CHAPTER I

INTRODUCTION
AND
REVIEW OF LITERATURE
Concept of illness goes back to the existence of mankind on earth. People of those days were not acquainted with the etiology of the health problems due to lack of knowledge and not able to evolve remedial methods to alleviate their sufferings. As far as the life instinct is concerned it can be traced back from the day when first death occurred on earth, perhaps this horrible experience created an intense feeling in the minds of people to protect their existence on the earth, and this compelling demand on their part forced them to search out the possible remedies of those ailments that have caused death. Since then people begun to explore remedies of various kinds of illnesses and tried out different varieties of herbs and plants. When they knew the usefulness of herbs and plants the process of exploration begun and led to innovations of some effective remedies of their illness. It has been a continuous effort of men since their existence to survive longer and prevent death as long as possible.

Gradually with the process of social change people moved from their uncivilized way of living to civilization and vis-a-vis their mental faculties also developed and as a result of it they started analyzing things in terms of how and why, it gave birth to scientific investigations of various types of questions raised by themselves. Constant efforts and experiences of people brought out dramatic changes in their life style. Growing demands and changing value systems due to the process of modernization forced people to adopt new ways of living. Gradually people moved from individualistic work systems to corporate life, that have brought tremendous changes in the overall life patterns of individuals. While working in an organization people have to face various types of stresses related to the working conditions, leadership styles, work pressures and so on. Moreover, the stress which an
individual experiences at the workplace is of paramount importance because it not only changes the lifestyle of the person rather it becomes a major cause of his physiological and psychological illness. Various kinds of physical and mental ailments are commonly observed among employees but more specifically among executives because they are often subjected to mental tensions, anxieties, depression and frustration in this competitive industrial era. The commonly observed health related stressors found in the organizations are extra effort i.e. employee is compelled to manage extra work within time limits, excessive work load, worries and anxieties. When people fail to express their aggression externally they tend to internalize it which results in disturbed functioning of the vital organs of the organism. This frequent disturbed functioning may appear in the form of increased blood pressure and heart rate. Various other physiological symptoms are also resulted from stress such as headache, insomnia, lack of appetite, digestive disorders, coronary heart disease, sexual problems, temperamental changes, work related symptoms which are psychological in nature are lack of concentration, distortion of thinking and decision making, frequent absenteeism, affected team work, aggressive behaviour and so on.

A large number of researchers took interest in studying the phenomenon of stress because it has posed various types of threats that make the life of employees at jeopardy. Employees can resist stress only to a tolerant limit and if stressors are not identified in the organization it would have severe consequences on well-being of its employees. Keeping this aspect in mind researchers in the field of organizational behaviour contemplated to find out the effect of various types of stressors on health. Hence, the present study is planned to explore 'The Effects of Organizational
Role Stress and Perceived Organizational Climate on Employees Health. Organizational role stress and organizational climate have been taken as independent variables and health as dependent variable. The term health includes both physiological and psychological aspects, therefore, in the present study health has been studied in terms of both physical and psychological health.

PHYSICAL HEALTH

When we talk of stress it refer to all those conditions prevailing either in the environment or in the organization that became the basis of one's restlessness, discomfort, tension, and they also frustrated and exhausted the capacity of a person to deal with the stressful situations, this type of failure as experienced by employees likely to develop more susceptibility to physical and psychological problems. In addition to it, adverse effect of stress also much depends upon the way a person perceives and interprets the stressor, and to the extent to which he thinks he is able to manage the prevailing threat.

Whenever, a person is under stress the immediate reaction of his body is the changes in physiological functioning of various parts e.g. increased blood pressure, heart rate, breathing rhyme, perspiration and inhibited digestive process. These physiological symptoms resulting from stress may be misinterpreted by the person as symptoms of physical illness (Taylor, 1986). Siu and Donald (1995) interviewed 142 male and 190 female Hong Kong workers to find out impact of stress on health. The most common health complaints they found were muscle ache, nervousness, headache and gastro-intestinal problems.
It has been identified that stress also suppresses body's immune system, which consists of white blood cells (W.B.C.) and protects the organism from various types of infections. Stress reduces the level of WBC and thus body is exposed to various forms of diseases through invasion (Jemmott & Locke, 1984). Some researchers are of the view that suppressed immune system have been found among divorced, separated, lonely and also among those who persons are taking examinations (Kennedy et al., 1990).

It is also observed by researchers that male and female react differently to similar stressors, susceptibility to health problems among females is greater than males. Women more often exaggerate their symptoms of illness and desire medical help even in case of mild illness. Dunnell and Cartwright (1972) reported that medicine consumption among females is higher than the males in case of similar health problem. Apart from higher rate of consumption of medicines the longer life span of women may be attributed to the fact that most of their problems are of mild in nature. Due to hormonal differences women can resort to fatal diseases as oestrogen provides them protection (Rodin and Ickovics, 1990). On the other hand shorter life span of males has been interpreted in terms of more susceptibility to heart diseases and lung cancer owing to smoking, drinking, fast driving, competitiveness and all aspects of traditional masculine way of living (Waldron, 1976).

Researches revealed that health is highly correlated with social class. The working class people are much affected and become ill as compared to middle class people. The most commonly found illnesses which may be the cause of the death of working class people include - heart disease,
pneumonia, cancer, respiratory problems, ulcers, skin problems and so on. The reasons of their worse health may be attributed to over-crowded living place, malnourishment, hazardous working conditions etc. (General Household Survey, 1980). Susceptibility to illness is relatively low among middle class people because they are more conscious in availing the medical facilities, and they take more preventive measures through timely vaccination and medical examination (Black, 1980).

Aging itself invites various types of diseases because with the growing age people develop more susceptibility to frequent illness. Ellison (1969) reported that socially detached persons and those individuals who think that they have lost their health and worth, show less willingness to live. Stress plays a vital role as far as the etiology of various kinds of health problems is concerned such as - headache and migraine, hypertension, coronary heart disease, infectious diseases, ulcers, cancer, respiratory disease etc.

In the state of anxiety there is continuous contraction of the muscles of the head and neck that leads to headache. Headache may also be caused by mild stressors of work place. Ulcers are caused by intense stressors that secrete acids in the stomach which may damage the mucous stomach lining. Coronary heart disease is now a major health problem developed due to various stressors that people experience at work place such as anxiety, depression and hypochondriasis (Jenkins, 1971). Those people who are frequently exposed to stressful situations usually found their blood pressure high (Dastoor, 1986). Stressful life events, very weak or almost no social support, unassertive and passive personality may likely to develop any kind of
cancer because stress suppresses body's immune system and allows the cancerous cells to multiply within the body and makes the person prone to develop cancer.

All work related disorders and illnesses are not reported properly. Pransky et al. (1999) describe a case study of three industrial facilities in order to illustrate the extent of under reporting of work place injuries and illnesses and reasons for its occurrence. Although less than 5% of workers had officially reported a work related injury or illness during the past year, over 85% experienced work-related symptoms, 50% had persistently work related problems, and 30% reported either lost time from work or work restrictions because of their ailment. Workers described several reasons for not reporting their illnesses including fear of reprisal, a belief that pain was an ordinary consequence of work activity or aging, lack of management responsiveness after prior reports and a desire not to lose their usual job. Interviews with management representatives revealed administrative and other barriers to reporting, stemming from their desire to attain a goal of no reported injuries, and misconceptions about requirements for recordability. The corporate and facility safety incentives appeared to have an indirect but significant negative influence on the proper reporting of work place injuries by the workers.

Investigators observed a relationship between work and health, for instance, repetitive work influences the venous blood concentration of adrenocorticotropic hormone (ACTH), DHEA-S, IgA, prolactin, and testosterone as well as perceived mental effort and perceived physical exertion in the working hand, forearm and shoulder (Schacke, 1998).
The "International Commission on Occupational Health" was founded in 1906 in order to solve the problems caused by occupational injuries and diseases. Now it has became a multidisciplinary society, which is present in 90 countries, where researchers, government authorities and practitioners are coexisting in a permanent exchange between practice and research. It is composed of international scientific committees that organize regular conferences and meet after every three years on the occasion of the great International Congress on Occupational Health. Owing to the changes due to the new technologies of work and to the globalization of economy, the orientation of its activities is in progress. Its emphasis is mainly on prevention in occupational health, and opening of a new field of research on the psycho-social factors and work organization (Caillord, 1999).

Reifman et al. (1991) surveyed married professional women to investigate what types of occupational and role-conflict stresses are associated with physical and depressive symptoms. They identified six stress indices that predicted physical and depressive symptoms, both concurrently and one year later. These stresses reflected perceptions of lack of authority and influence on the job, sex discrimination, a heavy work load, work imposing on relaxation, family imposing on relaxation and overall suffering from role conflict. Research on women and stress suggests that working women generally enjoy better health than those women who work at home, although working women do experience stress stemming from low pay, less job security, lesser mobility prospects, pressures of combining work and home responsibilities and sexual harassment (McDaniel, 1993).
Aston and Lavery (1993) examined the possible benefits of the work place experience for women in terms of rewards and concerns intrinsic and extrinsic to the job. Intrinsic factors were generally related to psychological well-being, while extrinsic factors were more closely associated with physical health.

Work overload plays an important role. Managers who stay longer at work place, receive more phone calls, visitors and hold frequent meetings have been found to smoke and drink more to avoid their stress. When they are overloaded due to higher job demands their cholesterol level and blood pressure are increased and in result of it they are more prone to develop heart problems (Cooper and Marshall, 1978).

Employees usually come under stress when they feel that they can not enjoy freedom to act in their own desired ways. Less or no participation in decision making also has its adverse effect on their health. Some studies were conducted to find out the difference, if any, between those groups of employees who have high and low autonomy. The study revealed that employees with low autonomy were suffering from high blood pressure and other physiological problems (Steptoe and Appels, 1990). Some researchers reported that managers and supervisors who owe more responsibility suffer from high blood pressure, high cholesterol levels because in rendering their responsibilities they experience extra tension and worries (French and Caplan, 1970).

Argyle (1989) observed that physical stressors at work place also cause health problems such as, high temperatures in steel industries, dust in coalmines, higher noise in factories, exchange of shifts, etc.
Robinson and Inkson (1994) investigated the relative influence of various stressors, individual difference variables, lifestyle and coping variables in the overall health of chief executive officers. They measured chronic and episodic non-work related and work related stressors; trait anxiety, locus of control, and Type A, Type B personality; life-style habits; physical health, and coping mechanism. Results showed that, as far as physical health is concerned, current work place stressors played little part in the genesis of illness, non-work related stressors, especially chronic ones, appeared more potent forces leading to ill health. Physical health risk was significantly reduced by the practice of healthy lifestyle habits.

Identity theory postulates that the psychological importance or salience of the job role may intensify relationships between job stressors and employee health. Some researchers tested the moderating influence of job involvement on the relationships of work pressure, lack of autonomy and role ambiguity to depression, physical health, and heavy alcohol use. It was found that specifically, high levels of job involvement exacerbated the relationships between role ambiguity and physical health, role ambiguity and heavy alcohol use, and work pressure and heavy alcohol use (Frone et al., 1995).

PSYCHOLOGICAL HEALTH

In this most scientific and technologically advanced era the life of people has become very much complex due to increasing demands and changing value systems. People encounter numerous types of challenges related to their work place and society and make all possible efforts to attain success in their lives. The progress which has taken place in the organizations
has shaken the overall personal and social life of the individuals working in them. These stressors not only affect the somatic functioning rather they also affect the persons peace of mind. That is why, psycho-somatic disorders are now increasing irrespective of the person's position in the organization. The term psychosomatic refers to the impact of psychological processes on physiological functioning of the person.

Psychologists are of the view that when pathological symptoms such as tension, anxiety, depression etc. are absent the person is considered as psychologically healthy. "Psychological Health" refers to the full and harmonious functioning of the total personality, which gives satisfaction, and a sense of fulfilment. Kornhauser (1965) defined psychological health as, "those behaviours, perceptions and feelings that determine a person's overall level of personal effectiveness, success, happiness and excellence of functioning as a person". It also depends on a person's ability to set and achieve his realistic goals and thus develops a sense of confidence in himself which is helpful in maintaining the sound psychological health.

In modern psychology efforts have been made to look into the problems of psychological health from the viewpoint of three models that explain the mechanisms involved in understanding the problems of psychological health. The mechanical model emphasizes man as a reactive being, governed by stimulus-response (S-R) phenomenon. No doubt it is a scientific explanation of behaviour but it is difficult to solve all the problems related to psychological health by means of this model. As far as the Dynamic model is concerned man is governed by his wishes, urges or impulses which he himself does not want to recognize because of social pressures. When he
is not able to express such animalistic desires due to cultural pressures he is likely to use defense mechanisms in order to repress these desires. The Humanistic model focuses on the man's natural tendencies of self-direction and self-fulfilment. People gather experiences while interacting with others and retain important ones because they are helpful for their self-direction. They ignore unimportant experiences because they do not find them helpful in life.

Dohrenwend (1975) observed that people belonging to middle class showed greater degree of anxiety and psychotic affective disorders, while working class people were found having poor psychological health in comparison to middle class (Warr and Payne, 1982). They also showed schizophrenic symptoms, depression, alcoholism and even higher rates of crime.

Studies revealed that men and women differ in terms of their psychological health. Women seem to be more depressed than men whereas men may have criminal tendencies or may become alcoholics (Argyle, 1987). On the other hand Brown and Harris (1978) found higher degree of depression among those women having weak or no social support at home, no job and small children.

The study conducted by Kessler and McLeod (1984) reported that women were more disturbed by death of someone very close and by problems of the social network because they are more emotionally involved in maintaining social relationships, whereas men respond conversely.

Study conducted by Nolen-Hoeksema (1987) indicated that depressed women tried to overcome their depression by involving in talks
and crying. In this way women adopt catharsis, whereas, men responded differently as they involved in physical activities and avoided thinking about the causes of depression.

Stress pertaining to social relations or at work place plays crucial role as far as development of psychological disorders are concerned. The study conducted by Rabkin and Struening (1976) revealed that a relationship exists between depression and stressful situations and further, the level of depression increases when a person experiences that his social life is damaging. Another investigator obtained that damaged social relationships increase the suicidal tendencies and anxiety (Paykel, 1985).

It is now pervasively explored phenomenon that the major sources of stress are associated with the job of people working in various types of organizations. Different jobs create different levels of stress among people depending on the way they look at their jobs. Medical professionals and administrators showed symptoms of burnout resulting from stressful working conditions because they have to come in contact with a large number of clients. By meeting and solving the problems of their clients they feel emotionally exhausted, depressed and alienated (Maslach and Jackson, 1982).

Schonfeld and Ruan (1991) suggested an alternative design in conducting longitudinal and cross sectional research on the effects of occupational stressors on the psychological and physical health. Analyses suggest that adverse working conditions exert a relatively immediate effect on depressive symptoms in teachers. Some studies revealed the impact of environmental satisfaction and environmental awareness on psychological
health. Environmental satisfaction when compared to awareness yielded better prediction to psychological health (Chatterjee and Roy 1991).

Srivastava (1991) examines the effect of avoidance and approach modes of coping in relation to organizational stress and psychological health. Role stress was found positively related to psychological illness. Stress from role ambiguity and role stagnation correlate intensively with psychological illness. The approach group experienced more role stress than the avoidance group, but they scored lower on psychological health than the avoidance group. Findings suggest that the approach coping strategy contributes to immediate perceived stress but in the long run reduces tension and anxiety. Avoidance strategy however, may reduce immediate stress, but in the long run contribute to greater tension and anxiety.

Mishra and Somani (1993) found a negative correlation between occupational stress and positive psychological health. A positive relationship between psychological health and work performance was established by Wright et al. (1993).

Rout and Rout (1994) compared the results of a 1993 survey and a 1987 study to compare the measures of job satisfaction, psychological health and job stress among general practitioners (GPs). General practitioners experienced less job satisfaction, poorer psychological health and more stress in 1993 than in 1987. Female GPs reported lower scores on depression than males. Males had higher free floating anxiety than males in the normative population. Changes in results of the studies may be related to the introduction of the new contract, fund holding, community care and increased patient demands.
Bogg and Cooper (1995) compared occupational stress, job dissatisfaction and psychological and physical health among civil servants and private industry executives. Civil servants showed more job dissatisfaction and psychological and physical ill health than their private sector counterparts. Civil servants also perceived more stress that was found associated with the factors intrinsic to their job, such as lower pay and working conditions, and felt less control over their job and organization. Organizational climate appears to strongly influence job dissatisfaction among civil servants.

Martens et al. (1999) examined the relationship between health complaints and flexible work schedules. Patients working rotating shifts, compressed weeks, and irregularly changing hours showed significantly more health complaints, more problems related to their psychological performance, and more sleeping problems than a control group of workers with non-flexible work schedules. Patients who were working on temporary employment contracts showed significantly more problems with their psychological performance.

Some investigators reported that the kind of support people obtained from family, friends, colleagues likely to reduce the influence of stress on health. If there is close relationship between the life partners it has moderating effect and much helpful in alleviating the degree of stress. It was also found that personality characteristics of a person and his past and present experiences also influence the management of stressful events by making the person less or more vulnerable to stress (Brown and Harris, 1978).
Though support from life partner is important in relieving the stress, support from friends and neighbours also make the people as psychologically healthy as those who are married people (Lin et al. 1979). Researchers attempted to differentiate the influence of family support and work support in reducing the intensity of stress. Supervisors and work mates were found more helpful in reducing the mental sufferings in comparison to family members because they could not do much with the problems related to work (House, 1981). It was also reported by Argyle (1989) that work related stress has least harmful effect on psychological health when people enjoy good companionship at workplace. Iwata and Suzuki (1997) examined the relationship between role stress at work and psychological health status and moderating effect of social support, they found that high co-worker support would be effective to keep psychological health at medium levels of role overload but becomes less effective at a higher level of role overload.

ORGANIZATIONAL ROLE STRESS

This is the age of "Stress" contends modern thinkers. The above observation is a mistaken belief of the present contemporary behavioural scientists and thinkers who opined that stress is the outcome of the modern high tech era, though the fact is that it has never been non-existent but little known and relevant phenomenon in the past. However, the phenomenon of stress has always been an integral part of human being as it has its genesis since the dawn of human civilization. In all ages there have been stress but severity would have been lesser successively in the ages we are going back. In pre-industrialized age stressors, factors, reasons or causes which could have lead to the development of stress were quite a few and simple because at that
time individuals' life was also very simple and he was confined to the acquisition and satisfaction of basic needs and requirements. But as the mankind started proceeding towards high tech and cybernetic era their societies and patterns of life started getting changed towards more complexities hence stressors also multiplied in number and strength.

The word stress is a derivative of Latin word "Striangere" means "to draw tight". Psychologists, sociologists, scientists and management experts have borrowed this term from material scientists and made it a part of their own technical terminology. Engineers and material science experts have defined the term as "the force per unit area which tends to distort the body". First of all, Hans Selye (1936) introduced the concept of stress in life sciences, that is why he is called the "father of stress", Selye viewed that, "any external event or internal drive, which threatens to upset the organismic equilibrium is stress".

In the words of Lazarus (1960), "stress occurs when there are demands on the person which tax or exceed his adjustment resources". Machanic (1962) gave the response based definition of stress as, "the discomforting responses of persons in particular situations".

Spielberger (1971) defined stress as, "the external forces that act on an individual, i.e., the objective properties of environmental or stimulus conditions that are characterized by some degree of objective danger".

Mason (1975) surveyed literature on stress, and reported that stress has been variously referred to (a) stimulus or external force acting on the organism, (b) response or changes in the physiological functions, (c) interaction between an external force and resistance opposed to it, and (d) more comprehensive combinations of the above factors.
Stimulus based concept of stress refers to certain types of situations which are more threatening in nature such as natural calamities, rejection, failures in life, etc. Defining stress from this point of view undoubtedly produces certain complexities because all of us never react uniformly to different situations and our reactions do not depend on stimulus situations, rather on the way we look at the situation. So it is not so simple to conceptualize the concept of stress emphasizing the stimulus factor alone.

Response based explanation of stress involves the occurrence of various physiological and behavioural changes caused by unusual demands or threatening situations. Increased blood pressure, breathing, pulse rate, skin conductance etc. are the main physiological changes that signify that organism is under stress. This response based definition also has certain difficulties as physiological changes may also occur in some other situations such as in doing physical work, running and exercise. So physiological responses that are the result of these activities can not be the only basis that person is under stress. Psychologists, now, are of the view that stress can neither be understood fully in terms of stimulus nor with regard to response alone, rather it must be understood in terms of interaction between the stimulus and response.

McGarth (1976) explains, "there is a potential for stress when an environmental situation is perceived as presenting a demand which threatens to exceed the person's capacities and resources for meeting it, under condition where he has expected a substantial differential in the rewards and costs from meeting the demand versus not meeting it".
According to Schuler (1980), "stress is a dynamic condition in which an individual is confronted with an opportunity, constraint, or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important".

In the foregoing discussion we have mentioned conceptual meaning of the term stress. Now it is also imperative to explore the terms used by ancient Indian scholars to explain the phenomenon of stress. Attempts were made by Rao (1983), and by going through Samkhya and Yoga systems, he emphasized two Sanskrit terms - Klesa and Dukkha that seem similar to the concept of stress. The Samkhya system defines, the interaction of a person with his environment, as a primary cause for the feeling of stress. Rao discussed three types of stress - personal (adhyatmik), situational (adhibhotik) and environmental (adhidevik). Personal stresses are of two types - physiological and psychological. Physiological stress generated due to the imbalance among three physiologic constituents - vata, pitta, and kaph. Psychological stress may emerge from the emotional states of greed, lust, fear, jealousy and depression, 'Unwholesome interpersonal transactions', that produced conflicts, competitiveness, aggression, are the reasons behind situational stresses. Environmental stresses may arise from natural disasters, earthquakes, storms, too hot or too cold temperatures etc. All these stressors operate differently in terms of their intensities and strength such as after a lapse of time a more powerful stressor may become less powerful and less intense stressor may emerge as more intense.

Palsane(1993)also discovered numerous terms which are related to the phenomenon of stress, these are - dukha (pain, misery or suffering), klesa
(afflictions), kama or trisna (desire), atman and ahamkara (self and ego), adhi (mental aberrations), and prajnaparadha (failure or lapse of consciousness).

Wolf and Goodell (1968) stated that stress is an inherent feature of life. He emphasized that different stressors will be experienced differently by different persons because each individual has diversified past experiences and personal characteristics. Further he reported a direct relationship between life stress and coronary disease.

Factors responsible for the emergence of stress are termed as 'stressors', they may be of various types i.e. physical, environmental, social etc. These stressors may come up as a basis for a variety of physical and psychological responses. Any kind of change occurs in the environment, either pleasant or unpleasant, requires some coping on the part of the person. He has to develop his own ways to cope adaptively and thus maintain his equilibrium.

Hans Selye (1956) termed body response to stressor as, 'General Adaptation Syndrome (GAS)', which consists of three stages - alarm reaction, resistance, and exhaustion. This three phase response to stress incorporates a set of physical and chemical changes that prepare an individual to fight or flee.

Pestonjee (1992), a pioneer in the field of stress has identified three sectors of life in which stress originates - (a) job and the organization (b) social sector, and (c) intrapsychic sector. All aspects of the work environment represent job and the organization sector. The social sector encompasses socio-cultural factors i.e. caste, language, food habits, etc. Intrapsychic sector emphasizes intimate and personal factors like attitudes,
temperament, interest, health etc. It is usually observed that stress may emerge from any of these sectors or combinations thereof.

Organizations are the major source of stress. People join organization in various capacities and potentials and have to perform different tasks assigned to them. Joining an organization also results in the restriction of people's freedom as they do not act according to their own wishes rather they have to follow some laid down rules and regulations. Since stress is inevitable at work place, employees experience different types of work related stressors, which compel them to evolve their own strategies to adapt. An employee who is persistently exposed to threatening job conditions, may ruin his whole personality. For instance, when a new technology is introduced in an organization, it may be welcomed by some employees and may be rejected by those who do not want any change. If they are forcibly compelled by management to accept the change then it may become intense stressor and have ill effects on the well-being of employees. Various types of stressors are found in organizations but most commonly observed are - work overload, unfavourable work climate, role-ambiguity, non-supportive superiors, change of any type, etc.

Frew and Bruning (1987) had identified six categories of stressors which serve as a basis of organizational stress -

**Task demands** are related with different aspects of a person's job, such as autonomy, automation, task variety, physical working conditions and interdependence of different tasks. High temperature, intense noise, overcrowding and frequent interruptions may also arouse high degree of anxiety.
Stressors associated with interpersonal demands include poor social support from peers, inadequate interpersonal relationships, and undue pressure created by one employee on the other.

Role demands are the forces exerted on a person by the particular role he performs in the organization. Role demands are usually seen in the form of role conflict, role overload and role ambiguity. Role conflict refers to the expectations that the employee is not able to fulfil. Role overload can be experienced by the employee when it is expected that he must do more than the specified time permits, and when the role of an employee is not clearly defined he may experience the feeling of role ambiguity.

Several aspects of organization structure may also serve as a potential source of stress, such as job hierarchies, rules and regulations, company policy and lack of industrial democracy.

Organizational leadership refers to those factors which emerge from the functioning of the top officials. Their style of working may create a culture of fear, depression and anxiety, and may also impose unrealistic pressures on the employees by exercising tight control and frequent punishment.

Organization's life stage, that consists of establishment, growth, maturity and decline stage, poses many kinds of problems for employees. Out of these four, the establishment and decline stages are usually more stressful because establishment involves more excitement and uncertainty, while decline stage often requires downsizing, layoffs and various other uncertainties.
The theory of organizational stress propounded by Edwards (1992) explains that "stress is experienced when there is a discrepancy between an employee's perceived and desired states, provided that the presence of the discrepancy is considered important by the employee". He also stated that stress not only damages the physical and psychological well being but it also activates coping.

An organization consists of four interacting sub-systems of people, structure, technology and environment that work together to achieve some desired goals. Effective and smooth functioning of the organization not only depends on cheap and best raw material, latest technology or healthy working conditions, rather behaviour of employees also plays a crucial role. Several social, physical, and psychological factors that are the part of working environment influence employees' behaviour. An organization may be viewed as a system of roles and it is the role through which an individual gets integrated with the organization. Banton (1965) gave the concept of three kinds of roles - basic, general and independent. Pareek (1976) used the term 'role' to indicate the position of a person in the system. Later on in 1993 Pareek discussed an individual's role in terms of two role systems - role space and role set. Every person plays various roles, for instance, a man may play a role of an executive, father, husband, member of a social institution and so on. All these roles constitute role space of the person. 'Self' is in the centre of the role space, therefore, role space has been defined as, "the dynamic interrelationship both between the self and the various roles an individual occupies, and amongst these roles". The relationship between role and other roles is termed as 'role set'. Menon (1957) employed the term role
set for the first time and defined it as, "the compliment of role relationships which persons have by virtue of occupying a particular social status".

Role of a person in an organization can also be defined in terms of the expectations of other roles and of person himself. An individual's expectations from his role are termed as 'reflexive role expectations' (Kahn and Quinn, 1970). Katz and Kahn (1966) gave the term 'focal person' for the role occupant and 'role sender' for significant role in the role set.

Gratification of various physiological and psychological needs of a person depends on the roles he has to play in society. This interaction of his personality, roles and society helps him to attain various levels of satisfaction i.e. - full, partial, no satisfaction, or dissatisfaction. Sometimes the needs, values, or abilities of a person may be in contrast to his role and it may become a great source of stress. A good number of research studies have been conducted by various investigators pertaining to these factors. Siegrist and Klein (1990) analyzed the influence of chronic occupational stress on cardiovascular reactivity in healthy male blue-collar workers. They found that subjects with high levels of occupational stress exhibited blood pressure elevations under challenge than did subjects with low levels of stress.

Srivastava and Krishna (1991) examined the relationship of different degrees of occupational stress with job performance of technical workers in a locomotive industry. It was found that subjects who experienced moderate level of stress performed their job most efficiently and, low and high occupational stress correlated positively and negatively respectively with the job performance.
It was found by Steffy and Laker (1991) that role stressors, perceived employment insecurity, and recent stressful life events lead to greater alcohol intake and a propensity to use alcohol to relax and cope with work and personal tensions, also excessive work load did contribute to subjects use of alcohol as a coping mechanism. Vander and de Heus (1993) examined the difference between male and female Dutch managers in work stress, social support, and strains. They found that although both work and life support were negatively correlated with work stress, only work support was strongly related to each measure of strain. Terry et al., (1993) hypothesized that high levels of work stress would have a negative impact on job satisfaction and psychological well-being and availability of work related support from supervisors buffered the negative effects of work stress i.e. role conflict and work overload.

Work related stress costs extensively to individuals, organizations, and society, through its adverse effects on employee productivity, absenteeism, health, and well-being. Spielberger and Reheiser (1994) measured perceived psychological severity and anxiety of 30 job stressor events, using men and women as subjects working in university and corporate settings. They found that overall stress levels were similar for men and women but gender differences were found in perceived severity and frequency of occurrence of individual stressor events. Male and female managerial subjects reported experiencing the occurrence of the 30 job stressor events much more frequently in comparison to the clerical staff.

Williams et al., (1997) found that high job demands and low decision latitude were correlated with a pattern of psycho-social factors consisting of
increased levels of negative emotions (for instance - anxiety, anger, and depression), reduce level of social support, and negative feelings in dealing with coworkers and supervisors. Schnall et al., (1998) also yielded evidence that supported the hypothesis that job strain is an occupational risk factor in the etiology of essential hypertension.

Some of the research studies discussed above reveal that stress and job strain play a crucial role in the development of coronary heart disease. Some researchers are of the view that social support can mediate the adverse effect of stress on coronary heart disease (CHD), for example, Eriksen (1994) reviewed researches conducted on the relationship between social support, CHD mortality/morbidity and CHD risk factors, and found that many studies showed a negative correlation between the level of social support and CHD mortality/morbidity. This conclusion was supported by several investigators indicating that social support moderated the potentially harmful negative emotions and harmful cardiovascular response to psychological challenge (Friedman and King, 1994).

Rajendran et al., (1997) measured occupational stresses and different coping strategies employed by executives during stressful encounters. They used two groups, one group consisted of executives suffering from neurosis and another control group. They found that two groups differed significantly in the areas of work, role ambiguity, poor peer relations, low status, strenuous working conditions, responsibility, underparticipation and powerlessness. Significant differences were also found between action strategy and interpersonal strategy of coping used by comparison groups.
Social support, if given to any person, not only reduces the chances of developing coronary heart disease but it may also be helpful in lessening the overall work stress. Singh and Arora (1998) explored the relationship of job stress with social support among Indian nurses. Finding revealed that nurses scoring high on social support experienced less work stress such as role conflict, role ambiguity, role overload, and underparticipation stress. Role conflict has been found as one of the determinants of job performance and job satisfaction.

Fried et al., (1998) studied the interactive effect of role conflict and role ambiguity on job performance among the employees of an Israeli industrial organization. Obtained results supported the hypothesis that simultaneous increases in both role conflict and role ambiguity are associated with lower levels of job performance. Chiu (1998) was also of the view that work conflicts, family conflicts as well as inter-role conflict influenced job satisfaction and marital satisfaction.

Very recently Narayanan et al., (1999) studied stressful incidents at work for three different occupations - clerical staff, university professors and sales associates. Results of the study revealed both similarities and differences in stressors and coping techniques reported across occupations. Lack of control and work overload were reported as major stressors by the clerical group and interpersonal conflict as major stressor by academic and sales groups.

It is now a well explored fact that organizations create a lot of stress, among employees of all categories but mostly among executives as stress hampered the normal functioning of these employees. Research conducted
by Edwards and Rothbard (1999) also indicated that work and family are the significant sources of stress. Ostell et al., (1999) tried to explore the ways of handling damaging emotional reactions at work, and also examined the management of emotional reactions of colleagues, subordinates, and managers. Findings of their study suggested various ways that not only enable people to fulfill their job demands but also help them to avoid the adverse consequences of unregulated emotional behaviour.

Though work is a primary contributor of stress, type of organizational structure also generates work stress, for instance, Melin et al., (1999) investigated the psychological and physiological stress responses of workers, working in two forms of organizations i.e. assembly line and flexible work organization. All subjects in the flexible form reported significantly more variation, independence, and abilities to learn new skills at work, while successive self-reports of tiredness increased significantly more at the assembly line. Systolic blood pressure, heart rate and epinephrine increased significantly during the work shift at the assembly line but not during work in the flexible organization.

ORGANIZATIONAL CLIMATE

Organizations are the coordinated social units created by people having definite objectives or goals which can be achieved by the employees working at different position or levels. An organization to be consisted of five components - structure, culture, system, leadership behaviour and employees' psychological needs. Interactions between these components results in the formation of organizational climate, that emphasizes the role of perception of organizational components as an intervening variable. As
stated by Litwin and Stringer (1968) the organisational climate is "a set of measurable properties of the work environment perceived directly or indirectly by the people who work in that environment and which influence their motivation and behaviour".

Since the achievement of organizational goals much depends on the healthy and conducive organizational climate therefore, psychologist, organizational behaviour people, management experts always try to improve climate of an organization through improving superior - subordinate relationship of the organization. This improved superior - subordinate relationship results in improved employees' motivation, morale, satisfaction and performance. People possessing various kinds of skills, expertise and knowledge join organization to gratify their physiological and psychological needs. It is not necessary that the needs of the employees can be fulfilled in accordance with their expectations because they have to face perceptual or real problems while interacting with their superiors and subordinates. If employees do not get support from their superiors or there are rare promotional avenues, poor peer relationships, insufficient financial benefits they become dissatisfied and may think to switch over to other organization where they expect greater support and various types of benefits. A good organizational climate retains its employees and also attracts talented people to its fold and improves overall functioning of the organization.

Development of a congenial organizational climate is a long term process and it should be protected by the management because it may ruin due to negligence and consequently organizational goals may be hampered. A sound organizational climate itself becomes a motivator for the employees
so, management in all types of organizations now is not in the favour of using bureaucratic work methods to obtain quality productivity because it is not beneficial in the long run, but making the organization more conducive or favourable to its employees would result in long-term benefits and greater amount of quality productivity.

Behaviour of employees is contingent upon the climate of the organization, as conducive organizational climate functions as a connecting link between technology and leadership of the organization with the behaviour and motivation of employees. Though organizational climate has gained recognition in the field of organizational behaviour, but there is no single definition on which behavioural scientists agree. Several definitions have come into light in the research literature with diversified explanations.

Dessler (1976) attempted to classify various approaches of organizational climate into three categories - structural, subjective and synthetic. Structural approach states organizational climate in terms of enduring features of an organization that differentiate it from other organizations and significantly influence the behavioural patterns of its employees. Subjective approach defines organizational climate with reference to the feelings of the employees associated with the organization. Synthetic approach emphasizes both structural and subjective components. This approach maintains that organizational climate is the perception of employees regarding the leadership styles, communication system and other significant environmental factors, that influences their beliefs, values, attitudes and motivation (Litwin and Stringer, 1968). Thus perceptions, emotions and actions of employees are linked with such factors as structure, reward, autonomy, consideration, warmth, openness and support.
The researches conducted on organizational climate have been categorized into three categories - first category considers it as an independent variable that influences the job satisfaction and performance of employees. Secondly, it was studied as an intervening variable between managerial style and employee satisfaction or performance. Thirdly, organizational climate has been analysed as a dependent variable being influenced by structure, leadership style, technology and management practices.

Favourable organizational climate can be created through quality leadership, fair rewards, trust, opportunity for growth, smooth communication, better control, feeling of useful work, employee participation (Muchinsky, 1977). Other factors that make organizational climate more favourable are employees' feeling of personal worth, challenging work, more responsibility, they also want to be listened to and treated as an individual and their needs and problems should be properly considered by the organization. Sharma and Sharma (1989) examined the relationship of organizational climate with job satisfaction and job anxiety. Organizational climate was positively related to job satisfaction and negatively related to job anxiety in both officers and their subordinates.

In creating effective organizational climate participation of employees in decision making should be given due weightage because it helps in the development of strong mutual trust, confidence, sharing of responsibility, and good interpersonal relations between employers and employees. If it is done management can expect greater quality output, it will also reduce absenteeism and employees grievances.
Moran and Volkwein (1992) explored theoretical approaches to the formation of organizational climate, the process by which the perception of individuals is transformed into an organizational entity. Three traditional categories of such approaches, i.e. structural, perceptual and interaction, are examined, and a fourth the cultural approach is offered. Building on the interactive approach, the model incorporates the interaction of group members as a key determinant of organizational climate, posits that the predominant influence on these interactions is the shared knowledge and meanings presented by the organization's culture.

Litwin and Stringer (1966) studied three forms of climate - an authoritarian structured business, a democratic friendly business and an achieving business. They observed that climate significantly influence the behaviour of employees and their study revealed that employees under achieving business were most productive whereas democratic friendly climate produced greater work satisfaction among employees. Job satisfaction was also found related with the perception of climate. A climate high in trust and low in obstruction was closely associated with three dimensions of job satisfaction (Frielander and Margulies, 1969).

Some of the researches have yielded that role conflict and role ambiguity are caused by organizational structure. Usually two types of organizational structures prevailed - organic and mechanistic. Important features of organic structure include - implicit goals & directions, open communication, control & authority, low formalization & feedback, whereas mechanistic structure is characterized by different hierarchies for control, authority and communication, greater formalization, task differentiation,
professional expertise, vertical interaction and loyalty to superiors. Formalization and hierarchical structures were found associated with less role conflict and role ambiguity (Lyons 1971; House and Rizzo 1972; Steers and Koch, 1979).

Buck (1972) found that managers and workers both experienced greater job pressure, which was exerted by the non-considerate supervisor who always dealt with them strictly, never allowed participation in decision making, and did not permit them to perform their work in their own way. It is also observed that non-participation in the organization is the main cause of strain at work (Morgolis and Kroes, 1974).

Pritchard and Karasick (1973) found positive correlation between job satisfaction, job performance with some of the dimensions of organizational climate such as, with cooperation, level of reward, achievement, performance, reward dependency, social relations structure, flexibility, innovation and supportiveness. Status polarization and centralization of decision making are found negatively related with job satisfaction.

Beehr et al. (1976) reported that role conflict is positively related with various forms of strain - fatigue, complaints, depression and irritation. Similarly, Indian researchers also studied the impact of role ambiguity and role conflict and found that role ambiguity was positively related with deficiency in social and self-actualization needs, while it is negatively related with job involvement and intrinsic motivation. They also observed a negative correlation between job satisfaction and role ambiguity and role conflict (Harigopal and Ravikumar, 1978). Favourable organizational culture
is positively related with level of commitment though coercive supervision lead to low level of commitment (Das and Singh, 1978).

Dwivedi (1979) conducted a study on employees of a leading printing press to identify various important dimensions of organizational climate. He identified some of the significant characteristics of organizational climate in order of their magnitude, and these are -- warmth and adequacy of planning; risk and identity; intimacy; standards; production emphasis; spirit and structure; formalisation; thrust, support and tolerance of error; consideration and conflict; responsibility; selection based on ability and performance; reward; aloofness; hindrance; disengagement, conflict and inconsistency.

Marshall and Cooper (1979) are of the view that being a member of an organization is itself a potential source of stress because employees feel that their freedom, autonomy and identity are threatened by their employment. Least participation of employees in decision making process, ineffective communication, restrictions, rigid rules and regulations are the major sources of stress in the organization.

Nurturant task leadership was identified as an important variable with the assumption that this kind of leadership would be suitable for Indigenous organizations. Visualizing the unique socio-cultural context of values, needs and other related characteristics of executives, Sinha (1980) emphasized that this leadership style has two main components - concern for the task and a nurturant orientation. This nurturant task leadership style lays more emphasis on task completion and also on understanding of goals by the subordinates, that they not only understand but should also accept the goals and be
committed to them. This leadership style also incorporates nurturance i.e. leader cares for his subordinates, expresses affection, and shows his commitment for growth, well-being and development of people working under his supervision.

Organizational constraints and availability of required resources are of greater importance in influencing job performance of employees. Job performance would be better if less constraints and adequate resources are made available to the employees (Peter et al., 1980). Potential constraints of an organization include role ambiguity and role conflict. Role ambiguity has been found correlated with job dissatisfaction and job tension (Vansell et al., 1981). Employees with high role ambiguity reported higher anxiety, depression, physical symptoms, and a sense of futility. Many scholars also conducted studies related to job strain and found that role conflict is positively related with job strain and work alienation (Singh, et al. 1981). Srivastava (1983) found that white collar employees showed high degree of stress are also high on free floating anxiety. Chatturvedi (1983) reported that patients with psychosomatic complaints are more dissatisfied with their superiors and considered their jobs as over demanding.

Aresenault and Dolan (1983) attempted to find out the relationship of person-environment fit with job satisfaction and psychological health at work and observed poor psychological health and job satisfaction among those employees who perceived themselves as a part of poor person-environment. Parker and DeCotiis (1983) have conducted an exploratory study to find out the relation of time pressure and anxiety with several personal and organizational variables. Autonomy, stability, compensation
basis, task variety, superiors' support, and cohesiveness are found negatively related with time pressure, while hours of work per week, close supervision, indifference of corporate management, and supply support problems are positively related with time pressure. Anxiety has been negatively related with stability, compensation basis, formalization, concern for the individual, quality of training, and basis of promotion, while positively related with hours worked per week, indifference of corporate management, close supervision, supply support problems and role conflict.

Bedeian et al. (1983) also found role conflict as negatively associated with job performance. Jamal (1984) observed that the job performance is negatively related with role ambiguity, role overload, role conflict, and resource inadequacy. Singh and Sinha (1984) have studied role conflict, role ambiguity, and job-person fit in relation to depression, debility and physical symptomatic strain and found a positive correlation among the variables studied. Srivastava and Pratap (1984) found positive relationship between job satisfaction and overall organizational climate for executives and supervisors and also concluded that communication, leadership, participation in decision making, goal-setting and control are related with job satisfaction.

Zastro (1984) has found job structural factors such as too long working hours, dead end assignments, isolation, impoverished social life are potential contributors to high levels of stress and burnout. Role stress and climate influence various aspects of work. A climate of warmth is found to be positively related with job satisfaction and negatively related with hostility and tension among young engineers at work (Keenan and Newton, 1984).
Job satisfaction and job performance have been found to be influenced by role conflict and role ambiguity. Srilatha and Harigopal (1985) have reported that role ambiguity and role conflict are negatively associated with job satisfaction, performance, pay, supervision, working conditions, colleagues, opportunities for promotion and with job as a whole. Singh (1988) attempted to ascertain the relationship of organizational climate and job characteristics with commitment among blue collar production workers, and found job security and grievance handling as important predictors of organizational commitment.

Ellis and Moon (1991) concluded that middle managers experience three types of role conflict bureaucratic role ambiguity, professional role incongruence and performance role discrepancy. Day and Bedeian (1991) investigated whether perceived psychological climate interacted with individual personality dimension in predicting the job performance. Their study indicated that overall climate significantly interacted with work orientation such that more positive climates were associated with better performance for high work orientation individuals regardless of tenure. Three specific organizational climate dimensions - warmth - support, reward, accommodation significantly interacted with work orientation in predicting job performance. Consistent with an interactional perspective, these results suggested a need to consider both personality and situational characteristics to better understand the job performance.

Biswa and De (1993) examined the influence of open climate and paternal climate on professional stress, and found that subjects in open climate experienced less composite professional stress, and found that
subjects in open climate experienced less composite professional stress, powerlessness and social isolation than subjects in paternal climate. Some researchers emphasized the need to combine power with organizational climate as managers at a higher level perceived more responsibility, reward and structure, warmth, identity are significantly related to the use of power (Malimath and Kumar, 1993).

Mehra (1993) showed that a group oriented attitude has a moderating effect on the relationship between intrinsic job satisfaction and perceived occupational stress which is attributed to the effective coping strategies of mentally healthy workers. Heaney et al. (1993) indicated that labour management relations influenced the impact of stress-reduction project. Involvement in participatory action research (PAR) stress reduction project enhanced not only subjects' participation in decision making, but also enhanced their perception of the climate, increased co-worker support and decreased depressive symptoms.

Raju et al. (1994) examined the influence of organizational level on stress in employees of a zinc manufacturing company, and findings of their study showed that subjects at higher organizational levels experienced significantly lower role conflict and role ambiguity than subjects at lower organizational levels. It is concluded that subjects promoted to higher organizational levels developed skills to cope with role conflict and role ambiguity and perhaps did not perceive the stressful nature of some events.

Knoop (1994) analyzed a hypothesis based on the F. Herzberg et al. motivator hygiene theory and found that twelve intrinsic work values investigated are negatively correlated with stress, but the four extrinsic work
values are not consistently related to stress. Four work values—being valued by others, achieving through work, doing meaningful work, and using one's knowledge and abilities, emerged as meaningful predictors of physical, emotional and psychological stress. Singh (1997) argues that stress in organizations can be alleviated by increasing control among employees. He discussed such empowerment strategies as role efficacy intervention, quality circles, empowering leadership and monitoring, that may facilitate employee participation in decision making.

Jagdish and Singh (1997) examined the moderating effect of hierarchical level on occupational stress and job satisfaction and found a significant relationship between job satisfaction and occupational stress. Tesluk et al. (1997) reviewed literature on the influence of organizational culture and climate on individual creativity. Although often treated interchangeably, culture and climate are distinct constructs operating at different levels of meaning, yet, they are also closely interrelated. Culture comprises beliefs and values held by management and communicated to employees through norms, stories, socialization processes, and observations of managerial responses to critical events. The beliefs and values that typify a culture for creativity become manifested in organizational structures, practices, and policies, which guide and shape individual creativity by creating a climate that communicates organizational goals regarding creativity and means to achieve them.

Hellesoy et al. (1998) raised a question - Are some people more prone than others to perceive hazards embedded in the same dangerous working environment? They conducted a survey on catering personnel
working on a drilling platform at the continental shelf in the North Sea, and found that some workers perceived hazards in their working environment more than others. Findings revealed that the worker segment prone to perceive high hazards reported a higher degree of burnout, anxiety, and depression than did the low-hazards perceivers and those with high hazards perception also were less satisfied with their stay on the platform and reported more health problems. These findings indicate that perception of hazards goes beyond mere cognition and taps into negative feelings and emotional states.

Peterson and Wilson (1998) presented a new theoretical model that emphasizes an anthropological approach to work related health issues. Based on current and emerging literature in organizational development occupational psychology and sociology, this model concludes that occupational health and organizational development professionals should focus their research and intervention efforts on understanding and addressing organizational culture from both an individual and an organizational health perspective.

Bennett and Lehman (1998) assessed individual drinking, co-worker drinking, task-oriented group-cohesion and five problem indicators such as job stress, withdrawal from the job, health problems, work accidents and absences. Drinking climate and individual job stress were negatively associated with cohesion and drinking climate combined with low cohesion resulted in increased vulnerability for all five problems. Moreover, cohesion appeared to alleviate the negative impact of exposure to drinking norms.
Ramachandran (1998) argued that to be an excellent supervisor does not always need training. More often it involves a continual practice of simple principles like having clear aims and objectives and effectively communicating them to others; creating an open atmosphere with fair appraisal for all and avoiding favouritism; being self-motivated and leading by example; judicious use of authority and most importantly being open to new ideas and learning.

New systems of work organization, such as lean production and total quality management, have been introduced by employers throughout the industrialized world to improve productivity, quality and profitability. However, few studies have examined the impact of such systems on occupational injuries or illnesses or on job characteristics related to job strain, which has been linked to hypertension and cardiovascular disease. The studies reviewed provide little evidence to support the hypothesis that lean production "empowers" auto workers. In fact, auto industry studies suggested that lean production creates intensified work pace and demands. Increases in decision authority and skill levels are modest or temporary, whereas decision latitude typically remains low. Thus, such work can be considered to have job strain. In jobs with ergonomic stressors, intensification of labour likely to lead to increase in musculoskeletal disorders (Landsbergis et al. 1999).

Wicks et al. (1999) discussed trust in ethics and management as a qualified and conditional good, arguing that researchers should focus on optimal trust - a mixture of trust and distrust appropriate in most contexts, including business. Trust is an important part of strategic choice, and managers who develop optimal trust in relationships with stakeholders will
improve firm performance. The economic value of trust is highlighted, as it mitigates opportunism and the higher agency or transaction costs that should prevent that opportunism.

**Hypotheses**

The present research was planned to probe the influence of 'organizational role stress' and 'organizational climate' - on physical and psychological health as a whole and its various dimensions of employees working in one of the leading paper mills of India. In the light of available research literature reviewed in the foregoing pages, related directly or indirectly with the proposed study, the following null hypotheses are formulated.

**Ho1** : Professional help - a dimension of OC will not influence physical health as a whole or its any dimension.

**Ho2** : Formalization - a dimension of OC will not influence physical health as a whole or its any dimension.

**Ho3** : Professional management - a dimension of OC will not influence physical health as a whole or its any dimension.

**Ho4** : Organizational risk taking - a dimension of OC will not influence physical health as a whole or its any dimension.

**Ho5** : Standardization - a dimension of OC will not influence physical health as a whole or its any dimension.

**Ho6** : People orientation - a dimension of OC will not influence physical health as a whole or its any dimension.
Ho7 : Centralization - a dimension of OC will not influence physical health as a whole or its any dimension.

Ho8 : Formalized communication - a dimension of OC will not influence physical health as a whole or its any dimension.

Ho9 : Concern for welfare - a dimension of OC will not influence physical health as a whole or its any dimension.

Ho10 : OC will not influence physical health as a whole or its any dimension.

Ho11 : Inter-role distance (IRD) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho12 : Role stagnation (RS) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho13 : Role expectation conflict (REC) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho14 : Role erosion (RE) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho15 : Role overload (RO) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho16 : Role isolation (RI) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho17 : Personal inadequacy (PI) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho18 : Self role distance (SRD) - a dimension of ORS will not influence physical health as a whole or its any dimension.
Ho19 : Role ambiguity (RA) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho20 : Resource inadequacy (RIn) - a dimension of ORS will not influence physical health as a whole or its any dimension.

Ho21 : ORS will not influence physical health as a whole or its any dimension.

Ho22 : Professional help - a dimension of OC will not influence psychological health as a whole or its any dimension.

Ho23 : Formalization - a dimension of OC will not influence psychological health as a whole or its any dimension.

Ho24 : Professional management - a dimension of OC will not influence psychological health as a whole or its any dimension.

Ho25 : Organizational risk taking - a dimension of OC will not influence psychological health as a whole or its any dimension.

Ho26 : Standardization - a dimension of OC will not influence psychological health as a whole or its any dimension.

Ho27 : People orientation - a dimension of OC will not influence psychological health as a whole or its any dimension.

Ho28 : Centralization - a dimension of OC will not influence psychological health as a whole or its any dimension.

Ho29 : Formalized communication - a dimension of OC will not influence psychological health as a whole or its any dimension.

Ho30 : Concern for welfare - a dimension of OC will not influence psychological health as a whole or its any dimension.
Ho31 : OC will not influence psychological health as a whole or its any dimension.

Ho32 : Inter-role distance (IRD) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho33 : Role stagnation (RS) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho34 : Role expectation conflict (REC) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho35 : Role erosion (RE) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho36 : Role overload (RO) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho37 : Role isolation (RI) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho38 : Personal inadequacy (PI) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho39 : Self role distance (SRD) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho40 : Role ambiguity (RA) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho41 : Resource inadequacy (RIn) - a dimension of ORS will not influence psychological health as a whole or its any dimension.

Ho42 : ORS will not influence psychological health as a whole or its any dimension.