CHAPTER - 6

SUMMARY AND CONCLUSIONS

Human society has been structured on the principles of growth, productivity and multiplication. It may be social, political or economic, utilitarianism, which has been theorized in the ideology of the survival of the fittest and has always been at the hub of all systems. History is a witness that in all societies and all times those who adopt and adapt themselves to the culture of competition and perform and produce positively live and grow, while the underperformers go down the tide of time and are ultimately extinct. Interestingly, though of course, naturally, the pervasiveness and acceleration of this cult of competition, performance and production remains restricted in the primitive agrarian societies where the pace of life was comparatively slower and material needs were less, whereas it goes remarkably high in the urbanized, industrialized and mechanized societies as are seen in the present-day world where technology has shrunk the world into a global village and where everyday so much goes obsolete and outdated and new unavoidable needs emerge that have to be immediately addressed.

The above mentioned cult of competition, performance and production in the present-day world gets concretized in the theories and practices of economic liberalization, globalization, market deregulation and virtual distribution. These practices result in the organizations being forced to go in for major restructurings of their strategies in terms of relocation of personnel, redesigning of jobs, reallocation of roles and responsibilities, reduction in costs and improvement in productivity through technology based operations and the downsizing of the workforce by offering jobs on temporary or part time basis. Beyond doubt, these initiatives have further resulted in various changes in working environment and job conditions in the contemporary world. Nowadays, employees at workplace experience a lot of stress due to deadlines, excessive work load, job insecurities, career uncertainties, longer working hours, reduced autonomy and increased responsibility. Not only these, the inculcation of the instinct, through various cultural practices, to emerge as a winner in every situation also stresses up the individual. Needless to say, this stress not only adversely affects the professional and physical
efficiency of the individual to fulfill the overall demands of the workplace and of the personal and family life, but also creates varied health problems.

It has been noticed that organizations within the service industry using high technology and those undergoing structural job changes are potentially more stressful than others (Cranwell, 1987). Banking sector is one such service sector which is traversing a period of these changes forcing the managements of these organizations to introduce cost cutting and productivity improving strategies (ILO, 2001). It has been reported that in India, the business per employee in the traditional banks (public sector and old private sector banks) has increased from 75.28 lakhs to 549.21 lakhs while in the modern banks (foreign and new private sector banks) the increase is from 397.50 lakhs to 1216.76 lakhs during 1997 to 2008. Simultaneously, profit per employee has increased from 0.57 lakhs to 3.87 lakhs in traditional banks and in the modern banks it has increased from 6.58 lakhs to 17.74 lakhs during this period (Kumar & Sreeramulu, 2007). The data highlights the augmented character of productivity and workload of employees working in banking industry in general and for managerial positions in particular.

The bank branch managers today have to play more demanding roles than the managers of yester years. They are required to carry out multitude of tasks, possess multiple skills, accept high sales targets, comply with dead lines, strictly follow the guidelines, work with shorter staff and tolerate excessive work loads. As a result, the new generation managers employed in this sector experience extreme stress at work in the form of psychological and physical symptoms such as, feeling of frustration, anxiety, depression, mental disorders, migraine, sleeping problems hypertension, coronary heart diseases, higher cholesterol level, artery blockages, severe heart attacks, increase in uric acid levels, disabling ulcers, and cancer, etc. They are, thus, compelled to retire prematurely much before they get an opportunity to fully actualize their potential in active organizational life. (Westman, 1992; Toivanen et. al. 1993; Levoska and Keinanen-Kiukaanniemi, 1994; Smith et. al. 1999; Chappel and Di Martino, 2000). Thus, it has been found justified to carry out this study especially in a country like India which has recently been liberalized and attempting to restructure its financial sector including the banking sector on the lines of new international economic order.
6.1 Review of Literature

The review of literature has been carried out in two sections, the first section deals with literature relating to factors leading to stress and the second section presents the literature on coping. The studies covered under stress are concerned with identification of stress factors and its impact on health of employees. While in case of coping, the studies have been reviewed to identify the different types of coping strategies adopted by individuals to cope with stress and its impact on health.

6.1.1 Stress

The studies conducted by Weiss (1983); Leatt and Schneck (1985); Landsbergis (1988); Jagdish and Shrivastava (1989); Watson and Pennebaker (1989); Munton (1990); Nelson and Sutton (1990); Chen and Spector (1991); Shailendra Singh (1991); Schaubroeck et.al. (1992); Desai (1993); Salvo et. al. (1994); Srivastava, et.al. (1994); Barnett and Brennan (1995); Moyle (1995); Brown, et.al. (1996); Triplett et. al. (1996); Allison (1997); Chand and Sethi (1997); Cropanzano et. al. (1997); Wilkins and Beaudet (1998); Fogarty et. al. (1999); Moyle and Parkes (1999); Wofford et. al. (1999); Cavanaugh et.al. (2000); Chan et.al. (2000); Dugdill (2000); Frone (2000); Hobson and Beach (2000); Spector et. al. (2000); Broadbridge (2002); Lait and Wallace (2002); Martinova et.al. (2002); Tyson et. al. (2002); Shah (2003); Domenighetti et. al. (2004); Kang and Singh (2004); Kang (2005); Krantz et. al. (2005); Michailidis and Georgiou (2005); Nasuridin et. al. (2005); Berg et. al. (2006); Oloyede (2006); Clays et. al. (2007); Oke and Dawson (2008); Sellah et. al. (2008); Gershon et. al. (2009); Kawada and Ooyaiscomfort (2009); Peltzer et. al. (2009); Maizura et. al. (2010); Oliver et. al. (2010) and Malik (2011) showed the different dimensions of work and non work environment that has been identified as stress producing factors and affecting the health negatively.

6.1.2 Coping

Folkman et. al. (1986); Lang and Markiwitz (1986); Nowack (1988); Violanti (1992); Koeske et.al. (1993); Stassen (1994); Hackett and Bycio (1996); Tyson and Pongruengphant (1996); Callan and Dickson (1997); Long (1998); Kirkcaldy and
Furnham (1999); Srivastava (2001); Penley et al. (2002); Lambert et al. (2004); Kang and Singh (2004); Bell and Luddington (2006); Chang et al. (2006); and Lim et al. (2010) had attempted to identify various types of coping strategies used by individuals to cope with stress and its health outcomes.

The review of literature reveals that record number of studies has been conducted in this area in almost every corner of the world across varied professions but in India it has been found to be a neglected area. The theoretical base of stress health relationship and role of coping strategies and different personality dimension is strong, but no study has been conducted so far by taking bank branch managers in any part of the world. Further, most of the studies conducted in this area so far have used general instruments of measuring self reported work stress that can be used across varied professions. The present study is an improvement over earlier studies in a number of ways. Firstly, the study has attempted to measure self reported stress with the help of a new self developed and pre-tested, banking specific instrument to measure self reported stress. Secondly, it is the comprehensive study that has examined work and non work factors together including demographic characteristics, job and organisational factors, family factors, personality aspects, and coping strategies used by the respondents to cope with stress. Thirdly, the study has been conducted during the post liberalization era, which is an important period in the history of the country, during which all sectors of the economy are undergoing structural reforms and are attempting to cope with challenges of liberalization and globalization. Keeping in mind the broad guidelines provided by the review of literature the following objectives have been set to be achieved through the present study.

6.2 Objectives of the study

i. To identify the various job and organisational factors causing stress among bank branch managers.

ii. To identify the various family related factors causing stress among bank branch managers.

iii. To examine the stress related health problems among bank branch managers.

iv. To study the various coping strategies being used by bank branch managers to cope with stress.
v. To examine the role of Negative Affectivity (NA) in the stress process.
vi. To examine the role of various stressors, coping strategies and negative affectivity in stress process.

6.3 Universe of the Study and Sample

The universe of the study consists of all the bank branch managers working in various banks in Punjab. Based on KPMG survey 2007 top twenty five banks of India were chosen for the study irrespective of whether they are in public sector, private sector or foreign banks. The sample was limited by taking only those branches of the selected banks that are operating at district headquarters of different districts in Punjab. While selecting the branches operating at district headquarters, the branches operating in various schools, colleges, hospitals and other institutions or special branches (maintaining limited number of services or extension branches etc.) were excluded from the study.

In total there were around 643 branches of selected banks operating in Punjab at district headquarters (located through on-line branch locator of each bank). All the 643 branch managers of the selected banks were considered for the study but only 316 respondents responded and completed the questionnaire. Finally, a sample of 316 bank branch managers was considered for analysis purpose.

6.4 Survey Tools

In order to collect the data through survey the following tools have been used in the present study.

a. Self Developed:

- Job and Organisational factors Scale
- Family Factors Scale
- Physical Health Scale
b. **Standardized:**

- Mental Health Scale (David and Goldberg 1978)
- Ways of Coping Check List (Folkman and Lazarus 1984)
- Negative Affectivity (Fortunato and Goldblad 2002)

### 6.5 Data Analysis Statistical Techniques

In order to analyse the collected data the following statistical techniques have been used:

- Mean and Standard Deviation
- Factor Analysis
- Correlation Analysis
- Multiple Regression

### 6.6 Findings of the Study

The first objective of the study is to identify the various job and organizational factors causing stress among bank branch managers. To achieve the given objective a self developed scale comprising 57 statements representing various dimensions of job and organisational characteristics has been used to collect data. Alpha a measure of internal consistency for job and organisational item construct was found to be 0.86. Factor analysis was employed to explore the factor structure of job and organisational factors which might be causing stress among the bank branch managers. Fifty seven job and organisational variables which were measured on a five point Likert scale for 316 respondents, have been factor analyzed. Principal component analysis (PCA) with varimax rotation identified eleven job and organisational factors. These factors includes; Highly intricate job (F₁), Performance constraints and pressures (F₂), Insufficient training and career planning (F₃), Unproductive meetings (F₄), Unwanted criticism (F₅), Lot of traveling and transfers (F₆), Inadequate office space and improper layout (F₇), Corruption (F₈), Surveillance required (F₉), Limited opportunities for growth (F₁₀) Lack of authority (F₁₁). All the eleven factors explain 67.2 percent of the variance.
The second objective of the study is to identify the various family related factors causing stress among bank branch managers. For the said purpose, a self developed scale comprising seven statements representing different characteristics of family and personal work. Alpha a measure of internal consistency for family and personal factor related item construct was found to be 0.52. These seven family related variables measured on a five point Likert scale for 316 respondents, have been factor analyzed to explore the factor structure which might be causing stress among the bank branch managers. Principal component analysis (PCA) with varimax rotation provided two family related factors. These factors were named as Family Obligations (F_{12}) and Lack of Time for Family and Personal Care (F_{13}). These two factors explain 57.03 percent of variance.

The third objective of the study is to examine the stress related health problems among bank branch managers. For the purpose of the present study the health of the respondents has been examined by considering physical health and mental health of the respondents. The physical health status is investigated through a self developed scale comprising twelve physical health indicators, such as headache, skin rashes, high blood pressure, low blood pressure, backache, uric acid, diabetes, neck ache, upset stomach, joint pains, high cholesterol level and physical weakness. While mental health is investigated through General Health Scale (David and Goldberg 1978). Alpha, a measure of internal consistency has been found to be 0.69 for physical health scale and 0.62 for mental health scale. The frequency of occurrence of physical and mental health related problems has been used as a criterion to assess the health status of the respondents. The respondents were instructed to indicate the frequency with which they were suffering from the given problems on a five point scale (‘Never’, ‘Rarely’, ‘Sometimes’, ‘Often’, and ‘Always’) which were assigned weights 0,1,2,3, and 4, respectively.

The physical health scale consisted of twelve physical health related problems, so the total score of a respondent could vary from 0 to 48. The score 0 means the respondent is not suffering from even a single physical health problem and score 48 means the respondent is theoretically suffering severely from all the twelve physical health related problems. The results show that the physical health score of the respondents varies from 12 to 34 with mean 25.02 (SD = 5.58). The t-test (t=79.67, p=.00) reveals that physical
health mean scores of the respondents are significantly different from zero which suggests that the bank branch managers are at least not enjoying good physical health. The results show that the respondents have been suffering from one or another physical health related problems. The physical health problems which have been found common among the respondents are; headache (mean = 2.9, SD = .58), upset stomach (mean = 2.68, SD = .69), physical weakness (mean = 2.61, SD = 1.03), high blood pressure (mean = 2.6, SD = 1.08), backache (mean = 2.53, SD = .74), joint pains (mean = 2.42, SD = .84), high cholesterol level (mean = 2.13, SD = 1.16) and neckache (mean = 2.1, SD = .61).

While the mental health scale consisted of thirteen mental health related problems, so the total score could vary from 0 to 52. The score 0 means the respondent is not suffering from even a single mental health related problem and score 52 means the respondent is suffering severely from all the thirteen mental health related problems. The results show that the mental health score of the respondents varies from 11 to 38 with mean 29.85 (SD = 4.93). The t-test (t=107.56, p = .00) also reveals that the mental health scores of the respondents are significantly different from zero which reveals that the bank branch managers are at least not enjoying good mental health. The results discloses that a significant number of respondents have been suffering from one or another mental health problem. The mental health problems which have been found common among the respondents are; feeling that one is playing useful part in things (mean = 3.75, SD = .49), feeling that one is capable of making decisions about things (mean = 3.73, SD = .58), one is able to concentrate on whatever one is doing (mean = 3.61, SD = .73), one is able to face up to one’s problems (mean = 3.06, SD = 1.05), one is feeling reasonably happy all things considered (mean = 2.86, SD = 1.0), one is able to enjoy one’s normal day to day activities (mean = 2.82, SD = .91) and one felt constantly under strain (mean = 2.18, SD= 1.08).

The fourth objective of the study is to study the various coping strategies being used by bank branch managers to cope with stress. In order to attain the given objective a standardized scale ‘Ways of Coping Check List’ (Folkman and Lazarus, 1984) comprising 66 statements representing different types of problem as well as emotion
focused coping strategies have been used. Alpha a measure of internal consistency for coping construct was found to be 0.69. The responses for 66 coping variables were measured on a four point Likert scale for 316 respondents to identify the coping strategies used by the respondents to cope with stress. On the basis of simple raw scoring the standardized factor structure provided eight factors of coping variables used by the respondents to cope with stress. The findings reveal that the respondents have been using a mix of the coping strategies to combat stress. The use of the said coping strategies has been found varying from ‘somewhat’ to ‘quite a bit’. All the coping strategies in terms of their use (mean values) by the respondents of the present study includes: Distancing coping (mean = 1.46); Seeking social support coping (mean = 1.39); Confrontive coping (mean = 1.35); Positive reappraisal coping (mean = 1.34). Planful problem solving coping (mean = 1.32); Accepting responsibility coping (mean = 1.27); Self controlling coping (mean = 1.04) and Escape/avoidance coping (mean = 1.04). The responses were measured on a four point Likert scale and the mean scores indicate that all the coping strategies have been extensively used by the respondents.

The fifth objective of the study is to examine the role of Negative Affectivity (NA) in the stress process. A standardized scale named as Strain Free Negative Affectivity Scale (SFNA) developed by Goldblat and Fortunato (2002) comprising 20 items has been used to achieve the stated objective. The responses for 20 items measured on a seven point Likert scale for 316 respondents, represented through single factor have been used to examine the role of negative affectivity (NA) in the stress process. The findings reveals that the nuisance variable NA has been found to be insignificant in the stress process. The correlation coefficient (-.015) between NA and health of the respondents is found to be insignificant. In addition a regression model was constructed by taking health of the respondents as dependent variable and NA as independent variable. The results are found to be insignificant and hence the variable has been dropped for further analysis.

The sixth objective of the study is to examine the role of various stressors and coping strategies in the stress process. To achieve the given objective a series of regression models has been constructed. The results of all the regression models constructed for the purpose are reported and discussed in the text following:
Model 1: Demographic Variables and Health

The first multiple regression model is constructed by taking all the demographic variables as independent variables and health of the respondents as dependent variable. The demographic variables includes; age of the respondents, educational qualifications, present experience, total experience and number of employees per branch. The findings reveals that the demographic variable ‘total experience of the respondents’ has emerged as significant explanatory (β = - .244, p≤0.01) of health of the respondents. The negative association between total experience and health reveals that the younger managers with less experience are more stressful as compared to the experienced one who has almost settled in their professional and personal life. While, all other demographic variables considered for the purpose of the present study are found to be insignificant in determining the health. The significant variable ‘total experience’ explains 0.077 percent of the variance in health of the respondents.

Model 2: Job and Organisational Stress Factors and Health

To examine the role of various job and organisational factors in determining the health of the respondents a multiple regression model is constructed by taking health of the respondents as dependent variables and all the job and organisational factors as independent variables. The findings show that out of eleven job and organisational factors examined as independent variables only six are found to be the significant explanatory variables of health of the respondents. The job and organisational factors that are found to be significant explanatory variables of health includes; Performance pressures and constraints (β = 0.371, p<0.01); Highly intricate job (β = 0.318, p<0.01); Unwanted Criticism (β = 0.162, p<0.01); Surveillance Required (β = 0.160, p<0.01); Insufficient Training and Career Planning (β = 0.154, p<0.01); Lot of Traveling and Transfers (β = 0.124, p<0.01). All the significant factors have positive association with health of the respondents. The positive association between stress factors and health signify that higher scores of stress factors lead to greater health problems among the respondents. All these stressors explain 0.588 percent of the variance in the dependent variable.
Model 3: Family Factors and Health

To determine the role of family related stress factors in determining the health of the respondents a multiple regression model is constructed by taking health of the respondents as dependent variable and family factors as independent variables. The resultant multiple regression model reports that both the family related factors examined as independent variables have emerged as significant explanatory variables of health of the respondents. The family related significant factors includes; Lack of time for family and personal care ($\beta = 0.461$, $p<0.01$) and Family obligations ($\beta = 0.275$, $p<0.01$). Both these factors have significant positive association with the measure of health. The positive association shows that higher scores of family factors lead to severer the health problems. Both the family factors explains 0.325 percent of the variance in the dependent variable.

Model 4: Coping Strategies and Health

In order to explore the role of coping strategies in determining the health of the respondents, a regression model was constructed by taking health of the respondents as dependent variable and all the coping strategies used by the respondents to cope with stress as independent variables. The results expose that out of all the eight types of coping strategies examined as independent variables, seven are found to be significant explanatory variables of health of the respondents. The coping strategies found to be significant explanatory of health of the respondents include; Self controlling coping ($\beta = -0.282$, $p<0.01$); Planful problem solving coping ($\beta = -0.233$, $p<0.01$), Seeking social support coping ($\beta = -0.228$, $p<0.01$); Positive reappraisal coping ($\beta = -0.177$, $p<0.01$); Escape/avoidance coping ($\beta = 0.163$, $p<0.01$); Confrontive coping ($\beta = -0.161$, $p<0.01$) and Accepting responsibility coping ($\beta = .113$, $p<0.01$). While, Distancing coping is found to be insignificant in determining the health. The negative association between coping strategy and health indicates the functional nature of these coping strategies. The results suggest that more the respondents use these strategies the better the health they would be enjoying. While the positive association between coping strategies and health highlight the dysfunctional nature of these strategies, thus suggesting that the use of these strategies would not alleviate the level of stress rather would increase the level of stress.
among the respondents. All the significant coping strategies explain 0.446 percent of the variance in the health of bank branch managers.

**Model 5: Demographic Variables, Job and organizational factors, Family Stressors, Coping strategies and Health**

In the foregoing discussion four regression models are constructed by taking health of the respondents as dependent variable and demographic variables, coping strategies, job and organisational factors and family factors respectively as independent variables. The reported results reveals that the demographic variables explains 0.077 percent of the variance in the dependent variable, job and organisational factors explains 0.558 percent, family factors explains 0.325 percent, while coping strategies reveals 0.446 percent of variance in the dependent variable, health of the respondents.

Finally, an overall multiple regression model has been constructed by taking all the demographic variables, coping strategies, job and organisational factors and family factors as independent variables and health of the respondents as dependent variable. The findings reveal that six coping strategies, five job and organisational factors and two family related factors are found to be the significant explanatory variables of health of the respondents and all the demographic variables are rendered insignificant when examined together. The significant explanatory variables of health of the respondents identified in the model of best fit include:

**Job and Organisational Factors**

Performance pressures and constraints ($\beta = 0.270$, $p<0.01$); Highly intricate job ($\beta = 0.198$, $p<0.01$); Unwanted criticism ($\beta = 0.132$, $p<0.01$); Insufficient training and career planning ($\beta = 0.113$, $p<0.01$) and Surveillance required ($\beta = 0.112$, $p<0.01$).

**Family factors**

Lack of time for family and personal care ($\beta = 0.138$, $p<0.01$) and Family obligations ($\beta = 0.094$, $p<0.01$).
**Coping Strategies**

Planful problem solving coping ($\beta = -0.168$, $p<0.01$); Self controlling coping ($\beta = -0.166$, $p<0.01$); Seeking social support coping ($\beta = -0.122$, $p<0.01$); Confrontive coping ($\beta = -0.093$, $p<0.01$); Positive reappraisal coping ($\beta = -0.084$, $p<0.01$) and Escape/avoidance coping ($\beta = 0.077$, $p<0.01$)

All these factors together explains 73.8 percent of the variance in the dependent variable health of the respondents. The findings are extending the theory that both work and non work factors are contributing factors to the stress experienced by employees that in turn affects the health negatively. Similarly, coping strategies has the potential to mediate the stress health relationship by reducing the impact of stress either by managing the stressful encounter or by increasing the physical and mental capacity of the individual to cope with stress.

**6.7 Implications and Suggestions**

The harmful physical and psychological effects of stress on employees and employer organizations have been well recognized, duly studied and widely documented across different professions throughout the world. Many studies have highlighted that these harmful effects, although are not mentioned in the budgets of the organizations, but are very costly for the individual employees, employer organizations and society in general. Thus, the most important research agenda among the industrial psychologists and researchers is to identify the causes of stress across different professions to save these unwanted costs and ultimately the health of employees. The present study have examined and identified that the job characteristics and family constraints are the significant stressors affecting the health of bank branch managers. The findings of the study can provide guidelines to the industry in general and banking in particular in framing human resource policies and strategies that can address the causes of stress. This study has potential to contribute to economies like India where lot of structural changes are taking place, nature of competition is ever evolving, work culture is becoming performance oriented, human resource policies are making employers more powerful, and contract jobs and less job security are beginning to define employment relationship and where it
seems that the worst of stress is yet to come. The study has joined in the efforts to introduce non work factors along with work factors and individual differences as exogeneous factors to examine the stress and health relationship. In addition, the efforts are directed to respond positively to the often proclaimed call to approach stress research from a multidisciplinary perspective.

The research presented in this study contributes both theoretically and pragmatically to the field of behavioural sciences. The findings of the study provide an important foundation for human resource policy reforms to combat stress and improve the health of bank branch managers. In the light of the findings of the study following suggestions are proposed:

- To combat the negative influence of stress, both work and family, the banking organization must provide a formal instructional module to there employees especially branch managers which should highlight the nature of stress, various forms of stress, its causes, problems and the ways to cope with them in all forms of situations i.e., working as well as non-working.

- The study has identified job and organisational factors and family aspects affecting the health negatively as, Performance pressures and constraints; Intricate quality of job; Unwanted criticism; Insufficient training and career planning; Surveillance required; Lack of time for family and personal care and Family obligations. In lieu of these findings, it is suggested that an array of alterable working conditions should be provided as ongoing support for branch managers. An extensive supervisory support to transform administrative training into effective administrative practice, to set priorities and clarify their role objectives, and a congenial working environment should be associated with their organizational climate which will ultimately help them ensure better output at work as well as to fulfill their family demands.

- The functional coping mechanism that has been found to be used effectively by the respondents should be included in the induction process to familiarize them with the ways of coping with stress. Information about beneficial coping strategies particular
to branch managers could serve to prepare future managers to handle successfully the nature and extent of their work assignments.

- As stress has been found to have deleterious affect on the health of the branch managers therefore, to wade away its ill implications they must be made fully aware through various sources such as training programmes, orientation programmes, seminars, conferences, media, etc. Along with this proper remedial measures should become part and parcel of their daily life.

### 6.8 Limitations of the Study

It is a cross sectional, exploratory study based primarily on survey conducted with the help of a questionnaire. Survey studies are never error free. Any study based on a survey conducted through a pre designed, pre tested questionnaires suffer from the basic limitations of the possibility of difference between what is recorded and what is truth, no matter how carefully the questionnaire has been designed and field instigation has been undertaken. This is because the respondents may deliberately give wrong responses, and even if they intend to respond correctly, there are bound to be differences owing to well known problems of filters in communication process. Although, every effort has been made by the investigator to establish reports with the respondents, to minimize the errors in interpreting the reporting the true responses, yet there may be possibility of errors because no fool proof way for obviating the possibility of an error creeping the whole research process is there. Some of the other limitations of the study are reported as follows:

- The investigator has taken only those branches that are operating at district head quarters, thus, the work environment at district head quarters may not extrapolate to the whole banking industry.

- To investigate the physical health problems only the most common health indicators have been taken up for the study, while the respondents may also suffers from some other health problems which are not taken up in the study.
Some of the items relating to organizational and family related stressors may be subject to defensive responses.

Data analyzed were primarily retrospective data. Coping responses reported might be the coping styles rather than the actual coping behavior.

The study of personality dimension ‘Negative Affectivity’ through standardized scale developed by ‘Fortunato and Goldblat’ titled as ‘Strain Free Negative Affectivity’ (SFNA) (2002) may lack cultural validation.

6.9 Scope for Future Research

It has been recommended that the future research may be conducted to make comparative examination of stressors, health implications and role of coping among bank managers working in public sector, private sector and foreign banks.

The geographical location of the branches may be added as a demographic variable in the future research.

Instead of surveying only a particular class of managers (e. g. the present study has considered the managers working at district headquarters only) it is recommended that all managers must be surveyed. Further, the present study targeted only top twenty five banks of India, while practically it seems that the banks that do not fall in the list of top category may have different working environment. Thus, inter segment comparative studies are also recommended.

Some of the important variables that may have high potential to produce stress but could not found significant place in the present study and hence excluded. It has been suggested that these variables should be refined further and future research should be conducted by taking all those variables in to consideration.

In order to asses the health variable, the present study has considered only few physical health symptoms because of lack of clinical expertise, while the respondents may have been suffering from some other health problems. The future research may
consider the other physical health problems which have not been considered in the present study.

- In order to understand fully the relationship between stress and health, substantial work needs to be done especially in a country like India where the research in the field of stress and health is at the inception stage. To refine the stress and health relationship among bank branch managers more longitudinal studies are recommended instead of generalizing the results of a cross sectional attempt.