CHAPTER II
HISTORICAL RESUME
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From the theoretical foundations presented in Chapter I it is clear that our researchers has emphasized that stress is a cumulative process related to the wear and tear of daily problems and to our adjustment to short range, long range and ultimate goals. Stress is a normal counter part of living. Often our tensions, conflicts, and frustrations stem from our struggles to play the role of someone we are not, and many times we fail to heed our own cues of when we are exceeding our individual stress levels.

Stress harms certain people while causing others to thrive. What may be an overload of stress for one person may not be for another. Researchers have found two behaviour patterns related to the "Fit" between the person and his psychological environment. The type A person is characterized primarily by excessive drive, aggressiveness, ambition, involvement in competitive activities, frequent vocational deadlines, pressure for vocational productivity, and an enhanced sense of time urgency. The type B subject is more relaxed and more easy going, seldom becomes impatient, and takes more time to enjoy avocational pursuits. Present investigation has been designed to study mental health of women in relation to the level of job stress. In the following section, research studies conducted in these areas have been presented.
In a study of 219 south Asian women, Naidoo (1992) found that the most helpful factors in the adjustment process include familiarity with western culture, belief in self, a supportive husband, and involvement in community activities. In this study relationship was observed between diminished health and increase in burnout.

Nelson and Hitt (1992) proposed a set of recommendations for enhancing women's mental health in the work place by examining research on working women and stress. The beneficial effects of work for women were discussed. Study of male and female personnel professionals provide evidence for gender differences and patterns of linkages between stressors and strain outcomes for the women.

Tyler and Cushway (1992) administered questionnaires on sources of stress, coping strategies, and health outcomes to 72 nurses in a large general hospital. Staff conflicts and workload stress increased with grade of nurse, and workload stress and organisational support and involvement differed between wards, whereas there were no differences between groups in coping strategies or mental health outcomes. Negative mental health outcomes were mainly predicted by nurses perceptions of excessive workload and the adoption of avoidance coping strategies. Recommendations included allocating sufficient resources to reduce excessive workloads and initiating stress management programs.
Wadud and Nasreen (1992) investigated whether the employees of public and private organisations differ with respect to their occupational stress, mental health, and job satisfaction. 100 white collar employees from a private organisation and 100 white collar employees from a public organisation completed the mental health questionnaire, the job stress questionnaire and the job satisfaction questionnaire. Results indicate that public sector white collar employees show more mental health problems than private sector white collar employees. Private sector employees had better job satisfaction, but suffered more from occupational stress than public sector employees.

Burke and Ronald (1993) examined a research model developed to understand work satisfactions and emotional and physical well being among 828 police officers. Five groups of predictor variables were considered: individual demographic and situational variables, work stressors, work family conflict, coping responses, and psychological burnout components. Individual demographic and situational variables were modestly related to the measure of work attitudes, emotional well being, physical health, and life style. Job stressors were consistently and strongly related to these measures. Work family conflict was related only to measures of emotional well being. Coping responses were related to measures of emotional well
being and some aspects of physical health and lifestyle. Psychological burnout was a strong predictor of work attitudes and emotional well being but inconsistently related to measure of physical health and lifestyle.

Mishra and Somani (1993) studied occupational stress in relation to mental health of supervisors. 31 supervisors from a public sector enterprise and 31 supervisors from a private sector enterprise completed the occupational stress index and the mental health inventory. Subjects were also interviewed about their attitude toward their job, management and working conditions of the industry. Group discussions were conducted to discuss the company, its policies, and working conditions. A negative correlation was found between occupational stress and positive mental health, particularly in the private sector.

Sutherland and Cooper (1993) identified sources of job stress and personality factors as predictors of psychological ill health and job dissatisfaction among 670 male and 243 female general practitioners (aged 27-73 years) as compared to normative sample. It was observed that male subjects exhibited significantly higher levels of anxiety and depression, whereas female subjects compared favorably to the population norm. Job satisfaction levels were significantly lower than when they were measured in 1987, although women were less job dissatisfied than men. The main predictors of lack of mental well being were the job stressors associated with
the demands of the job and patients expectations, practice administration and routine medical work, role stress, and the use of social support as a coping strategy.

A nationwide investigation into stress among UK teachers was conducted by Travers, Cheryl and Cooper (1993). Data was collected via a questionnaire, from a random sample of 1,790 teachers drawn from a cross section of school types, sectors and teaching grades. Results revealed that teachers, as compared with other highly stressed occupational groups, experienced lower job satisfaction and poor mental health. It was found that job pressure factors of management/structure of the school and lack of status and promotion were the major predictors of job dissatisfaction. Mental ill health was predicted by a variety of job pressure and personal factors, but predominantly linked to job pressure from ambiguity of the teacher’s role. Intention to leave was highly related to mental ill health in teachers.

Cooper and Shephard (1994) did a large scale study of leisure habits and life satisfaction. They examined the behaviour of 533 senior police officers (aged 28-58 years) from the UK. Subjects completed the occupational stress indicator and a questionnaire of biographic and demographic variables. Exercisers showed a higher level of job satisfaction and better physical and mental health than non exercisers. Mental ill health was strongly related to stress, physical ill health, and lack of job satisfaction, with weaker linkages
to coping behaviour, locus of control and type A behaviour. The perceived job stress of police work was unrelated to exercise habits, and exercise was not a buffer between stress and job satisfaction or personal well being.

To compare measures of job satisfaction, mental health, and job stress among general practitioners (GPs), results of a 1993 survey were compared with those obtained in a 1987 study by Cooper et al. A sample of 380 GPs in rural and urban practice were surveyed by 7 family Health service authorities in England. There were significant differences between the 1987 and 1993 survey. GPs experienced less job satisfaction, poorer mental health, and more stress in 1993 than in 1987; levels of somatic anxiety remained significantly lower than in the normative population for both males and females. Female GPs reported lower scores on depression than males. Males had higher free-floating anxiety than males in the normative population. Changes may be related to the introduction of the new contract, fund holding community care, and increased patient demands.

Landy, Quick, Kasl (1994) identified that work related stress leads to injuries and psychological disorders. The National Institute for Occupational Safety and Health has identified psychological disorders as one of the ten leading work related diseases and injuries during the 1980s. This article sets out a framework, strategy, and recommendations for enhancing stress management skills and the psychological well being of individuals in
occupational environments. Central to the strategy are attention to work design variables, such as control uncertainty, conflict and task demands; surveillance of psychological disorders in work place; education of managers and workers concerning psychological well being and stress in the work place; and treatment of individuals in distress.

A postal survey of a provincial British police force was carried out in late 1994 to assess: (i) The incidence of mental health problems; (ii) The frequency and perceived stress of work related traumatic incidents; and (iii) the association between work related traumatic stress and world assumptions. Responses were obtained from 600 officers, who indicated using a checklist of traumatic events, which events they had experienced over the previous 6 months and how stressful they perceived these events to be. These data are discussed showing that police officers, like civilian survivors of trauma, can suffer serious psychological problems as a consequence of their work.

The effects of social support on job stressors and mental health were studied by Komaki (1994). The effects of emotional support and instrumental support from co-workers, senior colleagues, and supervisors on the relationship between occupational stress and mental health were studied. Subjects were 590 female employees (aged 20-30 years). Job stressors (i.e.
role conflict, role ambiguity, skill under utilisation, quantitative workload, and qualitative work overload) and social support were assessed to predict subjects mental health and the risk or occurrence of depression.

So as a result it can be argued that the more stressful a person is the more he will be mentally ill. Stressful events, work family conflict, support from other co-workers all these are the causes of ill health of the person and due to these the person can become both physically as well as mentally ill.

In an another study, Beermann and Nachreiner (1995) investigated the gender effects of shift work with 443 women and 410 men police officers working rotating shifts under comparable job conditions. Discriminant analyses revealed no gender related effects of shiftwork. However, off the job work stress, e.g., a gender related unequal division of domestic duties, clearly differentiated between women and men and the presence or absence of children in the house. The "double burden" for women in particular for those with children, did not result in more severe psychosocial or subjective health impairments.

Fox and Dwyer (1995) determined whether self monitoring would moderate the relationship between work stressors and psychological and physiological health among 136 female registered nurses (aged 21-60 years). Objective measures of work demands were examined for the subjects, and each subject provided samples of salivary cortisol. Subjects also completed
assessments of work demands, frequency of stressful events at work, self monitoring, and psychological distress. Subjects who were more other directed and who were more concerned with situational appropriateness had more mental and physical distress when exposed to higher levels of work stressors.

Kirkcaldy (1995) examined coping behaviour (i.e. seeking social support) among 90 German police managers (6 females), who completed scales measuring job stress, coping skills, job satisfaction and mental and physical health contained in an occupational stress indicator. There was evidence of a direct impact of social support on both mental and physical health. Job satisfaction had a direct impact on mental ill health (showing high satisfaction was associated with superior psychological health). There was no direct relationship between overall job stress and job satisfaction.

In common law courts some current issues for employees are that the employers are responsible for protecting the mental health, as well as the physical health and safety, of their employees. Greater job related pressures are from the organisational structures and climate. If the climate of the organisation is stressful it leads to psychological distress. And if the worker has strain over him then it will lead to both lower physical and mental health. Watson and Cushway (1995) investigated the effect of coping strategies, social support and job satisfaction of stress with 245 general hospital nurses.
Subjects completed the nursing stress scale. With the help of general health questionnaire negative main effects on mental well being were found for work load, lack of social support, inadequate preparation, conflict with other nurses, conflict with doctors and use of avoidance coping strategies.

However, stress is inevitable in any job, as indeed in any aspect of life that is not necessarily bad but when job stress is extreme or extended over a long period, then we should be concerned. Organisations should therefore start their investigations into mental ill health by examining the nature of their jobs.

Baker, Israel, Schurman (1996) gave an integrated model of role of control and support in occupational stress. Data were obtained from a participatory action research project involving 1,000 employees at a manufacturing plant. The results indicated that control and social support are strongly correlated with negative job feelings. The effect of control on health was found to depend on the type of control and the organisational level at which control is exercised. The effect of participation on health outcomes was found to differ at the job and organisational levels, and participation without influence was associated with increased negative job feelings. The effect of social support was found to depend on the type of support and from whom the support was provided.
A comparative study on occupational stress, job satisfaction and mental health in British General practitioners and Canadian Family physicians was performed. Subjects were 380 general practitioners (GPs) in England and 131 family physicians in Toronto, Canada. Results showed that British GPs experienced less job satisfaction, poorer mental health, and significantly greater pressure at work than did their Canadian counterparts. British male GPs were more depressed and had higher levels of somatic anxiety than the Canadian doctors. It was also found that alcohol consumption by British GPs was higher in comparison with Canadian doctors. This finding suggests that specific stress management programs for doctors need to be initiated and evaluated. The results should be interpreted with caution as the study is based on a small sample of Canadian doctors limited to the Toronto area only, which limits the generalizability of the findings.

Alya and Anton (1997) conducted a study to explore the relationship between mental and physical health, type A behaviour, and burnout, 390 private and public elementary school teachers (average age about 37 years; 120 males) completed the Clinical Analysis Questionnaire (CAQ), Maslach Burnout Inventory, and Jenkins Activity scale and reported frequency of health problems in the last 12 months. Women reported more frequent health problems, depression and psychopathology, and less involvement in work.
Correlation matrices revealed significant relationship between index of psychopathology and emotional exhaustion, depersonalisation and personal realisation, and with frequency of health problems. Type A behaviour is more related to burnout among women.

In an another study by Iwata and Suzuki (1997) the relationship between role stress at work and mental health status (MHS), and the moderating effect of social support were examined in a sample of 256 Japanese bank workers. Regression Analysis reveal that role overload had the largest association with MHS and its interaction with coworker support was also significantly associated with MHS. Visual inspection indicates that this interaction should be regarded as a convergent relationship i.e. high coworker support would be effective to keep MHS at low to medium levels of role overload, but become less effective at a higher level of role overload. This relationship was replicated for male clerks, but varied for female clerks, and was not significant for male chief clerks or higher. This might suggest that contradictions in the moderating effects of social support reported in earlier literature from Western countries could, at least in part, be explained by differences in the types of stress, strain, and social support, as well as the situational context of the samples.

Johnson et al (1997) examined perceived sources of stress and satisfaction at work among 121 mental health staff members. Data were
collected as part of a questionnaire study investigating several areas including socio demographic and job factors, mental health, burnout, job satisfaction, and perceived sources of job stress and satisfaction. Results identified 5 factors that were derived from sources of work stress items (i.e. role, poor support, clients, future, and overload) and which accounted for 70% of the total variance. In addition, 4 factors were derived from the items related to the sources of job satisfaction (i.e. career, working with people, management, and money), accounting for 68% of the variance. Stress from "overload" was associated with being based outside an in patient ward, with emotional exhaustion, and with worse mental health. Higher job satisfaction was associated with "management" and "working with people" as sources of satisfaction, whereas emotional exhaustion and poorer mental health were associated with less "career" satisfaction.

Roeser and Midgley (1997) studied teachers' views of issues involving students' mental health. They examined (i) Regular classroom teachers' views of their role in promoting their students' mental health and feelings of burden associated with students' mental health needs, (ii) Teachers' beliefs and reported instructional practices associated with these mental health related beliefs; and (iii) the sensitivity of teachers to the mental health needs of individual students. To address teachers' sensitivity, 5th grade students whom teachers nominated as being able to benefit from mental health
services were compared to students who were not nominated on a series of teacher and student self ratings of adjustment. Survey result showed that a majority of teachers believed that addressing students' mental health needs was part of their role but somewhat burdened by these needs, especially in classes with students who exhibited greater difficulties. Teachers' sense of efficacy and reported use of task focused instructional practices were negatively associated with feelings of burden. Based on teachers' rating and students' self reports of adjustment, regular classroom teachers were good informants regarding which student was most likely to benefit from mental health services.

Goldenhar (1998) examined the impact of a number of job stressors, including sexual harassment and gender based discrimination on female construction workers’ level of job satisfaction and psychological and physical health. Results from a telephone survey with 211 female laborers indicated that having coworkers was related to greater job satisfaction. Increased reported psychological symptoms were also related to increased responsibility, as well as skill under utilisation experiencing sexual harassment and gender based discriminations from supervisors and coworkers, and having to overcompensate at work. Perceptions of overcompensation at work and job certainty were positively associated with
self report of insomnia. Finally, sexual harassment and gender discrimination were positively related to reports of increased nausea and headaches.

Kawachi et al (1998) examined the association between social networks and aspects of mental functioning (mental health, vitality and role emotional functioning) and the relationship between social networks and mental functioning in the presence of stressors in 47,912 healthy female registered nurses (mean age 58 years). The medical outcomes study short form health surveys measured S's dimensions of quality of life. It was observed that there was strong association between levels of social networks and multivariate adjusted quality of life scores, particularly in high stress situations. It was also found that the women who were most socially isolated had reductions in mental health and vitality scores and increased risk of limitation in role emotional functioning as compared to women who were socially integrated. This association is strongest for women reporting high levels of home and work stressors.

Munro and Rodwell (1998) examined the effects of occupational stress in psychiatric nursing on employee well being using the full job strain model. The job strain model was assessed for its ability to predict employee well being in terms of job satisfaction and mental health. The original job strain model was expanded to include social support and both work and non work
support were assessed for their contribution to well being. Sixty nurses from private psychiatric hospital were assessed using the General Heath Questionnaire-12. Results indicated that the Full Job-Strain Model can be used to significantly predict job satisfaction and mental health in this sample of psychiatric nurses. Furthermore, social support was shown to be an important component of the Job Strain Model.

In a study by Wressle and Oeberg (1998) 162 occupational therapists completed a stress questionnaire which included 49 stressors, along with questions about emotional/physical symptoms and discomfort feelings about work and perceived satisfaction. Results showed that only 2 of the 49 stressors (lack of resources and lack of time) were graded as high in affecting stress levels. There were significant correlations between high work satisfaction and low frequency of emotional and physical symptoms. High work satisfaction is related primarily to fewer emotional or physical discomfort or symptoms.

In some studies it has been found that higher socioeconomic groups had higher job satisfaction and due to this they have less psychological distress as compared to the lower socioeconomic groups. Frese (1999) did a longitudinal study with objective measures. Social support as a moderator of the relationship between work stressors and psychological dysfunctioning was examined. Stressors at work were
ascertained by observers and a variant of a peer rating. Psychological, physical, and social stressors at work and leisure time stressors were ascertained. The dependent variables of dysfunctioning were psychosomatic complaints, depression irritability and anxiety. There were moderator effects of social support on the relationship between stressors and psychological dysfunctioning. Results indicate that social stressors and socially oriented aspects of psychological dysfunctioning were affected most strongly.

Lituchy (1999) studied issues of occupational mental health among nurses in the Caribbean. A linear model linking role, work and social factors, stress, burnout, depression, absenteeism, and turnover intention guides the research. Data were collected from 119 nurses working for major hospitals located in St. Vincent and Trinidad and Tobago, using a field survey. Psychometrically sound instruments with cross cultural validity were employed. Descriptive statistics, correlations, and path analysis were used to analyse the data. Results indicate fairly strong support for the proposed model. Role conflict, role overload, and social support predicted stress, which, along with social support, predicted burnout. Burnout was the sole predictor of depression, which in turn predicted both absenteeism and turnover intention.

So on the basis of these studies we can conclude that stress is the main cause of mental ill health. Stress leads to less interest in job and as a result
the worker is not satisfied with his job and due to this more turnover and job dissatisfaction is observed. As the worker is not satisfied, the worker becomes tense and as a result it leads to lower mental and physical health. It causes strain over the worker and due to this accidents can occur. So, if the worker is satisfied with his job it leads to more production and the worker works with full interest. And due to this his general and mental health will also be good.

In this way, there is lot of information indicating that mental health is highly influenced by stressful events at work and living places.

Keeping this background we may now formulate the problem and hypotheses of the present investigation.