducts, motivations, aspirations, needs
and other worldly affairs. All are working as salary class in one or other
organization and are trying hard to make their life purposive and very
satisfying within all possible limited resources. This commonality in the broad
perspectives of worldly affairs in which they live, makes them similar to each
other regarding reactions to various life stress events which put or might put
pressure on the individuals for making adjustments and readjustments. Thus
it makes almost all individuals reacting in the same manner to these
circumstances.

An attempt was also made to study any significant difference existing
amongst the various professionals with regard to perception of Life Stress.
For this purpose 'F' ratio was calculated. The Table 7 reveals 'F' ratio to be
significant for the total scale scores (P \leq 0.01). The significant value shows
that people of different occupations react significantly different to the various
stressful situations aroused at home, in personal relations, at work place,
regarding finance and health. This suggests that events like marriage, personal achievement, law violation, being fired from job, loan and mortgages, etc. all have varied positive and negative, social, personal and psychological impact on the individuals belonging to the four professional groups taken for studies i.e. Teachers, Doctors, Engineers and Nurses.

When the various sub-scale of Life stress scale are taken into consideration, 'Health' (P ≤ 0.05) 'Work', (P ≤ 0.01) and 'Family & Home' (P ≤ 0.05) 't' scores were found to be significant. This suggests that people of different occupation react differently in facing the problems related to health, illness, and problem with boss, work, and personal relationships, marital problem etc. The other two sub-scales 'Finance' and 'Personal & Social' scores are non-significant depicting that there was no significant difference amongst the members of four professional groups regarding perception of problems related to finance, family, social problems and personal problems. It reveals that almost all individuals irrespective of their occupations have the impact of human needs, problems and pressure are equally taxing upon them, resulting into high stress, anxiety, depression etc., and making them vulnerable to many psychological and psychosomatic disorders.

The results obtained in the present work can be weighed in light of other studies conducted in the area of stress by other researchers. Blachhy & Josslin (1963), conducted a study on various professionals with respect to their occupations and suggested that Doctors suffer from disproportionate amount of job stress when compared to other health professionals. This job stress is associated with painful experience that results in high incidence of divorce, alcoholism, drug abuse, suicide and depression.

Frazier and Schanber (1996), investigated the kinds of stressors experienced by female college students and the relationship between stress and adjustment. The five most frequently named stressors were test pressures, financial problems, being rejected by some one, relationship break-ups and failing in tests. It was found that 27% of the subjects had experienced rape or attempted rape, 20% of the subjects had experienced
the death of a significant others (e.g. parents, siblings or friends). Higher amounts of stress were associated with more psychological symptoms and more disrupted beliefs.

Thus on the basis of the data tables, their interpretations and support of research works done in the area of Life stress the hypothesis stating that there will be significant difference amongst Teachers, Doctors, Engineers and Nurses regarding perception of stress was found to be justifiable; hence the statement of hypothesis in accepted.

HEALTH

Stress is often accompanied by varying degree of strain. Strain is exhibited in various behavioural, psychological and medical disorders such as insomnia, depression, heart diseases, ulcer, etc. The severity of the mental and physical symptoms is gauged by the degree of stress experienced by the individual, characteristics of the adjustive patterns, demands, and the cultural and situational context in which the stress occurs. The severity of stress and illness can be explained on biological basis as organisms' ability to resist and defend the stress buffering situations, and the available medical resources for helping the body's defence. On psychological level, the severity of illness depends not only on the nature of stress and the individual's resources – both personal and situational, but also on how the stress situation is perceived and evaluated.

An attempt was made to compare the four professionals Teachers, Doctors, Engineers and Nurses regarding their Medico-Psychological Health profile.

When the raw scores of the test was compiled and analysed, it was observed from Table 1, that there is great variability for the percentage of individuals falling in the three different levels of mental health status – 'Stable', 'Normal' and 'Neurotic'. The table suggests that maximum percentage of individuals fall in the 'Normal' status, as expected for all the four professional groups. This category is followed by 'Stable', where about
30-40% of individuals fall in. No individual is seen in the 'Neurotic' status of health amongst Doctors, Engineers and Nurses. However, one person did fall under this category in the Teachers' group. This table reveals that almost no individual in the study sample has been found to be mentally ill. Therefore, it is expected that all these individuals of the four professional groups must be healthy with sound mind and body. Hence it can be concluded that whatever responses they produce in their personal and working environment they must be in harmony with the corresponding stimulus, depicting a balanced and healthy stimulus-response relationship.

In order to study the various factors of Medico-Psychological Health and the overall health of the professionals, Table 8 is taken into consideration. The Table reveals that the four professional groups are 'Normal' in Health status. Regarding total mean scores it is seen that Nurses have scored the highest mean and Engineers have the least mean score, though there is very less difference in the mean scores amongst the professional groups. When the different factors of Health were analysed, it was observed that all the four professionals have scored different mean scores and have ranked all of them according to the severity of neurotic symptoms felt by them. When the Teachers are considered, it is seen that their mean score of the total scale is 19.8 depicting a 'Normal' health status, meaning that on the whole in a general outlook the Teachers do not show any symptomatology which could be characterized as neurotic disorder. Regarding the sub-scales Teachers have ranked 'Neurasthenia' as the most problematic factor and 'Hysteria' as the least. The Doctors, Engineers and Nurses too have 'Normal' health status with 'Depression' as most highly scored factor and 'Obsessive-Compulsive Neurosis' as the least scored factor. The reasons could be ascribed to the nature of job. People in these occupations experience more stress, tension and anxiety, which later results into depression, ailing of limp, loss of vitality and total exhaustion. However, these professionals have few symptoms of 'Obsessive-Compulsive Neurosis' suggesting that not quite often they have compulsions to act unidirectional,
and also not quite often there is any recurring thought that haunts the individual from time to time to act.

For the other factors like 'Anxiety', 'Hysteria' and 'Neurasthenia', these individuals have scored less, revealing that these professionals although belong to the 'Normal' health status but at the same time, do get disturbed by the stimulants in the working and home environment. They prefer to withdraw from company, become irritated on little things, loose temper easily, are unable to concentrate, feeling of hopelessness and become less satisfied with themselves. All these affective and cognitive disturbances make them feel that they are less able to perform their roles efficiently at home as well as at the work. Buttler (1992), studied managerial and entrepreneurial stress to identify factors associated with health problems and job satisfaction. Results show that they did experience stress and health problems both physical and psychological when trying to manage the demands of home and work.

In order to study significant difference amongst the four professional groups on medical and psychological health, the Table 9 shows the 'F' ratio for the total scale and its five sub-scales. Regarding over all Medical and Psychological health (Total Scale Score) a significant difference (P ≤ 0.05) was obtained. Although individuals of all the professions are 'Normal', still there is significant difference amongst them regarding the perception of psychological and medical problems in their day to day life.

When the various factors of health scale were analysed, it was observed that all the professional groups differed significantly (P ≤ 0.05) on two of the five factors viz. 'Depression' and 'Neurasthenia'. While for the other factors, 'Hysteria', 'Anxiety' and 'Obsessive-Compulsive Neurosis' no significant difference was observed.

Regarding the factor 'Depression' it was found that all the groups of professionals differed significantly from each other (P ≤ 0.05). Individuals of the four groups have scored different mean scores and have ranked
'Depression' as the most troublesome sub-scale (Doctors, Engineers & Nurses). This means that out of the four groups, the above-mentioned three groups experience high level of depression with varied degree of intensity. Nurses scored the highest mean while Teachers scored the least. The results of the present study could be supported by the work of Harlan and Janssen (1980). They investigated the psychological well being of women in sex-stereotyped occupations, working in either female dominated (Teachers, Home makers, health care professionals), male dominated (Lawyers, Police, Technicians) or neither sex dominated (Banks, Civil servants, Managers) occupations. Results indicate that women working in traditionally female dominated occupations showed more psychological distress as compared to the other two groups. The reason which could be attributed to the obtained results, is the fact that people experience more stress, tension, anxiety in their job because they are less satisfied with themselves and are unable to express their frustrations. Being in one or other Government Organisations, avenues become quite limited, promotions are slow and because of the hierarchical system stagnation is at every stage. This in turn leads to feeling of hopelessness that they have come to a dead end.

Regarding the factor 'Neurasthenia' a significant 'F' value is obtained, suggesting that all the four professionals do not experience same symptoms of loss of strength, irritability and exhaustion. The significant difference amongst the four professional groups can be attributed to the choice and nature of job. Here intrinsic and extrinsic motivation plays a very important role. It explains whether the people have entered into these professions by choice or by chance. Individual's basic perception of job characteristics make the difference in reciprocating the goodness or badness of the acquired job. Higher the motivation, better and healthy will be the perception towards the outcome of job and vice-versa. Lack of motivation leads to neurasthenic feelings, which preoccupy the individual's frame of mind before he could think positive and progress in the desired direction to fulfill the occupational and personal goals.
Regarding the other factors, 'Hysteria', 'Anxiety' and 'Obsessive-Compulsive Neurosis', no significant difference was sought amongst the four professional groups. This suggests that people of all the four professional groups experience almost same degree of perceived anxiety, feelings of withdrawal, psychological distress, irritation, loss of memory, loss of thinking power, etc. and respond to them effectively to minimise its effect both psychologically and physically.

A study conducted by Chandrashekhar, Chandramouli and Anjaiah (1995), supports the findings that stress generated in the working environment if not checked and eased out then and there can later on lead to certain chronic diseases like asthma, coronary heart disease, allergies etc. Even minor symptoms like sweating in hand, headache, etc. come out as symptomatology of high stress. Regression analysis results revealed twelve psychosomatic problems. Pain in back/spine has emerged as the most pronounced outcomes of job stress followed by spells of dizziness and sweating hands. Unlike other studies, this study suggested organisational strategies as the most effective coping mechanism of job stress.

Thus from the findings of the present study, it is observed that on the whole there is significant difference amongst the four professionals: Teachers, Doctors, Engineers and Nurses regarding their Medico-Psychological Health. Hence, the hypothesis stating that there will be significant difference between individuals of the four professional groups regarding their health is accepted fully.

GENDER DIFFERENCE

This part of the study and findings can be attributed to some biological and psychological factors. Anatomy determines the destiny. Biologically speaking men and women belong to two different categories. Socially, they are more or less one and the same. Due to anatomical difference between men and women, women are considered by the society, more especially by the men, as inferior or weak. Traditional and agrarian societies are very
strong in their pronouncements about the inferiority of women to men. As societies turned modern and industrial, there appeared a flexibility of the roles and there was considerable overlapping in the roles played by men and women. Although men and women are different, they exhibit both masculine and feminine traits. This was brought about in a convincing manner in Indian mythology, as 'Ardhanarishwara' (half men – half women). Symbolically it means that men and women exhibit both masculine and feminine traits. This also brings home the point that men and women are equal.

In most of the societies character training begins at an early age. Boys are taught to be tough, dominant, girls to be submissive, passive and so on. The role towards which boys and girls are heading to are not of their own choice, but are of their parents' and society's. Fred (1986), concluded from a study of male and female undergraduates that men had higher perceived ability than women because men think themselves as more instrumental than women. In the Lips (1985) study, it is indicated that both men and women tended to see men as more powerful than women.

Gender, has a profound impact on social organisation, on individuals behaviour especially in the domains of work and family. Rao (1985), found that most Indian undergraduates from rural towns and metropolitan areas expressed traditional attitudes towards wife, mother and father's role. However, the metropolitan subjects expressed less traditional attitudes towards this as compared to small town subjects. Ojha (1995), described the empirical findings about difference in manifest needs of college students. It was found that achievement, dominance, hetero-sexuality and aggression are masculine needs, while affiliation, nurturance and submissiveness are feminine needs.

Many researchers have studied the significant role of personality factors in determining the educational and occupational choices. The personality factors like self-concept (Englender 1960, 1961; Super 1957), ego processes (Ginzberg et. al., 1951), self evaluation (Holland, 1966; Osipow et.al., 1968); risk taking (Ziller, 1957) and sensation seeking (Verma
& Thakur, 1990) have been found to have significant effect on occupational choices.

Indonesia being a traditional society, adherence to sex roles is widely prevalent in all sections of the society. However, increasing organisation, more education, contact with other cultures, the influence of media exhorting the quality of sexes have brought some changes in the sex-role attitudes of people. Hence, it is hypothesized in the present study that there will be significant difference between males and females regarding perception of job involvement, Self esteem, stress and health factors for the four professional groups of Teachers, Doctors, Engineers and Nurses. Gender is also studied with respect to the relationship of Income and Tenure with job involvement, self esteem, stress and health for all the four professional groups.

In order to study whether there is any significant difference between Females and Males on the Job involvement variable firstly help of Table 10 is sought. It is observed from the table that amongst Female and Male Teachers, maximum percentage of individuals fall in the 'Average' category, followed by 'High'. The least percentage of individuals fall in the 'Low' category. This depicts that teachers have moderate and optimum level of job involvement revealing a balance between their work and family life. Regarding Doctors, for both Females and Males 'High' level of job involvement is observed by maximum percentage of people. Since, this noble job requires dedication and personal involvement in treating the patients, Doctors show high amount of job involvement required for effective functioning. Male and Female Engineers too have scored 'High' on job involvement scores. Maximum percentage of people fall in the 'High' level followed by 'Average' and 'Low' category suggesting that maximum percentage of people are highly involved with their job. Amongst Nurses, there is difference between the Females and Males percentage across the levels of job involvement. Amongst Female Nurses, maximum percentage of individuals falls in the 'Average' category whereas Male nurses fall in the 'High' category, suggesting a high level of involvement with their duties, schedules and routines as Health Care Professionals.
Job Involvement

Another important aspect of this study is to investigate the significant difference between Females and Males regarding job involvement. The Table 11 reveals that Female Teachers and Male Teachers differ significantly on this dimension ($P \leq 0.01$). The mean scores for Female Teachers is higher than the Male Teachers, suggesting that the Female Teachers show higher job involvement than the Male Teachers. Results indicate that the Female Teachers are found to be comparatively more motivated by their needs like goal achievement, competition, self-actualization, autonomy, monetary gains, self-control, recognition, status and social affiliation as compared to the Male Teachers. Patchen (1970), found through his studies that the persons highly involved in their job are highly motivated and feel a sense of pride in their work.

Amongst Doctors, it is seen that both Females and Males have 'High' job involvement score. The males have scored higher than the Female Doctors, but the difference is non-significant depicting that Female and Male Doctors have almost same amount of 'High' job involvement. Both of them consider job to be a task, a duty, or an accomplishment, which has to be always dealt with total dedication and devotion.

When the Engineering professionals are taken into consideration, the 't' value is found to be non-significant revealing that Females and Male Engineers do not differ on the extent of involvement with their job. It is seen that both Female and Male Engineers have 'High' level of job involvement, with Female Engineers depicting a higher score than the Male Engineers.

The absence of significant gender difference in job involvement suggests a contextual factor that might have overshadowed the gender specific perception. The factors may be the belief in equal social identity, assertiveness and independence which gets incorporated into the individual's value system. When an occupation has a meaning for them,
males and females may give equal importance, which might get reflected in their perception towards their job. Thus, the use of general social pressures, social consciousness and social supportiveness may become useful in explaining the absence of gender difference.

Pal and Singhal (1994), studied Doctors and Engineers to investigate the factors which mediate in the perception of employment of males and females. The results showed no significant gender difference on perceived employment potential, self-efficacy and academic performance.

A significant 't' value was obtained when Females and Males Nurses were studied regarding job involvement. Table 11 depicts that Female and Male nurses have significant difference in the degree of involvement with their profession. Although both groups depict 'High' job involvement, Female Nurses have scored higher than the Male Nurses. Certain demographic variables like socio-economic status, education, age, family structure and background could be evident reasons behind the obtained results.

Various studies have shown that selection of occupation, expressed job satisfaction and socio-cultural background collectively and individually contribute significantly to the variance on job involvement of professionals. Results have concluded that professionals, who have higher expressed job satisfaction and who come from upper middle stratum of socio-cultural background show higher job involvement. Lawler and Hall (1970). A study conducted by Friedlander (1979), showed the relationship between high level of achievement and socialization process of women in job. Results indicated that parental role model, quality of relationship with parents during childhood and permission to explore non-traditional sex roles as a child, were the factors associated with high level of achievement motive.

In the light of these studies and the obtained results, it suggests that female professionals have very strong ties to their job, are very personally involved in job and consider job central to their existence. Since, most of the female professionals have entered into the profession because of their own interest and have a strong support from their family behind them, they are
ready to face and accept the challenges, maintain the interest in their job and make themselves accustomed to the realities of working conditions and nature of work. This may have led to a higher level of job involvement as compared to the male professionals.

Hence, in the light of the results obtained, the various supportive studies and theoretical background it can be justified that Females and Males differ significantly regarding job involvement amongst Teachers and Nurses. However, there was no significant difference found between Female and Male Doctors and Engineers. Therefore, the hypothesis stating that there will be significant difference between Females and Males of each professional group (Teachers, Doctors, Engineers and Nurses) regarding job involvement is fully accepted for Teachers and Nurses and rejected in the case of Doctors and Engineers.

**Self Esteem**

Self esteem is an evaluative term, which refers to negative, positive, neutral and/or ambiguous judgements that one places on self-concept. As Rosenberg (1965), has put self esteem as the evaluation, which the individual makes and customarily maintains with regard to himself. It is also expressed as an attitude of approval or disapproval with regard to his actions and thoughts.

The present study also investigates about the significant difference existing between Males and Females regarding Self esteem for all the four professional groups.

To study the difference if any between Males and Females, regarding Self esteem, Table 10 is discussed. It gives the percentage of Females and Males under the 'Positive', 'Balanced' and 'Negative' aspects of Self esteem. The table clearly depicts that maximum percentage of individuals in both Females and Males fall under the 'Positive' dimension. This reveals that all Females and Males of the four professional groups appreciate their own worth and importance very positively. This indicates that maximum people of
the sample feel about themselves as significant, capable and worthy depicting a 'Positive' Self esteem' for themselves.

Table 12, that gives mean score, and 't' values for Females and Males, its help was sought to study significant difference, if any, amongst Teachers, Doctors, Engineers and Nurses regarding self esteem. It is apparent from the Table that Teachers and Engineers (Males & Females both) differ significantly with regard to Self esteem. Amongst Teachers, it is seen that Females have 'Negative' Self esteem, while Males have 'Positive', revealing that Female Teachers consider themselves to be less worthy as compared to what 'Others' consider them to be. Whereas, Male Teachers worth themselves more than what 'Others' consider them to be. Here at both PPS and SPS, there is significant difference at ($P \leq 0.01$) and ($P \leq 0.05$) levels respectively. This suggests that there is significant difference between Female's and Male's Self esteem in terms of evaluations made by themselves.

Amongst Doctors, no significant difference was obtained between Females and Males depicting both of them considering themselves equal in self worth, achievement and approval. They also express the attitude of approval, believe in themselves, consider themselves to be capable, significant and successful in personal, social and work life. The table reveals that both Males and Females have 'Positive' Self esteem, revealing a higher PPS score than SPS score. These scores suggests that both Females and Males approve their own actions, attitudes, etc. much far in a better way, as compared to what 'Others' consider them to be.

Similarly, when Engineers were considered, it was found that 't' value was significant ($P \leq 0.01$) for SPS and non-significant for PPS dimension. Results show that both Female and Male Engineers have 'Positive' Self esteem and have higher PPS score than the SPS score. The significant 't' value ($P \leq 0.01, 3.10$) suggests that there is significant difference for SPS score for Females and Males. It is evident from this score that the significant 'Others' (family members, boss, colleagues, friends, etc.) in the society
perceives the worth of Female and Male Engineers differently in terms of approval of their actions and thoughts for their personal, social and work life. They have different perception regarding success for Female and Male Engineers. The reason could be that since women in their job, especially Engineering have gone out of the way to choose their career, thus, are supposed to be having better outlook and have to prove their worth both at work and at home. They also have to be high achievers, ambitious and highly motivated to pursue their job and to face all the odds that come on their way. Caplan (1974), observed that involvement in a social network helps individuals by providing information concerning what is expected out of them, feed back regarding their behaviour, assistance with task and rewards for appropriate behaviour.

When the Nurses were taken into consideration it was found that there was non significant value of 't' at both PPS and SPS dimensions. This 't' value ascribes that there is not significant difference between Female and Male Nurses for Self esteem. This means that both Male and Female Nurses are similar on 'what they think of themselves' and 'what others think of them'. The Females and Males both have 'Positive' Self esteem suggesting that Female and Male Nurses consider themselves to be 'High' as compared to what 'Others' consider them to be. This suggests an approval of their behaviour, attitude and work by themselves. Yau (1991), refers that, individual with 'High' and 'Positive' Self esteem are eager and excited by new challenges and is not afraid to face choices, decisions, judgements and actions. The individuals with 'Low' and 'Negative' Self esteem are often overwhelmed by anxiety and fear. Such persons retreat from the challenges of life and tend to bury themselves in the safety of the familiar, the routine and the undemanding. There are studies that support the findings that women and men differ on self esteem. Some have given the personality variables, while others have talked about the socialization process and the upbringing. Few studies also indicate about the various factors associated with job that makes the difference in perception. A study conducted by Karunanidhi, Geetha and, Priscilla (1996) supports the findings of the
present study. They studied the effect of perceived problems on self esteem and gender difference. Results indicated that girls perceived less number of problems and higher levels of self esteem than boys. Both boys and girls scored high on global self esteem and low on physical self esteem. There was a significant relationship between perceived problems and self esteem.

Hence in the light of evident results, its interpretation, and supportive studies, it can be said that the hypothesis saying that there will be significant difference between Females and Males of all the four professional groups regarding Self esteem is accepted in the case of Teachers and Engineers; and rejected in the case of Doctors and Nurses.

**Life Stress**

Gender difference is also studied across the four professionals for Life-Stress. Many studies show that there are occupational differences in stress and strain (Spielberger, 1979; Posner, 1984). According to Adams (1980), the organisational stress is not only dependent on the organisational characteristics, but also depends on the occupation which an individual holds. It is immaterial whether the agent or situation one faces is pleasant or unpleasant all that counts is the intensity of the demand for readjustment or adaptation.

An attempt was made to study the difference, if any, between Females and Males regarding the perception of Life Stress amongst the four professional groups.

In order to study the percentage of Females and Males against the Life-Stress variable in terms of 'High', 'Average' and 'Low', Table 10 is observed. It is seen that for Males and Females Teachers, maximum percentage of individuals fall in the 'High' Life Stress category followed by 'Average' and 'Low' category. This means that most of the Teachers (Males & Females) face problems related to health, home, family, work, etc. They find situations like trouble with Boss, change in residence, personal relationship, bad health, etc. as the stress creating situations. Amongst
Doctors, it is seen that for Females maximum percentage of individuals fall in the 'Average' level while Male group show almost same percentage of individuals in all the three categories of 'High', 'Average' and 'Low'. For Engineers and Nurses, it is evident from the table that for both Females and Males, maximum percentage of individuals perceive 'High' level of stress in their day-to-day life. In all, it can be said that maximum percentage of Teachers, Doctors, Engineers and Nurses see 'High' stress in dealing with problems related to work, finance, health, family and society. Situations like change in residence, marriage, birth in a family, major business readjustments, marital disturbances, change in recreational methods, etc. bring about stress in their life. The reason behind the findings could be attributed to the personality and background factors. The strength of stress experienced at a given point of time and in a particular situation depends upon the cognition of the stressor in terms of its duration and intensity. The cognition mediates one's experiences in life. The experience of an aversive situation varies from individual to individual depending upon one's personality traits, life history and social background. Traits like self-efficacy, attitudinal factors, Self esteem, achievement, deference, aggression, frustration-tolerance, coping style and mechanism opted, etc. make the individual not to get overwhelmed by intense dose of psychological stress and help him to maintain a sense of adequacy and self worth in the face of threat. Liberman (1991), studied personality difference and occupational choice. The results suggest that a relationship exists between certain demographic variables and occupational choice.

Difference of significance was studied with the help of 't' values calculated for Females and Males of the four professional groups, regarding Total Life Stress Scale and its sub-scales – Health, Work, Finance, Family & Home and Personal & Social. Table 13 reveals that for Teachers' group, there is significant difference between Females and Males for the Total Life Stress Scale (P ≤ 0.05, 2.12). Here Females have scored higher than Males suggesting, Female Teachers find the different aspects of life to be more

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stressful than the Male Teachers, though both of them perceive 'Average' level of stress.

When the various sub-scales were considered, it was found that significant difference exists between Females and Males for Family & Home, (P ≤ 0.01) and Personal & Social (P ≤ 0.05). The extent of stress experienced is of 'Average' level for both the groups. This means that Female Teachers perceive a higher degree of stress while dealing with the problems related to family and home like dealing with in-laws, gaining a new family member, change in husband’s/ wife’s work, death of a close friend, divorce, death of spouse, marital separation, etc. The reason could be attributed to the fact that women being emotionally vulnerable, are prone to overreact the stress. Their dual role at home and work, dealing with family members and office boss and colleagues, puts extra burden to bear and struggle across. In a study Harpar and Marshall (1991), revealed the problems perceived by men and women at job. Results indicated that, women are troubled by inter-personal relationships, while men are concerned about finance, career, occupation, etc. Regarding the other components of Life-Stress-Scale – Health, Work and Finance 't' values between Females and Males have been found to be non-significant. This indicate that both Males and Females perceived equal amount of stress in dealing with problems related to health, illness, working conditions, trouble with boss, problems related to finance, mortgages, loans, etc.

Regarding the group of Doctors, it is seen that the 't' value of Total Life-Stress Scale is non-significant, suggesting no difference exists in stress perception by Male & Female Doctors. Both of them reciprocate equally to the various demands of circumstances that come in the way of life. Males have higher scores than the Females depicting that Males perceive more stress in dealing with life events than the Female Doctors.

A significant 't' value was found for the Family & Home component (P ≤ 0.05) with Females having 'High' Scores and Males having 'Average' Life-Stress Scores. This suggests that for Female Doctors, problems of life
are more taxing as compared to Male Doctors. The findings could be interpreted in terms of the amount of involvement at home and family. The demands of Doctors' job, the twenty four hours working duties, their shifts and the work itself leave Female Doctor exhausted. Thus problems related to family, home, children, husband etc. seems to be large and exaggerated in size and intensity.

The other components of Life Stress Scale – Health, Work, Finance, Personal & Social, all have a non-significant 't' value suggesting that Female and Male Doctors equally perceive the stress arousing out of situation like illness, injury, physical ailments, being fired from job, financial loss, miscarriages, death of some loved one, etc. The reasons for this similarity could be that since Female & Males Doctors are equally mature, equally qualified, with same salary and status, and enjoy same kind of respect in the society, their perception and cognition are also similar in intensity and magnitude.

When the 't' values for Engineer are taken into consideration, it was found to be significant for Total Life Stress (P < 0.01). It suggests a significant difference between Male & Female Engineers regarding perception of Life Stress. The Females have 'High' Stress, while Males perceive 'Average' Stress in the daily hassles of life. When the various components are taken into consideration, it is seen that both Females and Males differ significantly on Work, Family & Home, and Personal & Social Factors. This reveals that Males & Females differ significantly in experiencing stress. Few individuals perceive these problems on a greater magnitude while others perceive them on a lower magnitude. Female Engineers perceive problem related to Health, Work, Family & Home as 'High' stressor, while Males perceive Work, Finance, Family & Home as 'High' stressor. The 't' calculated form Health and Finance are obtained non-significant meaning that Males & Females Engineers look upon problem of Health and Finance at the same manner and are also affected in the similar way.
The Stress profile of Nurses is very different from the other professionals. For Total Stress Scale and most of its components, both Male and Female Nurses have shown 'High' Stress suggesting that they experience most stress as compared to Teachers, Doctors and Engineers. The Table reveals that the Total Scale Score is higher for Female Nurses than Male Nurses. The 't' calculated is significant at ($P \leq 0.01$) level, suggesting a significant difference between Females and Males regarding Total Life Stress Scale scores. When the various components of Stress Scale are taken into consideration it is seen that Females and Males differ significantly on components like Health, Finance and Family & Home. For all these three components, it is evident that Female Nurses have scored more than the Male Nurses. It reveals that Female Nurses get worked-up much more extensively by problems related to health and financial matters like loan, mortgages and loss. Other problems like neighbourhood, in-laws, marriage, marital conflicts, etc. are perceived greater by Male Nurses.

The Table clearly reveals that there was no significant difference between Female and Male Nurses regarding perception of problems related to Work and Personal & Social factors. It suggests that these problems bother both Male and Female Nurses equally. This similarity in stress perception can be explained in terms of coping styles. The role of coping is apparent as it determines the extent to which the individual will perceive stress at a given situation. The role constraint theory suggests that no apparent sex difference exist in effective coping with stress, when they occupy the same role. However, some studies found that there is not much difference in the effective coping styles of males and females in all the situations; but in certain situations, males are found to be using problem focussed coping styles in contrast to females' usage of emotion focussed coping style. The extent of effective coping varies in different type of situations on the basis of intensity of stimulation. Situation and past experiences of an individual do play a significant role.

There are studies conducted by researchers that indicate gender as a non-significant factor in assessment of stressors by various professionals.
Calkins, et. al., (1994), in his study found that gender was no longer seen as having an impact on stress assessment related to financial problems, inadequacy of hospital support system, taking examinations and trying to interact with friends.

Hence, the findings indicate that Females and Males of Teaching, Engineering and Nursing professions differ significantly on Total Life-Stress. The gender difference was found to be non-significant for Doctors group. Therefore, the hypothesis stating that there will be significant difference between males and females of each professional group: Teachers, Doctors, Engineers and Nurses, regarding Life-Stress is fully accepted for the group of Teachers, Engineers and Nurses, while rejected for Doctors.

Health

New discoveries link the brain to the immune system and suggest that state of mind can affect us right down to our cells. There is direct linkage of state of mind, altered immune response and illness. The reverse is also true. Positive mental state seems to bear favourably on health and longevity. Sandra (1992), found that a factor called 'Joy' meaning mental resilience and vigour was the second strongest predictor of survival time for a group of patients with recurrent breast cancer.

The interactional approach to the study of stress as exemplified by the work of Lazarus and his associates (1963), focussed on the cognitive appraisal of the stressor by the individual in the process of transaction between the person and the potentially stressful environment.

The severity of the mental and physical symptoms is gauged by the degree of stress experienced by the individual, characteristic of the adjustment patterns, demands and the cultural and situational context in which the stress occurs.

In the present study, an attempt was made to compare the level of Medico-Psychological Health of Females and Males belonging to the four professional groups – Teachers, Doctors, Engineers and Nurses. It is
observed from Table 10 that amongst all the professional groups (Females and Males), maximum percentage of individuals fall in the 'Normal' range of Health, followed by 'Stable' range of Health. It was observed that only a few percentage of people fall under 'Neurotic' range for Male Teachers and Female Engineers. This distribution of people under the three different ranges of Health was the outcome of their demographic and work environment characteristics as well as how they perceived the pressure of their work environment and the consequences of such pressures, coping style, role conflict, coping strains and overall health status.

A large body of literature demonstrates that the stress plays a precipitating role in the onset of physical and mental disturbances. Quick and Quick (1986) reported that psychological consequences of stress were psychiatric problems, including problems of sleep disturbances, sexual dysfunctioning, depression, psychogenic disability, headache, heartburn, backache, generalized fatigue and burnout. Greenhaus and Parasuramana (1984), emphasized tension, anxiety, boredom, Self esteem as the psychosomatic consequences of extensive stress.

The present study intends to investigate mean scores and their subsequent ranks for the Females and Males for Medico-Psychological Health Scale and its five components – Hysteria, Anxiety, Neurasthenia, Depression and Obsessive-Compulsive Neurosis. Table 14 reveals that amongst Females, the highest raw score was obtained by the Nurses, while amongst Males, it was obtained by Doctors. This means that Female Nurses and Male Doctors perceived the highest health medical and psychological health problems amongst the four professional groups. The reason could be apprehended on the basis of nature of their duties, demands and positive and negative characteristics of their job.

Table 14, it suggests that both Female and Male Teachers have scored maximum score for 'Anxiety' and the least scores for 'Hysteria' and 'Obsessive-Compulsive Neurosis'. This means that Teachers quite often have the feelings of hopelessness, exhaustion and tiredness, headache,
hand sweating, nervousness, etc. and are less troubled by recurring thoughts and compulsive actions, suicidal temptations and nervous breakdown.

In the Doctors group it was found that Females have acquired highest score for 'Depression', ranking it at the first position while Males have scores higher for Anxiety. This means that both the groups of Females and Males experience tension, frustration, anxiety, which later on turns into depressive tendencies. They experience symptoms like hopelessness, feel depressed sometimes or other without any reason, feeling of inferiority, feeling of dissatisfaction and mental blockage.

Amongst the Engineering group it is observed that Females have ranked 'Depression' as the most problematic component of Medico-Psychological Health Scale. The Male Engineers have scored highest rank for 'Neurasthenia'. Both Females and Males have ranked 'Obsessive-Compulsive Neurosis' as the least problematic component with the lowest obtained score.

Regarding the Nurses, it is found that both the groups Females and Males have ranked 'Depression' as the most troublesome and 'Hysteria' as the least troublesome component of Medico-Psychological Health Scale.

It is found through studies that stress manifests itself through variety of symptoms. The most common sign of stress is nervousness, anxiety and tension. Almost as many as 24% of the general population experience tension and headache because of stress. The outcome of stress include muscle ache, stomach ache, insomnia, increased heart beat, high blood pressure, compulsive eating, loss of appetite, etc. Quick and Quick (1986), founded the view that intense or persistent stimulation of the stress response without sufficient rest or recovery can result in a host of mental and physical health problems.

In order to study significant difference between Females and Males with respect to the total Medico-Psychological Health Scale and its various
components ‘t’ values are represented in Table 15. Amongst Teachers, it was found that ‘t’ value for the Total Medico-Psychological Health was non-significant. Regarding the components of Health Scale it was found that for none of the five components, any significant ‘t’ was obtained. This suggests that on the whole, no significant difference exist between Females and Males regarding perception of Health problems amongst the Teachers group. This means that they experience almost same degree of health problems in their daily life. Problems like sleeplessness, attacks of diarrhoea, shyness, feeling of dissatisfaction, physical and mental tiredness, sickness, etc. are the problems faced by them in a minor form. The Total Health score for Male Teachers was found to be higher than the score of Female Teachers. Regarding the components of Health Scale it was found that Female Teachers have scored higher on ‘Anxiety’ and ‘Obsessive-Compulsive Neurosis’, whereas Males have scored higher on ‘Hysteria’, ‘Neurasthenia’, and ‘Depression’. Although the ‘t’ calculated values were found to be non-significant in nature.

When the Doctors group was studied it was found that Female and Male Doctors differed significantly for the Total Health score ($P \leq 0.05$). Here the Male Doctors have scored higher than the Female Doctors suggesting that Males perceive higher health related problems as compared to Female Doctors. For all the five components no significant ‘t’ value was obtained. Regarding the various components, Females had higher score for ‘Anxiety’, while Males scored higher on ‘Hysteria’, ‘Neurasthenia’, ‘Depression’ and ‘Obsessive-Compulsive Neurosis’. Finnøy and Ole (2000), studied job satisfaction and outcome of stress symptoms among personnel in Child Psychiatry Department in Norway. Results indicated that both personal and psycho-social factors influence levels of job satisfaction and psycho-somatic complaints. Thus in the light of above study, the reason could be attributed to the coping style adopted by the Doctors. Maybe the Male Doctors must not be making accurate stress appraisal or must be denying the stress altogether, leading to bottling up of stress which could manifests itself in the form of somatic complaints in due time.
A similar pattern of results was also obtained for Engineering group. The Table reveals that Female and Male Engineers differed significantly on the Total Health Scale, revealing that the Males and Females do not perceive the health related problems in the same pattern. The Female Engineers perceived more problems related to 'Depression' and 'Obsessive-Compulsive Neurosis' while Male Engineers face more problems related to 'Hysteria', 'Anxiety' and 'Neurasthenia'. This means that Male Engineers more often face the problems relating to lack of concentration, aches and pains all over the body, easily getting hurt, feelings of inferiority, dissatisfaction, making new friends easily and dealing with any situation on their own, etc.

Amongst Nurses, it was found that Males and Females do not differ significantly from each other in perceiving the health problems. This means that both Females and Males perceive the various physical and psychological health problems with almost similar attitude, intensity and magnitude. When the various components were considered it was found that significant difference was obtained only for 'Depression', (P ≤ 0.05) level. Rest of the other components was found to be non-significant. Through obtained results and supportive studies it has been confirmed that psychosomatic illnesses are the profound consequences of job stress experienced by Nurses. This could be because of the fact that during most of the working hours, the nature of work demands Nurses to work in standing position and bend towards patient while attending them. Nurses may have to run from place to place inside the hospital quite often in order to support the doctors in their duty. They have to even tolerate the administrative pressures, work overload, emotional turmoil in case of death of patient, extreme cases and traumatized patient’s dealing. The results can be attributed to the fact that similarity in nature of job of Female and Male Nurses may be the reason behind the obtained non-significant difference.

Results of the present study can be supported by work done by Thomsen et. al., (1999) who examined the contribution of organisational and
individual factors to work related exhaustion and professional fulfillment amongst mental health nurses in Sweden. The organisational factors taken for study are efficiency, personal development, autonomy, goal, quality, workload and leadership. Individual factors were gender, professional category, family background and personal history. Results indicated that organisational characteristics were found to be more important than individual characteristics in predicting work related Exhaustion and Personal Fulfillment. Individual characteristics predicted work-related exhaustion, but not feeling of professional fulfillment.

Studies have indicated that men and women differ with respect to individuals' behaviour especially in the domain of work and family. Significant differences were reported in stress and anxiety illness incidences by Rawson et. al., (1994), Mellors et. al., (1994).

Here the results reveal that both the groups of Females and Males of all the four professional groups were found to be unable to cope with general stress effectively and thus are unable to strike a balance between inner demands and external pressures. This leads to psychosomatic problems to both Females and Males leaving them emotionally unstable and physically vulnerable.

Thus with the help of obtained results and supporting studies, it can be concluded that Females and Males do not differ significantly amongst Teachers and Nurses, regarding perception of health problems. While, Engineers and Doctors differ significantly from each other on the perception of medical and psychological health related problems. This leads to rejection of hypothesis stating that there will be significant difference between Females and Males regarding Medico-Psychological Health for Teachers and Nurses. The hypothesis is fully accepted in the case of Doctors and Engineers.
INCOME & TENURE

Men and women being a part of the social and economic structure of the society definitely influence their personality configuration and behavioural aspects. The psychology of individual bearing an occupation has received increasing attention in both theoretical and researches fronts during the past decades. Many social issues have emerged that have / had a dramatic effect on the study and application of management and organisational behaviour.

One such strong contemporary challenge is of Diversity. It plays a central role in the discipline of study and application of organisational behaviour. Diversity in the realm of organisational behaviour can be defined as the situation that exists when members of a group or organisation differ from each other in terms of age, gender, ethnicity, education etc.

The major reason for the emergence of diversity as an important challenge is the changing demographics. Older workers, minorities, disabled urban/rural, with/without experience and those with less/more education, family structure, single parent etc. are now entering the work force in large number.

In the past, the diversity was treated primarily as a legal issue – against the humanity. Now organisations are beginning to realise that diversity is not just something to deal with, but instead a reality to build upon to make a strong, more competitive enterprise.

The demographic variable in occupational field has been a concern for both psychologists and sociologists. The psychologists have focussed on organisational conditions that are affected by the demographic variables. The sociologists have been more concerned with the aspects of the socialization process that leads to the incorporation of work values, work relevant norms in the person. The various demographic variables like age, sex, education, tenure, etc. have remained a very active field of research in organisational behaviour. The demographic variables have been studied quite extensively in relation to job involvement, satisfaction, leadership style,
coping, motivation, etc. These variables are also studied at large, in relation to personality factors like self esteem, anxiety, attitude, etc.

In the present investigation, one of the main objectives was to study the effect of Income and Length of Service on Job Involvement, Self esteem, Stress and Health. The effect was studied with respect to the total sample under each professional group as well as with regard to the gender difference. This effect was studied by taking three levels of Income and Tenure with three levels of Job Involvement, Self esteem, Life Stress and Health.

Studies show that effect of various demographic variables like age, SES, gender, job level, etc. have been extensively studied with job involvement, Self esteem and particularly with respect to stress and health. However, there was dearth of studies reflecting the effect of Income and length of service on the variables of the present study.

Therefore, an effort was made to study the impact of demographic variables — income and tenure on job involvement, self esteem, stress and health in relation to individuals working in the four professions: Teachers, Doctors, Engineers and Nurses.

In the present study, the Income has been taken at three levels — 'High', 'Medium' and 'Low'. These levels depend on the monthly income of the various individuals working in one or other Government organisations or institutions. Each professional group has been taken for study with their income level as 'High' — with monthly salary of Rs. 20,000/- and above. The 'Medium' with salary between Rs. 15,000/- to 20,000/- and 'Low' income group with salary upto Rs. 15,000/-.

Regarding the Tenure, three levels were taken for consideration. The 'High' Tenure level with 15 and above years of service. The 'Medium' level with 8 to 15 years of service and lastly the 'Low' level depicting a tenure of individuals upto 8 years.
Equality of pay remains an ethical problem concerning men and women at work. The reason for this is the charge that women do not manifest the same leadership skill as men, though studies suggest that specially women were found to be superior to their Male counterparts in inter-personal skills, perception of social clues, work involvement, behavioural flexibility, personal impact and freedom from prejudice against racial, ethnic and other social groups, Howard and Douglas (1988). Studies with recent statistics indicate that there has been some improvement in the median annual wage between men and women.

However, these diversities in terms of pay discrimination was not a problem to be faced in the present investigation. In this study, it was deliberately made to take professionals from one or other Government organisations with fixed format of pay. Since the Indian Government does not see the discrimination between Men and Women in terms of Pay, hence no difference was obtained between Females and Males monthly salary working at same job level with equal merits.

**RELATION WITH INCOME**

When the Table 16 is observed to study the percentage of Teachers falling in the various Income level, it was found that amongst Teachers, maximum percentage of individuals fall under the 'Medium' Income group, followed by 'High' group and finally least percentage of individuals fall in the 'Low' Income group. This suggests that most of the Teachers have 'Medium' level salary depicting that they belong to the middle class of economic structure most prevalent in the society. It suggests that most of the teachers have good enough money to fulfill their basic needs and requirements, but do not have expenses to bear the luxuries of life.

When the Doctors and Engineers group was considered, it was found that almost same percentage of individuals fall in the 'Medium' and 'High' level of income suggesting that the sample belongs to the medium and high
strata of economic level, depicting that besides basic need fulfillment, maximum of Engineers and Doctors could afford the genuine luxuries of life.

For Nurses, maximum percentage of individuals falls in the 'Low' Income group followed by 'Medium' and then few percentage of Nurses in the 'High' Income level. These Nurses were senior matrons, chief matrons or nursing incharge of a hospital.

In order to study the relationship between Income and Job Involvement Table 17 is taken into consideration. The Table reveals a significant positive 'r' value for Income and Job Involvement for the professional group of Teachers, Doctors and Engineers. This means that a significant and positive relationship exists between Income and Job Involvement variable suggesting a remarkable increase in Job Involvement with increase in income.

Income has always been a strong, positive and reinforcing factor for most of the people. In Maslow's (1967), hierarchy of needs money is often equated with the most basic requirements of employees. It is viewed in the material sense of buying food, clothing and shelter. Money has symbolic as well as economic meaning. It can provide power and status and can also be a measure of achievement and success.

Teachers, Doctors and Engineers of the present study very much see the importance of income in their life making them comfortable to buy luxuries of life and as an insurance against the odds of life. Hence, the findings of the present study support the assumption that more money will improve upon the Job Involvement level of the professionals.

Furnhan and Kelly (1996), examined the relationship between work specific cognitive style and measures of organisational commitment, job satisfaction and job involvement. Cognitive style showed few associations with demographic variables, occupational status and salary. Internality and perception of personal control over positive outcomes were positively correlated with job commitment, job involvement and satisfaction.
Therefore, in the light of the findings of the present study, supporting studies and analysis, it can be inferred that there is significant positive relationship between Income and Job Involvement for the professional group of Teachers, Doctors and Engineers ($P \leq 0.05, 0.01$). Regarding Nurses, the relationship has been found to be positive but non-significant. Hence, with respect to the hypothesis stating that there will be positive significant relationship between Income and Job Involvement in all the four professional groups, i.e. Teachers, Doctors, Engineers and Nurses is fully accepted for the group of Teachers, Doctors and Engineers and is partially accepted for the Nurses.

In order to study the significance and justification of the hypothesis stating that there will be positive significant relationship between Income and Self esteem for all the four professional groups — Teachers, Doctors, Engineers and Nurses, findings in the Table 17 is observed. The Table shows the correlation between Income and the two dimensions of Self esteem Personally Perceived Self, PPS and Socially Perceived Self, SPS.

All the professional groups in the Table 17 show a positive correlation between Income and Self esteem dimensions. This means that Self esteem of all the professionals increases with the increase in their income. In terms of Self esteem dimensions it can be said that as the income increases the work and esteem of individual also increases in his own eyes as well as in the eyes of 'Others'. The individual himself feels satisfied with his work and successful in his job with the increase in money, because that will help him to satisfy his requirements, luxuries of life and the 'Others' also consider him to be successful in general and at job in particular.

Regarding the Teachers and Nurses group it was found that both the PPS and the SPS, there is positive correlation with Income. The 'r' values are non-significant and small. These values suggest that with increase in Income, the Self esteem of individual increases but, not to a significant magnitude. This means that the Teachers and Nurses feel that as their income increases they start getting more support from family members,
friends, neighbours, peer groups, etc. They themselves also feel that they are successful and are able to look after their children and family well. They find a status for themselves in the society and 'Others' also value their status, worth and success.

When the Doctors and Engineering groups were considered, it was found that both Income and Self esteem were positively co-related. It was observed from the Table that the 'r' values for SPS were significant at (P ≤ 0.05) level suggesting a significant positive correlation between Income and SPS dimension of the Self esteem Scale. This means that as the Doctors' and Engineers' Income increased, social perception regarding themselves became positive. The society considers their worth, success and status. The 'r' values are not found significant for the Doctors and Engineers with increase in their Income, revealing that Doctors and Engineers do not worth themselves too positively. This may be the modest behaviour expressed by them towards the society or it may be the hidden factors of their personality configuration not to owe the success on their own.

Any direct study taking the correlation between income variable and Self esteem could not be traced due to lack of current books and journals. However, studies were found which could give results about the correlational studies with the demographic variables like age, SES, disability, family background, gender, etc. Conway and Giannopeulos, (1993); Karunanidhi, Geetha and Priscilla, (1996); Miklos, (1999).

Hence, it can be submitted that the hypothesis stating a positive and significant correlation between Income and Self esteem for all the four professionals is partially accepted.

When the 'r' values between Income and Life Stress was studied from Table 17, it was found that there was no significant correlation value between Income and Life Stress. When the Teachers group was taken into consideration it was found that there was a positive correlation between Income and Life Stress. This suggests that with the increase in Income the Life Stress of Teachers also increases. These findings are contrary to the
general & popular assumption that money reduces most of the problem of life. It reduces the impact of stressor on the whole. When the Doctors, Engineers and Nurses, were taken into consideration it was found that the correlation coefficient values between Income and Life - Stress was negative and non-significant. It means that as the Income of the Doctors, Engineers & Nurses increases their Life-Stress perception decreases.

The reason could be interpreted as that with the increase in Income of Doctors, Engineers and Nurses they adjust effectively their work and working environment to perform better. Their basic needs and social needs are fulfilled giving them high quality life, satisfaction and secure future. Employees often see Income as a reflection of how management views their contribution to the organization. Hence increase gives them an opportunity to work even better so that others value their contribution. This satisfaction at work leads to less job stress. This in chain leads to a better environment at work and home leading to low amount of perception of problems. Posner (1996), studied the stress score of workers with respect to income and sex in seven occupations. Results indicated a significant difference with respect to occupation in income and sex. Results showed lowering scores on recent stressful life events with increase in income.

Hence, with the result findings, analysis and interpretation and supportive studies it can be stated that the hypothesis suggesting a correlation between Income and Life Stress for all the four professional groups is partially accepted.

When the correlation coefficient between Income and Medico-Psychological Health was taken into consideration it was found that all correlation coefficients were positive in nature suggesting that as the income increases the health problems also increase. All the ’r’ values were small and non-significant. This suggests that the relationship between increasing income and increasing health problems is negligible and unnoticeable. The mean score and percentage of individuals under the 'Health Categories' reveals very clearly that all individuals had 'Normal' Medico-Psychological
Health, suggesting a sound mental and physical health. Hence it can be inferred that whatever small 'r' values have existed in the present findings are the general health related problems that every individual faces in day to day life. Due to the work, home and social pressures, every individual at one point of time or the other shows some symptomatology like headache, back pain, dizziness, sleeplessness, irritability, withdrawal, anxiety, etc.

This can be reasoned in a way that as the income increases, individual's work pressure and commitment towards work and people also increases, giving rise to anxiety, frustration, tensions, etc. To add on, problems related to family members and home do increase the pressure upon the professionals leading to some minor medical and psychological problems, which fades away automatically as the situation eases out and become relaxed.

Therefore, the hypothesis stating that there will be negative and significant relationship between income and health for all the Teachers, Doctors, Engineers and Nurses is partially accepted.

**Relationship with Income Levels**

Further deeper analysis was done to study the relationship between Income and the four variables - Job Involvement, Self esteem, Stress and Health, more extensively. Chi-square and contingency coefficients were calculated by taking the income and the variables at three levels. The findings are represented in the Table 18. The table $X^2$ and 'C' coefficients between the income levels and job involvement, self esteem, life stress and health levels.

When the three levels of income and three levels of job involvement of Teachers group was studied it was found that there was significant relationship between the two. ($X^2 = 9.66, P \leq 0.05; C = 0.29$). The chi-square as well as the moderate contingency coefficient values suggest that with the increase/ decrease of income levels, the levels of job involvement also increases/ decrease significantly depicting a definite relationship between
the two. Similar was the case with Doctors and Engineers with regard to $X^2$ and 'C' coefficient. Regarding Doctors the $X^2$ value was significant ($P \leq 0.05$) suggesting a definite relationship between the Income levels and Job Involvement levels. Regarding Engineers the $X^2$ value was found to be significant at ($P \leq 0.01$) level again depicting a strong relationship between the two variable levels. The 'C' coefficient of these two professionals reveals the same that as the income level increases/decreases the extent of job involvement also increases/ decreases proportionately. Money being a strong incentive increases the quest in the individuals to work for better and satisfied performance, compelling them to take work/job central to their existence, part of their life and get personally involved in the job.

A study conducted by Aminabhavi, Vijayalakshmi and Dharanendriah, (1997) determined the factors that contribute significantly to the job involvement among professionals (25 Doctors, Engineers, Lawyers and Teachers). Results revealed that selection of occupation, expressed job satisfaction and socio-cultural background collectively and individually contributed significantly to the variance on job involvement of professionals. It concluded that professionals who choose their occupation and have higher expressed job satisfaction and who come from upper middle stratum of socio-cultural background show higher job involvement than their counterparts, who entered their occupation by chance, who have low expressed job satisfaction and who have come from middle stratum of socio-cultural background.

When the professional group of Nurses was taken into consideration, the Table revealed a non-significant $X^2$ value suggesting that there was no significant relationship between the Income levels and the levels of Job Involvement. Same is revealed by the contingency coefficient, $C = 0.16$. A small value suggests a very little relationship between the levels of variables.

Hence on the basis of the findings, its analysis and the interpretations it can be concluded that a significant relationship exists between the income levels and job involvement levels for Teachers, Doctors and Engineers. This
justifies the hypothesis in complete for Teachers, Doctors and Engineers. However, regarding the Nurses, no significant relationship existed between the two variables.

The relationship of Income Levels was studied with the levels of Self esteem in terms of 'Positive', 'Balanced' and 'Negative'. The Table reveals that the $X^2$ value for all the four professional groups of Teachers, Doctors, Engineers and Nurses was found to be significant. The results indicate that with the high levels of Income, the professionals evaluate themselves positively and maintain this with regard to themselves. The individuals express an attitude of approval for their actions, beliefs and behaviour, both overt and covert. Harper and Marshall (1991), reported that more work and home related problems are associated with low Self esteem. This depends on the important factors like work climate, social climate and family environment. Other studies also indicate significant correlation between Self esteem and satisfaction with supervisors and work role. In the light of these studies, it can be inferred that with the increase in money, the office climate changes (individual getting a promotion or high income slab as a bonus for goal achievement) resulting into an improved social esteem. Similarly, at home, things improve upon with increase in income, leaving the individual with lesser problems and frustrations. Thus enhancing his own esteem and worth.

Thus on the basis of the findings, its analysis and interpretation, it can be said that the hypothesis stating that there will be significant relationship between the Income levels and Self esteem levels for all the four professional groups (Teachers, Doctors, Engineers and Nurses), will be accepted in its complete form.

The Income levels and Life Stress levels were taken into consideration for studying the relationship in terms of $X^2$ and 'C' contingency coefficient. The findings are presented in the Table 18, showing that $X^2$ value was found to be significant only for the Doctors' group ($P \leq 0.05$). The other professional groups have non-significant $X^2$ values. The 'C' value was found
highest for the Doctors’ group and the lowest for the Nurses. This suggests that there was highest amount of relationship between Income levels and Life-Stress levels for the Doctors. The lowest relationship existed for the Nurses. The same has been revealed by $X^2$ values. This suggests a significant relationship between the two, ($P \leq 0.05$). This means that any change in the income of these professionals lead to some change in the perception of Life-Stress. Studies have indicated that increase in Income level leads to perception of Life-Stress into smaller magnitude. Whereas, any decrease in Income leads to increase in problems and Individual perceives the effect of life events more taxing and problematic. Increased Income gives an added strength to the individual to face the problems whereas decrease in income worsens the situation leaving the individual helpless, broken and exhausted further leading to psychosomatic disorders. In this regard, the personality traits of the individual play an important role. How does an individual cope with the stress, what defense mechanism style he adopts and how he alters the situation in his favour, how much he is optimistic about the future all these have strong say in perception of stress. Daftaur (1997), in his study with occupational stress and personality types found that there was only one positive correlation with job stress with Sattva (overpowering), whereas Tamas (inactive, darken, delusion) generated stress in several areas. There was no significant correlation with Rajas (active and passionate).

When the hypothesis is looked upon in order to accept or reject, it is found that the hypothesis is only partially accepted, showing a significant relationship between Income levels and Life Stress for Doctors’ group.

The Income levels and Health levels are also studied in order to see any relationship existing between the variables for all the four professional groups of Teachers, Doctors, Engineers and Nurses. On observing Table 18, it is seen that out of all the four professionals, a significant relationship was obtained only for Engineers ($P \leq 0.05$). Rest other $X^2$ are non significant. Similarly, 'C' coefficient is found to be highest for the Engineering Group and
the least for the Teachers' group. These findings clearly reveal that income levels have direct relationship with the three levels of Medico-Psychological Health- 'Stable', 'Normal' and 'Neurotic'. However, there was lower relationship value between Income Levels and Health Levels for the Nurses. This reveals that Income levels have a very less effect on the perception of Life-Stress. However, no study could be traced out relating the Income levels with Medico-Psychological Health. Studies identifying the precipitating and Psychopathological factors for stress have been obtained, Finnoy, (2000); Mellors and Roberts, (1994); Giovanni, (1994); Paul and Anthony, (1995) etc.

Hence it is concluded that the hypothesis stating that there will be significant relationship between Income levels and Health levels for all the four professional groups of Teachers, Doctors, Engineers and Nurses, is acceptable for the Engineers and rejected for the other three professional groups.

**Relationship with Income (Females & Males)**

In the present investigation gender difference is also taken into consideration for studying the relationship between Income and Job involvement, Self esteem, Life stress and Health.

In order to study the gender difference firstly, the percentage of individuals against the Income levels was observed and analysed. It is seen from Table 19 that regarding Teachers for both Females and Males maximum percentage of individuals fall under the 'Medium' Income levels, while least percentage of individuals was found under the 'Low' Income levels. For Female Doctors and Male Engineers maximum percentage of individuals are under the 'High' level. While Male Doctors and Female Engineers maximum percentage is under the 'Medium' Income group. Regarding Nurses maximum percentage of individuals were found in the 'Low' Income level, while for males it was 'Medium' Income level. These
distributions depend upon the factors inherent to the job peculiarities like age, education, date of joining, previous experience, etc.

To study the correlation coefficient for Females and Males between Income and the variables of the present study Table 20 is observed. It is found that for Females of all the four professional groups of Teachers, Doctors, Engineers and Nurses, the correlation between Income and Job involvement is positive. This suggests that with the increase in Income there is increase in Job involvement levels. However, this correlation was significant for Teachers, Doctors and Nurses ($P \leq 0.05$), while non-significant for the Engineers. When the Male professionals were considered it was found that all the correlation values were Positive, indicating that with the increase in Income levels of the professionals increase in job involvement was obtained. Significant values were found for Teachers and Nurses. The reason could be attributed to the fact that women have higher career salience and have entered into their professions by choice and interest to satisfy their needs for achievement, self-actualization and identity. Increase in Income becomes an added incentive to work and perform better at job, thus increase in the involvement in job. Therefore, they consider their jobs central to existence and part of themselves.

When the Income and Self esteem is studied with respect to gender, it is found that for both Females and Males, all the 'r' values are Positive. Amongst Females for PPS, it is found that the high 'r' value is for the Nurses. This suggests that Nurses are the most affected professional group out of the four by the increase in income. With this Nurses value their own work, their success and hold a positive attitude towards themselves. Regarding PPS none of the 'r' values were significant suggesting that though all the professionals are affected positively with the increase in Income, but not to a significant level. Regarding SPS, all the 'r' values for Teachers, Doctors, Engineers and Nurses are positive and are found to be significant for Doctors and Nurses. This means that Doctors and Nurses consider the increase in Income favourably and significantly and this gets reflected on
their job. They express higher Job Involvement with their occupation. Higher income/salary/grade gives them seniority, authority and the freedom to work on their own, and save the lives of patients with lesser or no pressure from their colleagues or boss. This freedom in decision making and management must be giving them positive results.

Thus, with the help of findings and its analysis it can be said that there will be positive and significant relationship between Income and Job Involvement and Self esteem for all the four professional groups. It is partially accepted.

When the relationship between Income and Life Stress for Females and Males is taken into consideration it is found that there are Positive as well as Negative 'r' values for the four professional groups. Regarding the Female group it is found that for Teachers and Doctors 'r' has a positive value, while for Engineers and Nurses it has negative value. This means that for Teachers and Doctors increase in Income gives rise in Life Stress problems. Increased income puts them on work pressure, in order to satisfy their needs and requirements of home and family make them emotionally unstable and vulnerable to the life events. Thus, reacting intensively to the various negatives of life. While for Engineers and Nurses, with increase in Income there is decrease in perception of life stress events. The Table reveals that for the Engineer group, the 'r' value was significant (P ~ 0.05), depicting that increase in income significantly reduces the impact of life stress amongst the Engineers. Out of the four professional groups, Engineers showed the highest 'r' value while the Nurses show the lowest.

When the Male group was taken for study and analysis it was observed from Table 20 that all the 'r' values were Negative for Teachers, Doctors, Engineers and Nurses. The highest and the significant 'r' value was obtained for the Teachers group (P ~ 0.01), revealing that increase in the income of the individual, the impact or the affectivity of the various life stress events decreases significantly. Since, maximum of Teachers group fall under the 'Medium' Income group, even the smallest rise in salary provides them
some surplus money to make their life comfortable and better, thus perceiving the impact of life stress events milder than as before.

Similarly, when the Income was associated with Health related problems, it was found that Teachers, Doctors and Engineers had Positive 'r' values while the Nurses had Negative. Out of all professionals, highest and significant 'r' value was obtained for Engineers. This means that regarding Engineers, increase in Income gives rise to increase in Health problems significantly. Regarding Male Professionals, it was found that all the 'r' values for Teachers, Doctors, Engineers and Nurses were Positive but non-significant. This suggests that with increase in Income, there is increase in health related problems. Amongst all, the 'r' value for Nurses was the highest with Doctors and Engineers 'r' value being just close by. Studies have indicated that Stress can be an important determinant in a number of psychological disorders. Its psychological consequences are many including nightmare, guilt, impaired sociability, loss of self esteem and number of variables related to performance ability. Paul & Anthony,(1995). Studies also demonstrated that people with strong social ties (family, relatives, friends, group membership) had long life expectancies and suffered fewer stress and psychopathology than people who lacked the social support.

Leavy (1995), suggested that there are two basic perspectives on how social support is related to health in general. One perspective indicates that social support network have much a direct and independent effect on health that if an individual is embodied in supportive network of social relationships, he or she should be healthier than one who is not. The other more dominant view centers on the buffering hypothesis and the indirect effect of social support on health. The level of social support that can be drawn from the social network determines the extent to which life stress affects health.

Thus on the basis of findings, its analysis and interpretation, it is found that the hypothesis stating that there will be negative significant relationship of Income with Stress and Health is partially accepted.
Relationship with Income Levels (Females & Males)

Chi square and 'C' contingency coefficients between Income levels and Job Involvement, Self esteem, Life Stress and Health levels were studied for Females and Males. Table 21 shows that there are significant relationship between Income levels and Job Involvement for Females and Males for the professional groups of Doctors and Engineers. The 'C' values are highest for Doctors, followed by Engineers. The increased or decreased income with respect to job involvement does not affect Teachers and Nurses. These findings fully accept the hypothesis stating that there will be significant relationship between Income levels and Job Involvement levels for Females and Males for Doctors and Engineers. The hypothesis is partially accepted for Teachers and Nurses as relationships are not significant.

Similarly, when Self esteem variable was taken into consideration, it was found that for Females, all the four professional groups – Teachers, Doctors, Engineers and Nurses have significant relationship between Income levels and Self esteem levels. This suggests that Female Teachers, Doctors, Engineers and Nurses professionals consider Income to be an important determinant in enhancing the Self esteem. The 'C' value was found to be highest for Nurses, revealing that amongst all the four professionals, Nurses value the Income & Self Esteem relationship the most. However, amongst Males, the X² relationship has been found significant for Teachers, Doctors and Engineers (P ≤ 0.05; 0.01). The highest 'C' value has been found for the Teachers group, depicting a significant relationship between the two variables.

With regard to the findings, its analysis and interpretation in light of supportive studies it is indicated that the hypothesis stating a significant relationship between Income levels and Self esteem levels is fully accepted in the case of Female Teachers, Doctors, Engineers Nurses, and Male Teachers, Doctors and Engineers. The hypothesis is partially accepted for Male Nurses.
When the Income levels and Life Stress levels were taken into consideration it was found that all the $X^2$ values for Female Teachers, Doctors, Engineers and Nurses were not significant. Regarding Males, it was found to be significant only for the Teachers group. The 'C' value was also small in case of Female Professionals. The highest 'C' contingency coefficient was obtained for the Female Engineers and Nurses. The Results indicate not a very significant, effect of change in Income levels on the perception of life events by the various professionals.

Similarly, when Income levels and Health levels were studied for relationship, it was found that no significant $X^2$ value was obtained for any of the Female professionals. Similar was the case with 'C' contingency coefficient values. All the 'C' values were quite small in magnitude depicting small relationships between Income levels and Health levels. Results indicate that increase or decrease in Income level has some effect on the medical and psychological well beings of Female Teachers, Doctors, Engineers and Nurses. However, when the Male professionals were considered, it was found that out of all the four professional groups, only Nurses have shown a significant relationship between Income levels and Health levels ($P \leq 0.05$). The highest 'C' value was obtained for Nurses group depicting that a relationship does exist between the Income levels and Health levels. The results indicate that it is only Nurses (Male) who have shown some relationship between Income levels with Medico-Psychological problems. Any change in Income status puts a direct impact on the psychopathological behaviour of the individual leading to some kind or the other disorders like depression, frustration, withdrawal, anxiety, etc.

Mellors, Boyle and Roberts (1994), investigated the association of personality, stress and life style with self reported hypertension. Results show that neurotic introverts and extroverts low on psychotism and high on life style were prevalent among Male hypertension while in Female hypertensions, neurotic introverts low on psychotism and high on life style
predominated. Effects on hypertension were magnified when personality, stress and lifestyle variables acted synergetically.

Thus, on the basis of the findings and their interpretation it was found that the hypothesis stating a significant relationship between Income levels, Life Stress levels and Health levels were found to be accepted only for Male Teachers and Male Nurses respectively.

**RELATIONSHIP WITH TENURE**

The years of service any individual has put in has a tremendous effect on the total outcome of job performance and overall satisfaction. It provides a better understanding of the organizational goals, management, performance and inter group behavior. With good enough tenure individual is able to relate himself to the organizational demands, at the same time satisfy his own needs and requirements out of the organization in terms of salary, autonomy, prestige, status and quality of life. It also increases the positive feelings and cohesion within the organization that helps him pursue his career and maintain a satisfied work life and family life.

In the present investigation and attempt was made to study the relationship between Length of service and the variable; Job Involvement, Self esteem, Stress and Health for all the four professional groups of Teachers, Doctors, Engineers and Nurses. The relationship was studied with respect to the total sample under each professional group as well as with regard to gender.

When the 'Tenure' was taken into consideration Table 22 depicts that tenure was taken at three levels - 'High', 'Medium' and 'Low'. 'High' Tenure level shows 15 or above years of service. The 'Medium' level with 8 to 15 years of service and the 'Low' level of Tenure with service upto 8 years.

The Table 22 shows that regarding Teachers, maximum percentage of individuals fall under the 'Medium' Tenure Level (36%) followed by 'Low' Tenure Level (33%). Regarding Doctors group, maximum percentage of
individuals fall under the 'Medium' Tenure level followed by 'High' Tenure Level. Regarding the Engineers group, all the three levels of tenure had almost equal percentage of individuals under each tenure level. For the Nurses, it was found that maximum percentage of individuals were having 'Medium' Tenure level followed by individuals with length of service upto 8 years.

The above data very clearly depicts that maximum professional had 8-16 years of length of service. This indicates that by so much of the service length most of the professional must have settled down, with the occupation, gained enough experience to deal effectively with occupational demands and must have had stable quality of life.

As per the objective of the present study these professionals' were studied gender wise, with respect to Tenure. Table 23 shows the Female and Male of all the four professional groups with respect to 'High', 'Medium' and 'Low' Tenure levels. Regarding Teachers, it was found maximum Females had 'High' Tenure, while Males had 'Medium' tenure levels. For the Doctors group both Females and Males had maximum professionals following under the 'Medium' level with a service length of 8-16 yrs. With Engineers the trend was found to be different. The Females had almost same percentage of individuals falling under the 'High' and 'Low' tenure levels, while Males have maximum percentage of individuals with 'Medium' Tenure. Amongst Nurses the Females had just the same percentage of individuals under the 'Medium' and 'Low' Tenure levels. For Males, Maximum percentage of person is under the 'Medium' Tenure levels. Practically no reason could be attributed to these trends of Tenure for Females and Males, as the sample was chosen by method of accidental sampling.

In order to study the relationship between Tenure and the various variable of the present study correlation coefficient, chi-square and contingency coefficients were calculated and represent in Table 24. Firstly correlation coefficient was studied between Tenure and job involvement. It was evident from the Table 24 that the 'r' values for the all the four
professionals were Positive in nature depicting increase in Job Involvement with increase in Tenure level. Meaning that as the individual's year of service increases he starts considering job to be part of himself, all his goals become related to organisational goals, he personally gets involved into the job, and so on. The data depicts that both Teachers and Engineers have the same amount of 'r' values, which was of the highest magnitude amongst the four professional groups. It was the Nurses group that showed least amount of relationship between Tenure and Job Involvement. However, none of the correlation coefficients were significant, showing no significant relationship existing between Tenure and Job Involvement for any of the four professional groups of Teachers, Doctors, Engineers and Nurses.

Studies have indicated that the age and length of service are positively related to Job Involvement. A study conducted by Anantharaman and Shamshad Begum (1982), showed very clearly that age and length of service are significantly and positively related to Job Involvement. The results of this study are in contrary to the findings of the present study. The reasons could be attributed in terms of understanding that any individual develops with time in an organisation. With several years of service the individual comes to know what is expected of him, gets feedback regarding his behaviour and knows about the rewards and punishments associated with the appropriate behaviour and conduction. Hence, the job pattern and job demands becomes monotonous in nature leading to not so high and non-significant job involvement with increasing length of service.

Hence, the hypothesis stating that there will be positive correlation between Job Involvement and Tenure for all the four professional groups is partially accepted.

Tenure was studied in relation to Self esteem that an individual holds towards himself (PPS) and what he thinks 'Others' hold towards him (SPS). It is seen that out of the four professional groups only Doctors had significant correlation between Tenure and PPS (P ≤ 0.05). This suggests that it is only the Doctors who consider themselves favourably, have worth of themselves
and who approve their own behaviour and conducts with the increase in length of service. No other professionals had significant correlation coefficient for PPS dimension of Self esteem. All the obtained correlation coefficients are positive suggesting that with increase in length of service there is increase in self esteem for all the four professional groups.

When the SPS – Socially Perceived Self was considered, it was found that for Engineers, 'r' value was obtained significant (P ≤ 0.01). This correlation coefficient was found to be Positive in nature, suggesting that with increase in length of service, there is significant increase in self esteem of Engineers. When the Teachers group was taken into consideration, the Table reveals that a Negative non-significant relationship between Tenure and SPS was obtained. This depicts that with increase in Tenure of Teachers, they consider that the significant 'Others' of the Society do not consider their worth and success favourably. The reason could be that the Teachers themselves realise that with increase in tenure, their duties towards students and society becomes elaborate and wide, which they are not able to fulfill. Thus it leads to low SPS, showing a negative correlation between Tenure and Self esteem. The other correlation coefficients for Doctors and Nurses were positive but non-significant in nature.

The above results and their interpretations leads to a conclusion that the hypothesis stating a positive correlation between Tenure and Self esteem is partially accepted for all the four professional groups: Teachers, Doctors, Engineers and Nurses.

Relationship of Tenure with Life Stress was also studied with regard to the four professional groups. Table 24 depicts that Doctors’ group had significant Positive relationship between Tenure and Life Stress (P ≤ 0.05). This suggests that perception of Life Stress increase significantly as the Tenure increases. This means that as the Doctors' service length increases they start reacting severely to the various life events and consider its impact tremendously. The impact of these daily hassles was found to be significant for Doctors. Calkins et. al. (1994), studied Medico personnel and found that
reported stressful situations were financial problems, inadequacy of hospital departments, profile examinations, attitude of hospital personnel, lack of time, etc.

When the Teachers and Nurses were considered, it was found that a Positive non-significant correlation coefficient existed, suggesting that a direct relationship between increase in Tenure and increase in perception of Life Stress events. However, a Negative non-significant correlation coefficient was obtained for the Engineers group. Which means that with the increase in Tenure there was decrease in perception of Life Stress events but not significant. Abouserie (1996), with his study indicated that students with external belief are more stressed than those with internal beliefs. Similarly individuals with high self esteem are less stressed than those with low self esteem. In view of the above study, the result and finding can be analysed in term of certain inherent personality factors of the professionals and the working condition, of the occupation that has direct impact on the perception of stress.

Hence, with the finding and supporting study it can be said that the hypothesis, stating that there will be negative significant between Tenure and Life Stress for all the four professional groups of Teachers, Doctors, Engineers and Nurses is partially accepted.

Lastly, in the Table 24 the relationship between Tenure and Health was presented. The Table shows that for the group of Teachers and Engineers there was negative non-significant correlation coefficient value. This suggests that as the length of service of Teacher and Engineers increase the medical and psychological problems like headache, sleeplessness, fatigue, withdrawal, anxiety, etc., decreases. Suggesting that they face less of Health related problems with increase in Tenure. The relationship was found significant for Nurses, meaning that for Nurses' increased Tenure leads to significant decrease in health related problems. The reason could be sought in term of the experience. The Nurses become senior with Tenure. They firmly establish in their functioning, and with
increase in experience they are able to handle complicated situations with ease and control. This leads to personal as well as work satisfaction, which could be one of the reasons for not having medical and psychological problems with the increasing in Tenure.

Shams and Jackson (1994) studied unemployment among British Asians by interviewing employed and unemployed men. Results show that the unemployed group has lower level of psychological well being, self esteem and employment commitment with high external beliefs than the employed group. The length of employment was a significant determinant of psychological well-being, self-esteem and employment commitment with high external belief system than the employed group. Length of employment was a significant determinant of psychological well being. Subjects with a longer period of unemployment had a lower level of psychological well being than those who had been unemployed for a shorter period.

Therefore, on the basis of the findings, its analysis and supportive studies, it was found that the hypothesis stating that there will be positive significant relationship between Tenure & Job Involvement, Tenure & Self Esteem and Tenure and Life Stress and negative relationship between Tenure & Health for all the four professional groups is only partially accepted. The hypothesis is fully accepted in the case of relationship between Tenure & Self Esteem and Tenure & Life Stress. Regarding Engineers, it has been accepted for the relationship between Tenure & Self Esteem. Regarding Nurses, it is accepted for relationship between Tenure and Health.

Relationship with Tenure Levels

Chi square and 'C' contingency coefficients were calculated and analysed in order to have better and broader perspective of the relationships between the variables. Chi square and 'C' coefficients were calculated by considering the three levels of Tenure with three levels of Job Involvement,
Self Esteem, Life Stress and Medico-Psychological Health. The findings have been represented in Table 25.

When the relationship between Tenure levels and Job Involvement levels were taken into consideration it was found that out of the four professional groups significant $X^2$ value was obtained for Doctors ($P \leq 0.05$) depicting the stable and significant relationship between the two. With the increase/decrease in Tenure the level of Job Involvement also changes significantly. The rest other $X^2$ values of Teachers, Engineers and Nurses did show relationship, but non-significant ones. Similar findings were obtained from the 'C' values. The highest 'C' value was obtained for Doctors showing a moderate relationship, and the lowest 'C' was found for Teachers and Nurses depicting a weak relationship between Tenure levels and Job Involvement levels.

When the $X^2$ and 'C' values between Tenure levels and Self Esteem levels were observed, it was found that a significant $X^2$ value was obtained for the Doctors group while the other $X^2$ values were non-significant. The data revealed that for Doctors group, any change in Tenure level gives rise to significant amount of change in the Self-esteem level of Doctors. Their perception about themselves and what others consider about them changes significantly with the years of service they have put in. With long length of experience the Doctors are able to stabilize themselves in their profession with satisfaction at both the ends – personal and occupational. For the other professional groups no significant change was found for Self-esteem in relation to change in Tenure levels. Same findings were also observed from the 'C' values depicting moderate relationship for Doctors and slightly less 'C' values for the other professionals depicting a milder relationship for Teachers, Engineers and Nurses.

Similarly when relationships between Tenure levels and Life Stress levels were analysed in terms of Chi square values and the 'C' contingency coefficients here again Doctors show up with a significant relationship. The obtained results reveal that any change in Tenure leads to significant
amount of change in the Doctors group regarding perception of the impact of various Life Stress events upon them. The same is indicated by the 'C' values. Doctors have the highest 'C' value depicting a close relationship. The other Chi square values for Teachers, Engineers and Nurses were found to be non-significant though all of them, including the 'C' values show that some relationship does exist between three levels of Tenure and three levels of Life Stress.

With advancing Tenure most of the people become increasingly vulnerable to a wide range of stressors. The physical and the psychological changes arouse intense anxiety. Such changes may also underline self-respect and mental health. The physical and mental changes lead to a slower tempo of behaviour. Blau (1981) investigated the effect of length of service and social support on Job Stress. The study was administered on 116 bus conductors and results provided length of service negatively related to Job Stress and as an important variable to be considered in future behaviour. Saini, Yadav and Mal (1997), Zafar and Rao (1998) studied Tenure as a strong demographic variable with significant results.

Lastly, the relationships between Tenure levels and Health levels were analysed in this test. It was found that all the $X^2$ values were non-significant in nature. This means that any increase or decrease in Tenure gives rise to some change in the levels of Health related problems like anxiety, withdrawal, depression, headache, high blood pressure, etc. These health problems do not show significant changes in all the professionals. Out of all the four professional groups of Teachers, Doctors, Engineers and Nurses, the highest Chi square and 'C' values were obtained for Doctors suggesting high relationship between Tenure levels and Health problems. However, the lowest relationship was obtained for the Teachers group. The reasons to the present findings shall be attributed to the fact that as length of service increases along with it, age and other wear and tear of body functions also takes place, affecting the various bodily functioning. The individual becomes vulnerable to all body dysfunctioning thus giving rise to symptoms of physical and mental diseases. This affects the psychological
stability thus resulting in problems like insomnia, depression, restlessness, withdrawal, frustration, irritability, etc. so severe that hospital care is needed. Depression is the most common psychiatric symptom that increases with age. Thomsen, et. al., (1999); Singh and Kaushik (1993); Broota, Singh and Phookan, (1993).

Therefore, on the basis of the findings, their analysis and supportive studies, it can be said that the hypothesis stating that there will be significant relationship between Tenure levels and Job Involvement levels, Self esteem levels, Life Stress levels and Medico-Psychological levels for all the four professional groups of Teachers, Doctors, Engineers and Nurses is partially accepted.

Relationship with Tenure (Females & Males)

An attempt was also made in this study to investigate the relationship of Tenure level with levels of Job Involvement, Self esteem, Life Stress and Health for all the four professional groups. This relationship was also studied with respect to gender difference. Attempt has been made to study whether Females and Males show any difference in their profile regarding the relationship between the levels of Tenure and the levels of variables- job involvement, self esteem, stress and health being studied under the present investigation. The obtained ‘r’ values are represented in Table 26.

The Table shows that for Female group, the relationship between Tenure and Job Involvement was found to be Positive for Teachers, Doctors and Engineers, while Negative for Nurses. However, it was found that all the ‘r’ values were non-significant. The positive correlation suggests that with increase in Tenure, there is increase in Job Involvement levels of Teachers, Doctors and Engineers. The Negative correlation means that with increase in Tenure, there is decrease in the Job Involvement level of Nurses.

When the Male group was considered it was found that all the professionals had a positive correlation between Tenure and Job Involvement depicting that as the professionals put in substantial length of
service the job involvement increases to a higher level. Although, the 'r' value coefficients for all the four professions – Teachers, Doctors, Engineers and Nurses were non-significant.

When the relationship between Tenure and Self esteem is considered, it was found that regarding Female groups, all the correlation coefficients were positive depicting that with increase in Tenure there is increase in Personally Perceived Self as well as Socially Perceived Self. This means that as the professionals' year of service increases they attain seniority, they perceive themselves favourably as well as they think that others also perceive them favourably. The significant 'Others' approve of their behaviour and actions. They value their worth and have praise for their success. However, the Table depicts a significant relationship only for Engineers – PPS, (P ≤ 0.05) and for Doctors – SPS, (P ≤ 0.05) dimensions of Self esteem. The significant value reveals that with increase in the length of service, Doctors and Engineers show increase in their Self esteem to a significant level. The prestige, power, money, etc. associated with the increase in length of service make the Female professionals consider themselves worthy, better and successful than before.

When the Male professionals were considered, it was observed that all the correlation coefficient values between Tenure and Self esteem were positive in nature. A significant positive 'r' value was obtained for the Male Nurses suggesting that with the increase in Tenure there is increase in Self esteem of Male Nurses. As they grow with their profession, they are able to deal effectively with the complications of hospital work, earn a status and reputation leading to high self esteem.

Thus, it is very evident from the findings and their interpretations that not all 'r' values were significant in nature. This leads to a conclusion that the hypothesis stating that there will be positive and significant relationship between Tenure & Job Involvement and Tenure & Self esteem is partially accepted for all the four professional groups of Teachers, Doctors, Engineers and Nurses with respect to gender.
When the Tenure and Life Stress variable was taken into account for analysis, it was observed that the correlation coefficients were positive in nature for all Female professional groups of Teachers, Doctors, Engineers and Nurses and Male groups of Teachers, Doctors and Engineers. The relationship was found to be negative for the Male Nurses. It was observed from Table 26 that regarding Female professionals only the Nurses showed a significant ($P \leq 0.05$) positive relationship between Tenure and Life Stress. This depicts that with increasing service length the effect of various life stressors increases significantly. One predominant reason could be that, with increasing service length, Female Nurses felt more responsible towards their work and family, had more liabilities to fulfill at home, had to struggle hard to meet the expectations of their family members, thus leading to higher perception of Life Stress with day to day hassles. Amongst Males there was no significant relationship obtained between the two for any of the four professional groups. Saini, Yadav and Mal (1997), conducted study to explore the relationship between Tenure and Stress. Their study was an attempt to explore burnout feelings among private school teachers in relation with negative affectivity (High/Low) and teaching experience. The results indicated the significant effect of teaching experience and negative affectivity on burnout feelings.

In the light of the above study the findings of the present study were analysed and reached at the conclusion that the hypothesis stating that there will be significant relationship between Tenure and Life Stress, is fully accepted in the case of Male Nurses while for other Male and Female professionals of Teachers, Doctors, Engineers and Nurses, it is only partially accepted.

When the Tenure was studied in relation to Health scores, it was found that there was no significant ‘$r$’ value, suggesting no clearcut relationship between the two variables. The table reveals that tenure was negatively related (non-significant) to Life Stress for Female Teachers, Doctors and Nurses, and for all the Males of the four professions. This
non-significant negative relationship shows that with the increase in Tenure level, the Health related problems of these professionals decrease but not to a significant extend. The correlation coefficient value has been found positively correlated only for Female Engineers. However, none of the correlation values in either section of Females and Males had a significant obtained 'r' value. Thus, the statement of hypothesis is only partially accepted.

**Relationship with Tenure Levels (Females & Males)**

Chi square and 'C' values were studied amongst the Female and Male professionals of Teachers, Doctors, Engineers and Nurses in order to study and analyse the relationship between Tenure levels and the four variables of the present investigation. Table 27 shows that for the relationship between Tenure and Job Involvement, the $X^2$ value have been obtained significant only for Male Engineers. This depicts that increase in Job Involvement levels of Engineers is a result of increase in length of service. The contingency coefficient value also suggests a moderate relationship between the two. However, all the other Chi square values for Female professionals of Teachers, Doctors, Engineers and Nurses; and all Male professionals of Teachers, Doctors and Nurses have been found to be non-significant. Amongst all, the Male Nurses had the lowest 'C' value suggesting a low correlation between Tenure and Job Involvement.

Singh, Hussain and Pathak (1994), in their study attempted to investigate the difference if any in Job Involvement and work motivation amongst different categories of employees of a public sector. Results indicated that occupational level was an influential factor in Job Involvement of employees, that work motivation of employees was influenced by occupational level and that Job Involvement and work motivation were positively and significantly correlated in the organisation.

The above study in conjugation with the findings clearly reveals the importance of Tenure level for improvement in Job Involvement levels of the
professionals. Results of the present study indicate that the hypothesis stating that there will be significant relationship between Tenure & Job Involvement for all the Male & Female professional groups of Teachers, Doctors, Engineers and Nurses, is fully accepted in case of Male Engineers group and is partially accepted for all the other professional groups of Females and Males.

When the Tenure and Self esteem variables were considered it was found that the $X^2$ value for the Female Teachers group was significant, depicting a strong relationship between the Tenure level and the Self esteem level. The contingency coefficient also suggests that there is strong relationship between the two with having a moderate value. The other $X^2$ values also suggest a relationship between Tenure and Self esteem for Female professionals, but the $X^2$ values were non-significant in nature. When the Male professionals: Teachers, Doctors, Engineers and Nurses were observed to analyse the $X^2$ and 'C' coefficients from the Table 27, it was found that the relationship between Tenure and Self esteem does exist. Doctors had the highest $X^2$ values while the Engineers had the least $X^2$ value. This suggests that out of the four professional groups Doctors showed the strongest relationship between the two, while Engineers showed the weakest relationship. This means that with any change in Tenure levels there is change in the Self esteem level of Doctors, Engineers, Teachers and Nurses. However, these $X^2$ values were found to be non-significant in nature.

These findings and interpretation very clearly indicate that the hypothesis stating a significant relationship between Tenure and Self esteem levels is truly accepted in the case of Female Teachers and partially accepted for the Females and Males of the other professions.

When the relationship between Tenure and Life Stress was considered it was found that for both Females and Males relationship between Tenure and Life Stress existed, but not of a significant level. The calculated $X^2$ values were not large enough to have significant magnitude.
The 'C' values were also not showing a large relationship between Tenure and Life Stress for Females and Males of all the four professional groups. Thus partially accepting the hypothesis that there will be significant relationship between Tenure and Life Stress for all the four professional groups.

When the Tenure and Health scores were analysed in terms of $X^2$ and 'C', there was just one significant $X^2$ value for Female Nurses. Rest other $X^2$ values were non-significant in nature, for both Female and Male professionals. The 'C' values also suggest the same, with not having a large relationship value for either Male or Female professionals. Thus, all reaching to the conclusion that the hypothesis stating a significant relationship between Tenure and Health levels is fully accepted only for the case of Female Nurses and partially accepted in the case of other Female and Male professionals.

Mallinckrodt and Fretz, (1998), studied the impact of job loss on older professionals. Three types of variables were measured: (a) Stressors, which were length of unemployment, financial concerns, and six functionally different types of social support; (b) stress symptoms which were self esteem, depression, physical health symptoms, psychological symptoms and locus of control; and (c) job seeking behaviour. The results indicated that financial concerns and social support stressors significantly predicted a number of stress symptoms. Specific types of social support exhibited varied pattern of relations to these stress symptoms. The perceived availability of 'reassurance of worth' support, provided in other contexts frequently by work colleagues, seemed to be most strongly related to positive self esteem, internal locus of control and more job seeking efforts.

However, very few directly related studies could be traced out for the demographic variables in relation to four variables: Job Involvement, Self esteem, Life Stress and Health, taken for investigation under the present study. But, there were studies which have investigated Job Involvement, Self esteem, Life Stress and Health in relation to other demographic variables.
like age, (Miklos, 1999, Joshi, 1998); birth order, (Mc. Cullough & Ashbridge 1996); occupation, (Naaz, 2000); socio-economic status, (Pal & Singhal, 1994); ethnic background, (Koberg et. al. 1998); etc.

There were other studies also that shows the effect of demographic variables on job involvement, self esteem, stress and health taken as variables of the present study. Joshi, (1998); Miklos, (1999); Koberg et. al., (1998); Mannhein, (1993); Naaz, (1999); Virk & Kumar, (1997) etc.