INTRODUCTION

Chapter 1

Introduction

- Introduction with relevance of the study
- Statement of the problem
- Objectives
- Hypotheses
- Description of variable under the study
In Industrial Clinical Psychology, the major focus is on employees whose performance has fallen below acceptable levels, the factors that caused the performance failure and what can be done to correct the problem. In actual practice the main concern is given to the diagnosis and correction of existing deficiencies and thus preventing the performance problem. The various approaches have been taken to deal with preventive measures in nature. Industrial Clinical Psychology is primarily facing the matter of restoring effective performance.

Individual who is mentally healthy has a wide variety of sources of gratification (Beach, 1975). The Mental health of employees has been one of the major concerns of employers. This is because; it is only when workers are in a good physical and mental condition can they work at their maximum efficiency. Health is the outcome of the interaction between the individual and his environment. Thus industrial mental health refers to the maintenance of a healthy environment in the factory or organization, conclusive to healthy working conditions for the benefit of the employees. Industrial mental health may comprise measures for (1) protecting workers against any mental health hazards arising out of their work or the conditions under which it is carried on (2) fostering adaptation of workers to their job and work environment and thus contributing to the worker's physical as well as mental adjustments and (3) promoting the establishment and maintenance of the highest possible degree of physical and mental well-being of the workers (Thukaram Rao, 1999).
Employment is central to the experience of adulthood for the majority. Problems in getting or maintaining a job, as well as the actual qualities of the job have important implications for mood. Likewise, salient events and experiences external to the workplace may increase the risk for mood related disorders. Whether depression is a result of workplace stressors, factors unrelated to the job or a combination of both, it will almost certainly affect work functioning leads to a multitude of complex costs for the employer as well as reduction in self-esteem and a further worsening of depression for the individual (Thomas and Hersen, 2000). The various constellations of symptoms may have a significant impact on work absenteeism, work performance, and productivity and so on.

In the era of industrialization and with the tremendous progress of science and technology, there is cut throat competition in every walk of life. The pressure of living is so tremendous that persons have high aspiration, and for that they strive hard to realise those aspiration, but everyone cannot achieve them and this leads to frustration and distress. The effective argues of human beings are their personality, mind, emotions, behaviour etc. When a man behaves normally well with clear mind, intention and will, he can aspire by any goal and can achieve. The misbalanced human beings lead to abnormal behaviour leading to anxiety, tension, frustrations, mental strain and stress, insomnia etc and if it persists for a longer period leads to depression. The affected person becomes introvert, lazy, looses confidence and will power and starts withdrawing from society etc are very dangerous and sometimes leads to lunatic conditions and even they have a tendency to commit suicide and in some cases may have revolting tendency.

Depression is much more than a feeling or emotion. It has the potential to be severe and disabling mental illness with the potential to interfere with all aspects of a person's life. Although depression is very
common, affecting about one in five people yet sometime in their lives, a great deal of misunderstanding exists about the nature of the illness and its diagnosis and treatment.

The workplace is an ever-changing panorama of policy, practice, politics and people. As part of the high performance requirements of the modern workplaces, employees may frequently find that improvements in mobile technologies keep them connected to work around the clock. Expectations and demands from both the workplace and our personal lives can cause significant collisions between work, life style and family. For many individuals depression may result. Depression affects employees at all organizations and on every rung of the corporate ladder. Workplace depression costs employer's billions each year. It ranks among the top three-workplace problems and tends to affect people in their prime working years. American survey statistics show that 76% of the female employees are affected with clinical depression.

The World Health Organization (WHO) identified major depression as the fourth leading cause of worldwide disease in 1990. But the present report suggests that by 2020, depression will be the second-leading cause of every disease and disability in the world. (WHO, 2001).

Studies of exploring psychiatric illnesses in the workplace, is no more reported in India especially in Kerala. Hence, this study is an attempt to explore the workplace depression in hospital set up.

Personality almost always means taking a large number of behavioural characteristics and reducing them to a more restricted set of qualities or attributes. Evidence about personality comes partly from what people do and say at various times, but it's also partly a matter of how people perform what they do – the style, their feelings and expression etc. that brings a unique and
personal touch. The personality traits of hostility, anger and aggressiveness have long been suggested as risk factors for depression and as well as coronary heart disease.

An individual prone to develop clinical depressive illness display certain distinctive personality characteristics. An examination of the relevant literature, however, makes it clear that we are very far from consensus about the characteristics of such a putative personality pattern predisposing to depression. The issue is the important one for the understanding and treatment of depressive illness, for two main reasons. First, since an observable personality pattern represents to a large degree of crystallization of underlying psychodynamic processes, agreement on the characteristics of such patterns would offer significant aid to efforts to study psychological factors in the genesis of depression. Second, agreement on the existence of such patterns has a bearing on the investigation of genetic and biochemical factors in depression. Here the study is an investigation to find out the effect of some psychological variables like personality, hostility and occupational stress, in the genesis of depression in the workplace.

Hostility has been conceptualised as primarily a cognitive phenomenon involving cynical attitudes and mistrust of others, although it refers to a broader construct involving hostile attitudes, angry affect and aggressive behaviour. It appears to be an independent risk factor for poor health outcomes. Miller et al, (1996) Smith (1994) defined hostility as reflecting "devaluation of the worth and motives of others, an expectation that others are likely sources of wrong doing, a relational view of being in opposition toward others and a desire to inflict harm or see others harmed".

Depressive emotions may be recognized from a sad or tense facial expression, crying, anxiety, fear and sobbing, low voice, resistant, slow speech etc. Their emotions are usually focused on something which the
individual's belief is related to some life situation or personal experience. Irritability on aggressiveness may be related to underlying anxiety or fear, or to resentment, hate or anger. Anger reactions are frequently the expression of fear which will be increased by critical attacks of others or be suppressed by the individual (patient) and then deepen the depressed mood because they feel guilty or rejected. These are certain traits in human character and personality that makes one authoritarian, aggressive or hostile.

Buss (1961) has contended that hostility may be regarded as a continued anger response that has some of the autonomic or postural aspects of anger. When an anger stimulus is presented to a person, it elicits an anger reaction process which involves evaluation of the stimuli in the form of a negative source. Hostility resembles anger in its orientation toward injury and punishment but differs in lacks of autonomic and postural components of anger. However, for some individuals the association between anger and hostility is close, and they only have to recall past humiliation and resentments in order to become angry.

The research evidence demonstrated the role of personality factors in the development of stress related diseases is impressive. However, it is important to keep in mind that personality characteristics are just some of the risk factors in over all picture of health and disease (Adler and Mathews, 1994).

Hostile people tend to react more intensely to stressors than other people do (Lyness, 1993). They experience larger increase in blood pressure, heart rate and the production of stress related hormones. Hostile man and woman also tend to create more stress in their own lives. They experience more frequent and more severe negative life event and daily hassles than other people (Smith, 1992).
There is growing evidence that hostility may contribute to some major health problems and disease endpoints (Smith and Frohn, 1985). The findings have consistently suggested that hostile people report more health problems, daily stress and tension etc. While the potential impacts of hostility on severe health problems have been extensively studied. But, the association between hostility and psychological impairments is not known very well. Hence this study is trying to explore the impacts of hostility on depression.

Work plays a vital part in all our lives. For the individual it provides an opportunity to earn wages, which in turn provides greater financial security and increases the opportunities to acquire material wealth. It also provides social status and identity, a sense of achievement and a means of structuring one's time (Jahoda, 1981). The nature of work and workplace, particularly that involving stressful tasks, can however be the cause of mental ill health or a contributing factor to such illness (Gabriel and Liimatainen, 2000; Michie and Williams, 2003).

Sources of occupational stress (or 'stressors') have been categorised by Cooper and Marshall (1976) as: intrinsic to the job, role in the organisation, relationships at work, career development, organisational structure and climate, homework interface. Those that are 'intrinsic to the job' will include physical aspects of the working environment, such as noise and lighting and psychosocial aspects, such as work load etc will vary in importance depending on the job. Health care professionals experience high workload, the need to work long hours, time pressures and inadequate free time etc (Wolfgang, 1988; Sutherland and Cooper, 1990). Sources of pressure are derived not only from factors inherent in the job itself, but also from the organisational context, such as the structure and climate of the organisation (such as the management style, level of consultation, communication and politics). Stressors do not act on a passive individual; he/she is likely to take
action to cope with sources of pressure. It is when these coping strategies fail that an individual will experience negative stress outcomes, such as physical or mental ill-health.

The experience and the perception of all these occupational stressors, hostility and the mental ill-health depend on a variety of factors including personality, training and environment, locus of control and such as the degree of control the individual has over the situation etc. Cooper et al (1999) found that anaesthetists felt a lack of control and autonomy at work that had significant negative effects on their well-being. Depending on the work environment, occupational stress is subjective. Many researches have identified sources of pressure, but these only lead to negative outcomes if they are negatively perceived. The experience of stress is affected by a variety of individual factors, including age, sex, personality and ways of coping etc. And there will be differences in the type of symptoms suffered by an individual in response to exposure to different stressors.

Sustained work-related stress is an important determinant of depressive disorders. Such disorders are the fourth leading cause of the global disease burden. Jones, et al (1998) found that 26.6% of respondents, in their questionnaire-based survey of the working population, reported suffering from work-related depression or anxiety, or a physical condition which they attributed to work-related stress. Employees who are depressed miss more workdays and tend to have difficulty in concentrating. Workers who are depressed may also have more accidents, are more likely to use drugs and alcohol and often have trouble in working collaboratively with others. And also it represents a huge cost in terms of both human distress and impaired economic performance. Besides the serious effects on worker's mental and physical health, the impact of work stress is obvious in 'organizational
symptoms' such as high levels of absenteeism and labour turnover, poor safety performance, low employee morale, a lack of innovation and poor productivity. So the present study was undertaken to investigate the relationship between occupational stress and the workplace depression.

In understanding personality, it is important to comprehend the roles played by traits and situational factors, and to know about the relations among them. In general, stress appears to have a negative impact on performance, although in some instances this is not the case. Among important sources of stress on individuals are role conflict and ambiguity, rotating shifts and sick organisations. Individual characteristics also affect stress responses. External sources and personal traits interest to produce stress reactions in individuals, including emotional and physical symptoms and performance deficits. Experience of hostility and stress are related to one's personality make up and how they perceive and approach their problems. Hostility can leads to undesirable consequences for the individual with prominent tendencies toward this negative emotional valance, specifically, hostility is an emotion in which an individuals is seen as being in opposition to others and the feeling is that problems in the individual's life are due to others interference (Biji and Jayan, 2005) stress is viewed as an association between person and environment and appraised by the person as taxing or exceeding his or her resources and as endangering well-being. Nature and characteristics of job pose a threat to the individual. Hence this study is also investigating occupational stress, hostility and depression in relation to personality dimensions.

It is generally observed that women face mental health problems more frequently. Daver (1995) found that mental illness is higher in women rather than in men. This further analysis suggests that, house wives exhibited psychiatric symptoms more than employed women.
Marriage and family have been identified as important stressor causing mental illness among Indian women. Lack of intimacy with the husband, lack of privacy, death of confiding relationship, long term social and economic adversity, role strain or overload of role related functions and domestic and all kinds of violence against women have been identified as important psychological stressors affecting women's psychological well-being (Holmes and Raha, 1967).

Depressive symptoms are concerned which are more common in women than in men. In a review of the epidemiologic data on depression, covering 30 countries over a period of more than 40 years, it was found that few exceptions, depressions had a high prevalence and consistently more common in women than in men (Boyd, et al, 1982). The increased rate of major depression among women has sparked the curiosity of psychologists, and many explanations have been put forth. The changing role of women in modern age may also be regarded as the factor leading to high risk of depression in women.

Based on these findings the present study is exploring the depression among employed women and also to find out the predictors of workplace depression.

Statement of the problem

The problem of the study is specifically reads as "Workplace depression: An analytical study"

Along with the workplace depression the present study was planned to explore the eastern dimensions of personality types such as: inertia
(Tamas), **activation** (Rajas) and **stability** (Satva) (in short IAS dimensions of personality); **multiphasic hostility** and **occupational stress**.

**Objectives**

1. To explore the personality dimensions, multiphasic hostility, occupational stress and workplace depression of nurses.

2. To study the nature and extent of relationship among dimensions of personality, multiphasic hostility and its sub variables, occupational stress and its sub variables and depression.

3. To identify those variables which can predicts occupational stress.

4. To identify those variables which predicts depression (depression symptomatology, clinical depression and severity of depression)

5. To examine the interaction effect of personality and job related demographic variables with multiphasic hostility, occupational stress and depression.

6. To examine the interaction effect of personality and hostility with occupational stress

7. To examine the interaction effect of personality and hostility with depression.

8. To examine the interaction effect of personality and occupational stress with depression.
Hypotheses

The following general hypotheses have been formulated in accordance with the above objectives:

1. There will be significant relation among the dimensions of personality, Multiphasic hostility and its sub variables; occupational stress and its sub variables and depression (Depressive symptomatology, clinical depression, melancholia)

2. Occupational stress can be predicted by means of personality dimension of IAS and sub variables of multiphasic hostility.

3. HDI – Raw score (Depressive symptomatology) can be predicted by means of personality dimensions of IAS and sub variables of multiphasic hostility and occupational stress.

4. HDI – 17 score (clinical depression) can be predicted by means of personality dimension of IAS and sub variable of multiphasic hostility and occupational stress.

5. HDI – Melancholia (Severity of Depression) can be predicted by means of personality dimensions of IAS and sub variables of multiphasic hostility and occupational stress.

6. There will be significant interaction between the classificatory factors (personality dimensions and demographic variables) in overall multiphasic hostility and its sub variables.

7. There will be significant interaction between the classificatory factors (personality dimensions and demographic variables) in overall occupational stress and its sub variables.
8. There will be significant interaction between the classificatory factors (personality dimensions and demographic variables) in 3 types of HDI-scores.

9. There will be significant interaction between the classificatory factors (personality dimensions and hostility) in 3 types of HDI-scores.

10. There will be significant interaction between the classificatory factors (personality dimensions, hostility and stress) on 3 types of HDI scores.

11. There is significant difference between low and high stress groups on 3 types of HDI scores.

Descriptions of variables under the study

IAS Trait conceptions

According to Mathew (1997) ancient Indian thought, particularly samkhya yoga, speaks of three qualities in all nature Inertia (Tamas), Activation (Rajas) and Stability (Satva). An individual's mind can be described and differentiated from mind of other people in terms of the extend to which it has these three components.

Stability generally involves maximum capacity with minimum of desire, dependence of involvement (in the matter of sex or any other activity of work). Inertia involves minimum capacity with wishful thinking. Activation is medium capacity with maximum desire and egoistic effort of indulgence (Mathew, 1997). According to samkhya concept, the sum of the three qualities is always a constant; differences are in terms of the relative strength of the three components.

The three components of personality are mutually exclusive. Interest in being alone is different from inability to mix with others. Similarly
effective action is not the same as impulsivity. Modern concept of introversion involves a mixture of inertia and stability and the concept of extraversion include activation and stability.

**Inertia**

Root fear (death or survival anxiety, existential insecurity) at this level or type of personality as accompanied by defensive non-awareness or inhibition. Inertia is introverted instability of proneness to develop introverted type of maladjustment under stress.

This is characterised by lethargy, laziness, fear, inhibition, anxiety, shallowness of emotions, low initiative, low self-confidence, low self concept etc. People having a large degree of inertia lack energy; they are slow, late, not venturing, shy with drawn, weak willed, suggestible submissive, masochistic, intropunitive and so on.

They are unable to refuse, assert, or argue individually, but are collectivistic and show hysterical collective aggression. They show blind conformity and inability to mix with strangers. They do not have strong emotional ties. The strong emotion they show is fear. They believe in fate and luck (usually external locus of control) and are superstitious.

**Activation**

This is characterised by restless over activity, controlled energy, high drive, and inability to remain alone or silent. Activation is extraverted instability or proneness to develop extroverted type of maladjustment under stress.

Persons having high activation are compulsive mixers, impatient, hasty, risk taking, rash, adventurous, analytical etc. They recognize admire
and encourage excellence in others and allow others to keep the benefits and earning as rightful effort.

They have high degree of practical intelligence. They value power, are autocratic, need rigid external moral control, have moral conflicts and so on. They believe in self effort and freedom of will (usually internal locus of control).

**Stability**

Stability is characterised by high self-awareness, sensitivity, freedom, flexibility and control. Stability is stress tolerance and freedom from maladjustment tendencies.

Persons having a high degree of stability can be fast or slow, can work or test as they choose or as situation demands. They can be very sociable or be along with equal ease. They can assert if they want to do. They are wise, mature and intuitive. They are creative, self actualising, holistic, balanced, even tempered and dispassionate (Mathew, 1997).

**Personality and psychopathology**

An individual facing immediate stress, which he cannot handle through normal means, tends to break down into a defence in line with his root personality (IAS pattern). Surplus energies of unfinished or interrupted sequences and cumulative tension resulting from immediate pressures seek outlets in line with the personality pattern of the person. Imbalances and incongruities in development or growth (for example, some aspects promoting stability while others promoting inertia or activation) also create distress. These also can be regarded as arrest of the general sequence of personal growth.
An extreme mental process (accompanied by the corresponding brain process) when prolonged, requires the opposite for balancing out or release, similar to the mechanism of after images in perception. For example, a prolonged manic state automatically leads to a depressive phase. Similarly, Catatonic withdrawal needs release through Catatonic excitement. Extreme inhibition requires some form of hysteric excitement for release (Mathew, 1999).

The mind-body system, at any point of time seeks out the defence or outlet or least cost. People with a high degree of inertia have recourse to hysterical mechanisms. They can easily forget unpleasant incidents, and act like different persons in different situations to escape feeling guilty. These types of defences are not available to people with activation and certainly not for high stability people as they have more awareness and integration.

Manic type defences are characteristic of activation type persons while such defences are not available to people with high stability as they have more moral sense and self-awareness.

Stability types of persons often convert stressful situations into growth-promoting experiences because of their stress tolerance and capacities for adjustment.

The hypothetical positions of the different psychiatric syndromes as primary defence on the IAS triangle are given in the following figure.
The figure represents the primary types of defensive maladjustment in each position. The position of schizophrenia in the figure can be particularly misleading. It should be borne in mind that even people with other root personality combinations may develop schizophrenia, if their more characteristic primary defences fail.

**Hostility**

The word hostility means being antagonistic or showing enemity. It may take in the form of direct attack to the enemy or resentment. Buss (1961) defines hostility as an implicit verbal response involving negative feelings and negative evaluations of people and events. It is basically implicit in nature, consistency of perception, categorization and evaluation of past attacks on oneself, rejections and deprivations. The person to whom hostility is directed is the one who is believed to be the thwarting agent or the one who threatens the valued standards.
In this study the concept of 'multiphasic hostility' is used and for the measurement, the test was also developed based on this concept. The detailed elaboration of the term and ideas are given in the chapter IV.

OCCUPATIONAL STRESS

Occupational stress refers to the individual's mental state aroused by a combination of job situation perceived as preventing the demands which threaten to exceed to employee's capabilities and resources for adequately meeting it, under conditions where he/she expect a situation differential in the coasts and rewards from meeting the demands versus not meeting (Cooper, 1976).

Beehr and Newman (1978) outlined three categories of symptoms that occur under conditions of occupational stress: Psychological symptoms, physical health symptoms and behavioural symptoms.

Psychological Symptoms: are those emotional and cognitive problems that occur under conditions of job stress. It includes depression, anxiety, boredom, frustration, isolation and resentment. A worker who finds himself/herself increasingly frustrated by job conditions may become depressed and withdrawn, and therefore is less able to cope with job problems.

Physical symptoms: One of the most common physical health symptoms of job stress is cardio-vascular disease. There is also an established link between job stress and gastro intestinal conditions, such as ulcers. Other physical symptoms are allergies, skin diseases; sleep disturbances, headaches and respiratory diseases etc.

Behavioural symptoms: Occur in two categories. The first are symptoms that can be said to 'belong' to the worker. This group includes behaviours
such as avoidance of work, increased alcohol and drug use, over eating or under eating, aggression towards co-workers or family members and interpersonal problems in general. Other behavioural symptoms 'belong' to the organization like absenteeism, leaving the job, accident proneness and loss of productivity.

Depression

A depressive disorder is not the same as passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months or years. Not every depressed person acts the same, but there are common symptoms for depression including, persistent sad mood, feelings of hopelessness, pessimism, other negative thoughts, guilt or worthlessness, feeling that nothing will ever get better, loss of interest in activities that were once enjoyed, increased lethargy, anxiety, sleep disturbances, changes in appetite or weight (sudden weight loss or gain), irritability and difficulty in concentrating, withdrawal from friends and family, persistent physical symptoms, such as headaches, digestive disorders or back pain, thoughts of suicide etc.

Workplace depression

A person suffering depression – often a top performer, loyal employee and good friend among job peers and supervisors alike – may exhibit behaviours that mimic bad or negative attitudes. But it is the symptoms of their disease. Workplace depression can affect worker's productivity, judgement, ability to work with others and over all performance. The inability to concentrate fully or make decisions may lead to costly mistakes or accidents. In addition, it has been shown that that depressed individuals have
high rates of absenteeism and are more likely to use drugs and alcohol, resulting these problems like high turnovers, poor work quality, morale problems etc.

**Nursing profession**

Nursing has a significant effect on people's lives. As rapid change continues to transform the profession of nursing and the health care system with which it is intricately linked, nurses embrace broader opportunities to influence human well-being. Today, nurses bring knowledge, leadership, spirit, and vital expertise to expanding roles that afford increased participation, responsibility and rewards.

Florence Nightingale (1969) defined nursing as "the act of utilising the environment of the patient to assist him/her in their recovery".

Nursing is both an art and science involving the total patient, as promoting spiritual, mental and physical health; stressing health education and preservation, ministering to the sick, caring for the patient environment and giving health service to the family, the community and the individual (American Nurses Association, 1973).

From the above definition it is seen that nursing includes a wide range of activities. Full time work in giving care to patients at the bedside either in the hospital or at home, another may teach the prevention of illness or promotion of good health in the community, another may teach nursing students, another may function only in the operating theatre, another may work only in administration or supervision of others who teach or give patient care, and another may even function fulltime in doing only research that will improve nursing practices and increase available scientific knowledge. (Zwemer, A.J, 2001).