Chapter – I

Introduction and Review of Literature
INTRODUCTION

Stress in the present world is an inseparable part of one’s life irrespective, of his/her social position and job status. It is inevitably experienced by each one of us in different magnitude in our daily life. People experience stress as they do not have complete control over what happens in their life. It is agreed that stress is necessary because without experiencing some degree of stress we would be listless and apathetic creatures. Stress is unavoidable and inseparable because it is connected with the changes in one’s life and increasing complexities at workplace in today’s environment across the groups. In this most competitive era and fast pace of development its impact has increased manifolds and its adverse effects in varying degree can be observed in almost every one of us. Here it needs to emphasize that stress refers to sensations that everyone feels as a result of a series of complex internal chemical reactions, which occur in response to events and situations that everyone faces in day-to-day life. It is an obvious fact that animals as well as human beings have to evolve defensive systems to protect themselves from any kind of danger, which they might perceive as threat to their existence. The most common defensive system which every living organism may use is fight or flight response. From this explanation it becomes clear that every individual has to use this stress mechanism whenever it is perceived that there is threat/danger or that their life is in jeopardy. A person faces many kinds of threat which may be real or imaginary and which cause the release of a series of neuro-chemicals, the most familiar of which is adrenaline that triggers physiological changes in the entire body. Such types of changes prepare a defensive mechanism system to protect the person from that danger. This is a general physiological tendency of every living being and it is a kind of automatic response in adverse situations.

It will not be out of place to mention that stress has not only been part of one’s life in prehistoric age but still it is progressive feature of modern life and it will continue till the existence of mankind on globe. The cave man of
prehistoric age was under stress to be attributed due to those factors that were relevant at that time, for instance, threat of their life from wild animals and natural calamities such as earthquake, flood, excessive rain, thunder and storm, drought, famine, epidemics and above all their search for food and shelter and constant struggle for survival. The causes of stress in those days were quite few and low in severity. In the present era, despite innovations and advancement in all spheres of life not all but few of us have to worry about the actual threats of natural calamities, wild animals and unexpected climatic dangers to our life and physical well-being. However, the fear related to these perceived threats largely depends upon the area in which people are living. For instance, even today people living in Seismic Zones (Earthquake Prone areas) are in more stress as compared to those living in non-seismic areas. Indeed it was with the continuous process of social change, people gradually moved from their uncivilized ways of living to civilized livelihood and adopted new modes of living. The causes of stress in materialistic world increased vis-à-vis in frequency as well as in severity. The main reason is the tremendous change in socio-cultural values rising due to growth of industries, pressures in urban areas, quantitative growth in population and in numerous other factors that are now an integral part and parcel of modern life. People’s life pattern has become relatively more complicated, demanding, challenging and dependent. With the pace of change and continuous increased demands and obliterating value systems owing to process of modernization that forced people to adopt new ways of living. It is now perhaps in every society that people have started moving gradually from traditional/individualistic work to corporate life that have brought drastic change in their outlook and physical and socio-cultural environment of the modern societies and life style of people at large. People have to face inevitably various stressors related to both on job and off the job activities and these stressors seems to continuously increase the needs and aspiration, high competition, time deadlines, an argument with colleagues or seniors, workload and work pressure, uncertainty of future, poorly designed jobs, marital disharmony, lack of support from relatives and/or colleagues at
work. These work and non-work stressors, which almost every employee has to experience on the job as well as off the job are important because they not only tend to change the life of the person rather it becomes a major source of his/her mental and/or physical illness. The general complaints and commonly observed physical ailments arising due to such stressors are headache, insomnia, cardiovascular diseases, skin diseases, and allergies, gastrointestinal and respiratory diseases. The work related symptoms, which are psychological in nature such as tension, anxiety, irritation, job dissatisfaction and boredom.

The explanation of the concept of stress as proposed by Hippocrates clearly states that, “the disease not only includes suffering (pathos) but a reaction of the body also that seeks restoration through toil (panos) as well” (Appley and Trumbull, 1967).

The origin of word ‘Stress’ is from the Latin word ‘stringere’, which means to draw tight. Hans Selye (1936) first introduced the concept of stress in the literature of life science. In fact, the term ‘stress’ gives a different meaning to the Researchers of various disciplines. In biological literature, it is used in relation to single organism, populations of organisms, and ecosystems. The Biologists refer to things such as heat, cold and inadequate food supply as being sources of stress. The Human biologists add to these sources of stress the microbial infection and intake of toxic substances also. Social scientists on the other hand consider people’s interaction with their environment and resulting in emotional disturbances that can sometimes accompany it as the sources of Stress (Hinkle, 1987).

Cannon (1929) had initially used the term stress to describe emotional states that had possible detrimental physical impact on focal organism. But later on he modified the concept of the term stress in 1935 to describe physical stimuli and substituted the term strain for organism’s response to the stressor.

Hans Selye (1936, 1956) defines stress as, “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 uncertain but important”.

Cofer and Appley (1964) defines stress as “the state of an organism where he perceives that his well being (or integrity) is endangered and that he must drive all his energies to its protection”.

McGrath (1970) defined stress in terms of “a (perceived) substantial imbalance between demand and response capability, under conditions where inability to meet demand has important consequences”.

Coleman (1973) stated that stress may arise because of frustration, conflict or pressure. Frustration occurs when the ability to achieve a desired goal is delayed or blocked. Conflict occurs not from a single obstacle but when a choice is to be made between two or more goals, means priorities. Pressure involves demands that force us to speed up or intensity our efforts and this stem from our aspirations, standards and values.

In a literature survey related to concept of stress, Mason (1975) reported that the term stress has been variously referred to as (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.

According to Lazarus and Folkman (1984) “stress is a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing.”

Levi (1996) stated that “stress is cause by a multitude of demands (stressors), such as an inadequate fit between what we need and what we are capable of, and what our environment offers and what it demands of us”.

Apart from the definitional aspects of stress it is also essential to bring into light the interpretation of term stress by a layman that connotes a variety of meanings. Moreover, people use the terms ‘stress’ and ‘strain’ interchangeably in a non-scientific manner. Stress as a term, is taken to mean different things by
different people. Even amongst various psychologists, the definition of stress varies. Although psychologists created awareness on the issue of stress by referring it “as an area of concern”, they have also caused confusion by their inability to give a succinct and consistent definition of stress. It may be argued that the confusion regarding definition of stress is primarily due to the fact that different researchers of various disciplines use same term and thus define it in different ways. Cox (1985) pointed out that stress is a concept, which is familiar to both layman and professional alike. It is understood by all, when used in general context but by very few when more precise account is required and this seems to be the central problem.

Attempts were made by the investigators to give clear-cut explanation of stress. For this purpose they evolved some major approaches to provide understanding of the concept of stress. The major approaches are: Response Approach, Stimulus Approach, Interactional Approach and Transactional Approach.

**The Response Approach:** Hans Selye (1956) popularized the term in his writing on “General Adaptation Syndrome” (GAS). He defined stress as “non-specific responses of the body to any demand upon it”. He was of the opinion that organism makes a universal pattern to response to all types of internal and external demands made on the body. The GAS has three stages. i.e., alarm reaction, resistance and exhaustion.

Alarm Reaction stage refers to body’s initial response to stressors, e.g., increase heart rate and blood pressure, and release of glucose to provide energy for action.

Resistance stage emerges in the body if the stress is prolonged or continuous and the process of homeostasis comes into play at this stage wherein the body tries to maintain equilibrium. There is a continuous effort of every individual to adapt to the stressor during this phase.

Exhaustion stage occurs after prolonged resistance. During this stage, the body’s energy reserves are finally exhausted and breakdown.
Stimulus approach: became popular in 1960’s when psychologists became interested in applying the concept of stress to psychological experiences. Holmes and Rahe (1967) proposed a stimulus based theory of stress. It was based on what happens when a person experiences “change” in life circumstances. According to this approach changes in life or “life events” are the stressor to which a person responds. Later on, Kobasa (1979) criticized the stimulus-based approach and introduced the concept of hardiness as a moderator variable, by defining it in terms of a strong commitment to self, a vigorous attitude toward the environment, a sense of meaningfulness and an integral locus of control.

The Interactional Approach: focuses on the statistical interaction between the stimulus and the response. This approach is described as “structural” (Stahl, Grim, Donald, and Neikrik, 1975) and “quantitative” (Strauss, 1973), is one where relationship, usually correlational, is hypothesized between a stimulus and a response. This approach is essentially static (cause and effect), with any consideration of process being limited to inferential explanations when the interaction fails to materialize or is different from the one that is predicted.

The Transactional Approach: Lazarus and Folkman (1984) proposed a model that emphasizes the transaction nature of stress. It is based on the interaction and adjustment of person with the environment. These interaction and adjustment are called transaction. According to this approach stress is not seen as a stimulus or a response, but rather as a cognitive process that occur within the individual when they are faced with demands that tax or exceed their resources and endanger well being. These cognitive processes are known as appraisal processes by which people assessed two factors – Firstly, whether a demand threatens their well being and Secondly, whether a person consider that they have the resources to meet the demand of the stressor. Later on, Cox and Mackay (1979) proposed five stages in their transactional model: the first stage is represented by the demands being made on the individual, the second stage concerns the individual’s perception of the demands, the third stage concern responses an individual makes to overcome stress, the fourth stage concerns to
the consequences of the coping strategies and the last one i.e. fifth stage is that of feedback.

Pestonjee (1992) has identified three important stress-generating sectors of life. These are: (a) job and the organization sector, (b) social sector and (c) intra psychic sector.

Job and the organization sector refers to the totality of the work environment such as the task, atmosphere, colleagues, compensation etc. The social sector refers to the social/cultural context of an individual’s life. It may include religion, cast, language, dress, food habits etc. The intra psychic sector emphasizes intimate and personal factors like attitudes, temperament, interest, health etc. He emphasized that stress can originate in any of these three sectors of life or in combination thereof.

The term Stress is more often used in negative sense but the fact is that not all stress is inherently destructive or bad. In fact it is agreed by all concerned that stress of an optimum level is required to keep a person warm up in doing his job related activities as well as his routine work. However if the degree of stress increases in succinctly and remains unchecked and persist longer in any one’s life, would have adverse effect on his/her health because the individual is failed in evolving strategies to cope with the stressors. The health professionals including psychologists and management people realize the ill effect of various types of stressors, which may be personal, organizational or related to society. Researchers in various disciplines have made all possible efforts in identifying the stressors and observed their impact on diverse groups, because the stressors did not display their adverse effects on individuals in same magnitude. According to Kets de Vries (1979) every individual needs a moderate degree of stress to be alert and capable of functioning effectively in an organization. Later Researchers also agreed with this contention and agreed to a great extent that particular types of stresses are essential for being a creative manager (Pestonjee, 1987; Mathew, 1985). Stress is definitively harmful when it crosses the desired level but this desired level
might differ from person to person. Eustress is the term used to describe the level of stress that is good and necessary for an individual for achieving peak performance and managing minor crises. However, this has every chance of turning into distress, the term used to define that manifestation of stress that is unacceptable. It is distress that is the cause of worry for individuals, managers and organizations.

Role Stress

In this most competitive and multiphase society the role of incumbent in different work situations vary owing to the increased intricacies relating to job demands and work performance. Researchers also attempted to identify the stressors related to one’s role. It means a person’s role on his/her job related activities also occupies prominence, so it needs to focus on the concept of role in one’s life.

The origin of the term ‘role’ is from French word ‘rolle’, which means “a part one has to play”. The first systematic use of the term role was made by great philosopher Mead (1934) in his work Mind, Self and Society. The term role as defined in Webster dictionary refers to a socially expected behaviour pattern determined by an individual’s status/positions in a particular society. When a position or status in a job hierarchy is assigned to a person determines his/her role. In medical terminology it has been defined as “the characteristics and expected social behaviour of an individual”.

Menon (1957) employed the term role set for the first time and defined it as, “the compliment of role relationships which person have by virtue of occupying a particular social status”. Banton (1965) defined ‘role’ as a set of norms or expectations applied to the incumbent of a particular position by role incumbent and various other role players (role senders) with whom the incumbent must deal to fulfill the obligations for their position. Kahn et al., (1964) introduced the role episode model, in the classic study of organizational stress. It shows the interactions between the role sender and role incumbent (focal person) including feedback loop from the incumbent back to
the role senders and from the role senders back to incumbent. He further
clarified the role model by stating that to adequately perform his or her role, a
person must know what are the expectations of role set (rights, duties and
responsibilities), what activities will fulfill the role responsibilities, what
consequences of role performance are to ‘self’, others and the organization.
Pareek (1976) used the term ‘role’ to indicate the position of a person in the
system. Later on, Pareek (1993) explained an individual’s role in terms of two
role systems i.e. role space and role set. He stated that every person plays
various roles, for instance, a man may perform a role of an executive, father,
husband, member of a social institution and so on. These entire roles constitute
role space of the person. ‘Self’ is in the center of the role space, therefore, role
space has been defined in terms of “the dynamic interrelationship between both
the self and various roles an individual occupies, and amongst these roles”.
‘Role set’ has been defined as a relationship between role and other roles.

In the last few decades it has been observed that the interest of
Researchers has increased in implying the role theory in order to describe and
explain the stress that are associated with the membership of the group of
individuals in the organization. Psychologists viewed that the concept of role is
very important for understanding and integrating an individual in a concerned
system.

When we talk of the term “role stress” it refers to the stress experienced
by a person because of their role they play in the system. The term role stress
has been substituted for job stress too, because it refers to the job conditions,
which may be related to the role aspects that are either stressful (negative) or
enhancing (positive). The role stress can be defined as a state of tension and an
anxiety when a person finds it difficult to perform an assigned role. The
performance of a role normally satisfies various needs of its occupants. But
sometimes it becomes a potential source of stress too for the role occupant. The
problem a role occupant faces today is that of managing the complex structure
of roles in achieving an integration of one’s self with the system of other roles
as well as integration of various roles that a person might be occupying.
Kahn, et al., (1964) were the earliest to draw attention to organizational stress in general and role stress in particular. After systematic exploration they identified two basic sources of role stress: role conflict and role ambiguity. Later Researchers also agreed with this contention. Role conflict is defined as a state when a demand of different directions has been given to an individual and these demands are contradictory resulting in the incumbent experiencing stress. He become dissatisfied and tends to perform on reduced efficiency (Rizzo, House and Lirtzman, 1970). Role ambiguity means that an individual has not been given enough information to be working effectively in his /her occupation (Orpen, 1982).

Role stress occurs when people are often uncertain on how exactly they should respond in different situations and when there is lack of understanding of others contributions. Rizzo et al., (1970) suggested that certain organizational practices tend to be associated with high and low role conflict and ambiguity. High role conflict and ambiguity are goal conflict and inconsistency, delay in decisions, distortion and suppression of information and violation. The practices which tend to be associated with lower role conflict and role ambiguity are emphasized on personal development, formalization, adequacy of communication, planning, horizontal communication, top management receptiveness to ideas, coordination of work flow, adaptability to change and adequacy of authority. Cooper and Marshall (1976) suggested that besides role conflict and ambiguity ‘responsibility for people’ is also a potential role stressor. It has been observed that Physical stress was linked to the level of responsibility.

Pareek (1983) identified ten different types of organizational role stress:

1. Inter-Role distance: It is experienced when Individual occupies more than one role at a time. Conflict between the organizational role and other roles represent inter-role distance.

2. Role Stagnation: This kind of stress is the result of gap between demands to outgrow a previous role and to occupy new roles effectively.
In other words, when there are few opportunities for learning and growth in the role.

3. Role Expectations Conflict: Conflicting demands made on the role occupant by different persons in the organization, i.e. superiors, subordinates and clients.

4. Role Erosion: A feeling that some important functions a role occupant would like to perform have been given to some other roles, or a feeling that there is not much challenge in the functions given to the role.

5. Role Overload: when a person feels that too much is expected from the role than what the occupant can cope with, he/she experiences role overload.

6. Role Isolation: This type of stress occurs when there is lack of linkages of one’s role with other roles in the organization.

7. Personal Inadequacy: This type of stress arises when person feels that he/she does not have the necessary knowledge, skills or adequate training to perform his/her role effectively.

8. Self-Role distance: This type of stress refers to the conflict of one’s values and self-concepts with the requirements of the organizational role.

9. Role Ambiguity: It refers to the lack of clarity about expectations of others from the role, which may arise out due to lack of information or understanding.

10. Resource Inadequacy: This type of stress generated by non-availability of resources needed for effective role performance. These resources may be information, people, material, finance or facilities.

Satisfaction of various psychological and physiological desire of an individual depends upon the role he/she has to perform in the society. He/she attains various levels of satisfaction such as full, partial, or dissatisfaction according to the interaction of his personality, roles and society. Women in
today’s life are often expected to perform numerous roles at the same time they have to play the role of mother, wife, home maker and/or employee and thus maintain the balance between the work and home. Meeting the demands of so many roles simultaneously leads to stressful situations that have an impact on their interpersonal relationship with others around them as well as on their health. Various investigators pertaining to these factors have conducted a number of research studies. Holahan and Gilbert (1979) reported that women who assumed domestic roles (e.g. wife, mother and a home maker) and non-domestic roles (e.g. employee) frequently experienced conflict between competing role demands. Conflicts were considered likely when women perceived their home and career roles as highly desirable but mutually exclusive. Frone, Russell and Cooper (1992) suggested that combination of career and family roles are often associated with conflict, overload and stress. However, it remains controversial whether the women’s dual roles affect their health or not. The role strain theory suggests that each person has limited time and energy, women with multiple roles often experience ‘role conflict’, which results in harmful effects on their mental and physical health (Gove, 1984; Froberg, Gierdingen and Preston, 1986). On the other hand, according to opposing theory each additional role bring some benefits including increased social contacts and self-esteem, which contribute to better health and greater psychological well-being (Baruch and Barnett, 1986).

Fullan, Park and Williams (1987) conducted study on the supervisory officers with respect to the type of role stresses experienced by them. The inter role distance, role overload and resource inadequacy were found more dominant. However, Personal Inadequacy does not appear to be a type of stress which they experience much.

Spurlock (1995) indicates that women are likely to experience multiple roles, often several at the same time, for which different sets of responsibilities are designated. The multiplicity and overlapping of roles often provoke conflicts (e.g. related to husband’s concern or child care and care of elderly
parents) and stress. Depending on a number of variables, growth of the individual is either depleted or promoted.

Sahu and Misra (1995) explored gender difference with respect to stress experienced in various areas of life amongst college teachers. The sample consisted of 120 male and 120 female teachers in India. The results revealed that male teachers experienced more stress in the areas of work and society. In female teachers a significant positive relationship was observed between family stress and acceptance; and between society-related stresses and self blame.

Schwartzberg and Dytell (1996) studied the importance of work stress and family stress for psychological well being amongst double income families. Working mothers and working fathers reported equivalent levels of family stress, work stress, job-family interference and psychological wellbeing, although mothers reported a higher level of lack of task sharing. Self-esteem and depression of dual income parents were affected by both job and family stress. Lack of task sharing significantly predicted depression amongst dual earning mothers. Lack of challenge in their work role appeared to be a positive characteristic for dual earning father.

Misra, Mehta and Bhardwaj (1997) conducted a study on entrepreneurs and reported that the women entrepreneurs scored high on all motivational variables namely, basic, safety, belongingness, self-esteem and self-actualization as compared to men entrepreneurs. The study found differences between women and men entrepreneurs on the motivational dimensions of safety and belongingness. For both men and women entrepreneurs the inter role distance and role erosion were found more dominant where as role ambiguity and role expectation conflict as remote contributors of role stress. A significant difference was found on dimension of resource inadequacy for both men and women.

Pareek and Mehta (1997) compared three groups of working women, i.e., gazetted officers, bank employees and school teachers with respect to the type of role stresses experienced by them. The sample of the study constituted
of 150 working women (50 each of gazetted officers, bank employees and school teachers respectively). The Organizational Role Stress Scale (Pareek, 1983) was used to measure various types of role stresses as experienced by working women. The findings of the study showed that the gazetted officers had higher scores on all the ten dimensions of role stress as compared to the bank employees and school teachers. Significant differences were observed between gazetted officers and bank employees on the dimensions of inter role distance, role stagnation, role ambiguity and role overload. As per the findings, the most stressed group amongst the three samples were the gazetted officers followed by bank employees and school teachers.

Douglas, Meleis and Paul (1997) studied the impact of multiple roles as related to work, maternal and spousal on health of Auxiliary nurses. No significant correlation was found between the perception of their health status and number of roles, amount of role involvement, or their perceived levels of stress and satisfaction in any of their 3 roles. Work stress was significantly correlated with the number of physical symptoms, longer periods of standing, more muscle strain, eye problems, frequent changes in environmental temperature, and perceptions of economic inadequacy. Those with more spousal stress reported more work related muscle strain and working mother with 3 or more children tended to perceive themselves as less healthy.

Thomas (1997) focused on distressing or negative aspects of women’s roles: the roles of worker, wife and mother and the effects on their physical and mental health. Vicarious stress and inadequate social support for women in these roles i.e. the roles of worker, wife and mother may contribute to immunosuspension and disease vulnerability. Some women may choose the sick role as means of escape from taxing role responsibilities.

Singh and Arora (1998) examined the relationship of job stress with social support amongst Indian Nurses. They found that Nurses scoring high on social support experienced less work stress such as role conflict, role
ambiguity, role overload and under participation 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 amongst the employees. The results obtained shows 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 conflict, family conflicts as well as inter-role conflict influenced job satisfaction and marital satisfaction.

Home (1998) conducted a study to identify the extent to which life situations, institutional supports and perceived demands to be the predictors of role conflict, overload and contagion in adult women university students with family and job. The findings showed that income was the only life situation predictor, with lower the income higher the vulnerability to role conflict. Perceived intensity of student demands was the strongest predictor, with lower income increasing vulnerability to role conflicts. Perceived intensity of student demands was the strongest predictor of conflict, overload and contagion, with family and job demands next.

Lundberg and Frankenhaeuser (1999) studied stress and workload of men and women in higher ranking positions. The result showed that both men and women experienced their jobs as challenging and stimulating, but more favorable situation for men than for women. In addition women were found more stressed by their greater unpaid workload and by a greater responsibility for duties related to home and family. Women had higher nonepinephrine levels than men did, both during and after work, which reflected their greater workload. Women with children at home had significantly higher nonepinephrine levels after work than did other participants.

Carbon and Perrewe (1999) attempted to study the role of social support in work-family conflict amongst adults who were married and had children living at home. The result revealed that social support might be best viewed as an antecedent to perceived stressors and may reduce perceived role stressors.
conflict and ambiguity) and time demands to indirectly decrease work-family conflict. Individuals who develop strong social support network at work and at home may perceive fewer stressors in organizational and family life.

Chattopadhyay and Dasgupta (1999) compared stress and job satisfaction of married and single female executive with at least 3 yrs of work experience. The variables of education and economic status were controlled. Results showed no significant difference between the two groups concerning to role stress and job satisfaction. Both groups displayed moderate role stress and moderately higher job satisfaction. Inter-role distance was the main stressor for both groups.

Thakar and Misra (1999) studied the role of social support in daily hassles and well-being amongst employed and unemployed married women. It was found that though the employed women experienced more hassles and received less support than their unemployed counterparts, they enjoyed better well-being. Employed women’s higher well-being speaks of the relative deprivation of housewives role and their desire for opportunities to use their potential for self-actualization and self-gratification. Resources generated by employment (e.g. income, status) appeared adequate not only to cope with stresses emanating from multiple roles, but also to enhance wellbeing.

Khlat, Sermet and LePape (2000) examined the relation of family and work roles on women’s health. Results showed that higher income was clearly associated with better health. Housewives and single mothers were more common at the bottom and middle of the income scale. Single mothers were clearly disadvantaged in terms of mental health condition, malaise symptoms and health related behaviour. Housewives were disadvantaged in terms of physical health conditions. Childless married working women at the top of the income scale and single women reported suffering from discomfort more than married working mothers.

Thompson, Kirk-Brown and Brown (2001) examined the experience of women police officers work-related stress and how it affects the family, with
particular emphasis on factors in the work and family environment that reduce negative spillover between work and family. The findings indicated that women experienced the same source of stress as male police officers, but not surprisingly, reported gender discrimination as a major source of stress and the more likely to affect family. Like male colleagues, their work stresses particularly affected partners by affecting relationship. However, social support is a primary factor reducing stress for these women.

Sharada and Raju (2001) examined the effects of gender on stress associated with role overload, role conflict, and role ambiguity amongst port employees. 300 port employees completed surveys concerning age, work experience, overload of work, conflict in expectations, demands, resources and ambiguity in the nature of duties and tasks. Result showed that females experienced more role conflict and ambiguity. Subjects with age above 40 yrs experienced less role ambiguity and role overload than did younger subjects.

Ibrahim et al., (2001) investigated the effects of gender and high strain jobs on self rated health for employed Canadian residents. Results indicate that 70% of female subjects and 73% of male subjects rated their health as very good and excellent. Compared with other females, females in high strain jobs were 1.7 times more likely to report poor or fair self-rated health than very good or excellent health. Both males and females in more physically demanding jobs were consistently less likely to report poor/fair health or good health instead of very good/excellent health. Female subjects who were single parents were 2.3 times more likely to report poor/fair health vs. very good/excellent health. Medium & high levels of self-esteem and sense of coherence were associated with lower odds for reporting poor/fair and good health rather than very good/excellent health for both gender.

Peiro et al., (2001) examined the effects of over time of three role stress variables (role conflict, role ambiguity and role overload) on three burnout dimensions (emotional exhaustion, depersonalization and personal accomplishment) amongst health care professionals. The results showed that
three role stress variables predicted emotional exhaustion over time. Role conflict and role overload predicted depersonalization over time. Finally, contrary to expectations, role ambiguity predicted personal accomplishment over time.

Stuart and Garrison (2002) conducted a study to investigate the influence of daily hassles and role balance on the health status of mothers of grade school children. Based on hierarchical regression analyses with interaction terms, daily hassles and role balance directly influenced the mother’s health status. The result also indicated that role balance had a buffering effect on the relationship between daily hassles and health status.

Lyons (2002) identified the psychosocial factors faced by women in management in the workplace and how these factors affected their job-related stress levels. These psychosocial factors included tokenism, sexual harassment and discrimination, work-family conflict and work load.

Rao, Apte and Subbakrishna (2003) suggested that married working women experienced a considerable amount of strain from their multiple roles. At the same time, studies indicated that they enjoyed a high level of well-being. While the nature of employment and the level of spousal support had been examined in relation to well-being, the role of work-related factors, availability of support and coping styles as predictors of well-being. Results showed that greater use of social support seeking and less use of denial as coping style, absence of multiple role strain, working to be financially independent, availability of support and refusal of job promotion were significant predictors of well-being.

Lee et al., (2003) examined the additive effects of structural variables, child characteristics and family environment on mother’s and father’s work/family role strain. Differences between mothers and fathers on these variables were also examined. Structural variables included work schedules and time spent with child from mother’s only and father’s only, and both parent’s together with child. Child characteristics included temperament and health.
Family environment variables included different components of family environment (conflict, cohesion, expressiveness, organization and control) and parenting daily hassles. Results showed that mother’s time spending with child and care giving for child was greater than father’s. Mother’s represented more expressiveness in the family and more daily hassles with children than father’s. Mother’s level of role strain was also significantly higher than father’s. For mother’s role strain was associated with hours away from home, child, social ability, family conflict and daily hassles. Father’s role strain was associated with family expressiveness, organization and their wives daily hassles.

Chang and Hancock (2003) Studied role stress and role ambiguity amongst new nursing graduates. The purpose of study was to examine sources of, and changes in role stress 2 to 3 months after employment and 11 to 12 months later in new graduate nurses. The relationship between job satisfaction and role stress was also examined. Findings showed that role ambiguity was the most salient feature of role stress in the first few months, while 10 months later, role over load was the important factor explaining variance in role stress. There was no significant change in role stress scores over time. In the first survey, job satisfaction was significantly and negatively correlated with role ambiguity and role stress. In the second survey there was still a significant negative correlation between role ambiguity and job satisfaction.

Hattar-Pollara, Meleis and Nagib (2003). Studied multiple role stresses amongst women in Egypt employed in clerical jobs. The sample consisted of 190 women with age group ranging from 25-52 yrs. The results showed interconnectedness amongst all the women’s roles when describing their stress and satisfaction and all roles in the perception of inequality and how it affects their daily lives. Emergent stressors were grouped under employment role stress, maternal role stress, marital role stress and relational role stress.

Aziz (2004) investigated the intensity of organizational role stress among women in information technology professionals in the Indian private sector. Result obtained revealed that resource inadequacy has emerged as the
most potent role stressor, followed by role overload and personal inadequacy. The differences in the level of stress between married and unmarried women on several role stressors were also found.

Iwasaki, Mackay and Ristock (2004) conducted a study to explore the experiences of stress amongst both male and female managers. The findings showed that female experienced “emotional stress”, primarily because of pressure to meet expectations of being responsible and caring for people both inside and outside their homes. In contrast male managers were found to be more focused on themselves and regarded other things as beyond their control or responsibility.

Malhotra and Nair (2005) studied the effects of different professions and multiplicity of social (familial) roles on the role conflict amongst working women- doctors, lecturers and nurses. A 3x3 factorial design was used. Result revealed significant main effects of women’s professional and social roles as well as an interaction effect on the role conflict.

Brotheridge and Lee (2005) evaluated a model of how social support, stress and strain affected Work Interference with Family (WIF) and Family Interference with Work (FIW) as well as how WIF and FIW affected general health outcomes and the cross-domain impact on work-home-load, work-marital distress and intention to leave job-marriage amongst Canadian Government employees. The findings revealed that in the work domain, supervisory support was related to work overload and job distress were strongly related to WIF. WIF, in turn, was related to work overload, job distress and intention to leave the job. Work overload and job distress were strongly related to WIF. WIF, in turn, was related to home overload and intentions to leave one’s marriage. In family domain, family support was strongly related to home overload, marital distress and intention to leave one’s marriage. Home overload was moderately related to FIW. However, FIW was only weakly related to home job distress.
Tankha (2006) investigated the effect of role stress in a sample of 120 nursing professionals of government and private hospitals. The obtained results revealed that male nurses experienced significantly higher role stress level as compared to females. Male nurses from the private hospitals showed significantly high level of role stress than government hospitals.

Griffin (2006) studied the stressful and hazardous nature of working within the correctional environment as well as the way in which female officers encounter additional workplace pressures associated with their entry into a non-traditional occupation. The result showed that there were few differences between male and female officers in the effects of workplace stressors on their level of job stress and work family conflict proved to have the greatest impact on both male and female officers.

**Personality Types**

Personality is the most important and most noticeable part of an individual’s psychological life. Almost each one of us in day-to-day life find ourselves describing and assessing the personality of those around us. Everybody tries to understand that how and why people behave, as they want to do. It means personality concerns the characteristics inside people that explains why they do and what they do. The personality of a person can be better understood from the following explanation that despite similarities in mankind, obviously, everyone of us differ variously from one another because of the factors that contribute to differ may be attributed to genetic endowment and the environment in which human beings are brought up. So far personality of an individual is concerned no one is born with innate qualities rather it develops as a result of multiplicity of factors during the course of one’s overall development – physical, mental, social and emotional. We all differ with regard to the presence of personality traits in terms of its magnitude and characteristics. Here it needs to emphasize that the traits, that develop is relatively permanent individual characteristics while describing one’s personality traits, saying that the person is smart or dull; confident or shy; quiet
or talkative and so on. We use these terms to substitute the personality characteristics of the person.

Psychologists and researchers try to create a coherent picture of a person and all his/her major psychological process including the individual differences because of their greater interest in presenting a broader view of an individual. They study personality in order to explain and predict behaviour. The description made by them about one’s personality includes many things such as physical, mental, social and emotional characteristics of a person and their integration into a behaviour pattern. The layman concept is entirely different as their understanding is based on superficial observation and evaluation. So it is imperative to present an overview of the concept of personality.

Over the yester years, the management people have considered the importance of personality of their employees engaged at different levels with specific task assignments in the organizations so as the organizational goals may be achieved. Earlier it was viewed that personality does not matter regarding the understanding of employees occupational performance, therefore they put greater emphasis on the reward structures in the corporate culture as an important criteria for occupational performance. But now it is realized that the personality plays key influence on the job performance of an individual. Each person’s personality in itself reveals in the way he/she works with other people who may be his/her superiors, colleagues and other employees directly/indirectly associated with the working group of an organization. The industrial psychologist and HR people are using personality profile test to evaluate an employee's personal attributes, values and life skills in an effort to maximize his or her job performance and contribution to the company. Realizing the significance of one’s personality with work related activities they are inclined to seek out information about an employee's temperament, decision making methods, communication style and general attitude towards work and recreation. The information is used to match most possibly the right employee to the right project or task, especially when teamwork is involved.
The word ‘personality’ originates from the Latin word ‘persona’, meaning ‘mask’. In the History of theatre of the ancient Latin speaking world, the actors wore masks to hide their identity on the stage while taking part in the drama. This technique was popular in those days because of the role as played by the actors on the stage. How do people come to be who they are? How do people think about, influence and relate to one another? These are the broad questions that personality and social psychologists strive to answer. If we want to describe one’s personality it is important to emphasize both the person and the role played by him/her and by realizing its significance. It attracted the attention of thinkers, psychologists, sociologist and other social science researchers to go in depth of knowledge to know about human personality. In spite of making lots of research work in this direction still it is difficult to give concrete explanation regarding what actually the personality is because of little agreement among researchers of this area. It is evident from research literature that there is still controversy on the use of the word personality by layman and the researchers.

In the last few decades, several definitions have been proposed to define personality. Psychologists have treated the concept of personality and the role of personality in a variety of ways, which is evident from the definitions as proposed by them. According to Warren and Carmichael (1930) “Personality is the entire mental organization of a human being at any stage of his development. It embraces every phase of human character: intellect, temperament, skills, morality and every attitude that has been built up in the course of one's life.”

The most widely accepted definition of personality was proposed by Allport (1961). According to him personality is, “the dynamic organization within the individual of those psychophysical system that determine his unique adjustment to his environment”. In this definition the word “dynamic organization” refers to the idea that the characteristics of personality interact with each other and modify them. The word “psychophysical” means that personality contains both mental and physical elements. And the word
“determine” refers to the idea that personality is considered to be a cause of behaviour.

In 1950, Cattell was of the view that “personality is concerned with all the behaviours of an individual both over and under the skin”. In this definition he included the essential characteristics of inner state and process, which may be thoughts, attitudes, motives, emotions including behaviour of the person.

A contemporary definition for personality is offered by Carver and Scheier (2000) “Personality is a dynamic organization, inside the person, of psychophysical systems that create a person’s characteristic patterns of behaviour, thoughts and feelings”. In their explanation the dynamic organization suggests ongoing readjustments, adaptation to experience, continual upgrading and maintaining Personality doesn’t just lie there, it has process and it is organized. Inside the person suggests internal storage of his/her patterns, supporting the notion that personality influences behaviours too. Psychophysical systems suggest that the physical system is also involved in ‘who we are’. Characteristic patterns suggest that consistency/continuity which are uniquely identifying of an individual. Behaviour, Thoughts and Feelings indicates that personality includes a wide range of psychological experience/manifestation that personality is displayed in many ways.

Mayer (2005) defines personality as “an individual's pattern of psychological processes arising from motives, feelings, thoughts and other major areas of psychological functions. Personality is expressed through its influences on the body, in conscious mental life and through the individual's social behaviour”. While making indepth analysis of the definitions as given by different researchers and writers on personality it is quite clear that most of the definitions refer to a mental system: a collection of psychological parts including motives, emotions and thoughts. The definitions vary a bit as to what those parts might be, but they come down to the idea that personality involves a pattern or global operation of mental systems.
Several theoretical perspectives on personality in psychology that involve different ideas about the relationship between personality and other psychological constructs as well as different theories about the way personality develops were proposed by different researchers, thinkers and writers but it is beyond the scope of present research to critically analyze various theories of personality. The present study is primarily concerned to study the concept of Personality Types. It appears from the review of literature that from the beginning of recorded history of mankind, attempts have been made to classify people into groups or types. Types refer to categories that are distinct, discontinuous and qualitative in nature, for example you are one or the other. Personality types are synonymous with “personality styles”. Personality types theory aims to classify people into distinct categories, i.e. this type or that. For example if we want to describe one’s personality according to the personality dimension of “introversion”, we can view it according to Types approach as either introvert or extrovert. Some of the more popular and commonly known personality type taxonomies given by psychologists and thinkers, such as Hippocrates 400 BC and Galen, 140/150 AD (cited in Berlin, 1953) classified 4 types of "humors" in people and each was believed to be due to an excess of one of four bodily fluids, corresponding to their character. The personalities were termed “humors”. These are – Choleric, Melancholic, Sanguine and Phlegmatic. Choleric are irritable in nature and excessive yellow bile bodily fluid is found in such type. Melancholic are depressed due to presence of excessive black bile fluid among them. Sanguine shows optimistic character, excessive fluid found in such type is blood and phlegmatic are calm due to presence of phlegm in their body.

William Sheldon (1940, 1942, cited in Phares, 1991) classified personality according to body type. He called this person’s somatotype. Sheldon identified three main somatotypes – Endomorph (viserotonic), Mesomorph (somatonic) and Ectomorph (cerebrotonic). Endomorph are relaxed, sociable, tolerant, comfort loving and peaceful. There body type is plump, buxom and visceral in structure. Mesomorph are assertive, active,
vigorous and combative. They have muscular body. Ectomorph are quiet, restrained, fragile, non-assertive and sensitive. Such type of person shows lean delicate and thin body. Body types have been criticized for very weak empirical methodology and are not generally used.

In 1921, the Swedish Psychologist, C. G. Jung gave the concept of psychological types and suggested that human behaviour is not random but predictable and classifiable. According to this theory, everyone is born predisposed to certain personality preferences. Jungian psychological types are probably the most widely used and among the best known in everyday life. Keirsey (1998) has renamed and reconceptualized the Jungian types, but they relate very closely to the Jungian types. Keirsey refers to "temperaments" rather than personality. Typologists have devised four pairs of preference alternatives i.e.

1. Extroversion (E) vs. Introversion (I),
2. Intuition (N) vs. Sensing (S),
3. Thinking (T) vs. Feeling (F) and
4. Perceiving (P) vs. Judging (J).

Extroversion (E) vs. Introversion (I): This category deals with our preference to interact with the outside world and how to get energised and stimulated. In the extrovert attitude the energy flow is outward, and the preferred focus is on other people and things, whereas in the introverted attitude the energy flow is inward, and the preferred focus is on one's own thoughts and ideas.

Intuition (N) vs. Sensing (S): This category indicates how a person prefers to receive data. Sensing prefers to receive data primarily from the five senses, and intuition prefers to receive data from the subconscious, or seeing relationships via insights.

Thinking (T) vs. Feeling (F): This category deals with how we make decisions using the data received from the perceiving functions. Thinking uses logical
“true or false, if-then” connections. Feeling uses “more or less, better or worse” evaluations.

Judging (J) vs. Perceiving (P): This category deals with how we orient our lives. Judging people tend to set schedules and organize their life. Perceivers, on the other hand, tend to leave the options open and see what happens.

On the basis of available research literature concerning the concept of personality we have made an attempt to highlight the individual differences, personality traits and dispositions. However it is the requirement of the present research work to focus on the Personality Types in terms of its certain characteristics and behavioural patterns of the individuals representing these groups exposed to stressful situations in personal, social and professional life. Referring the work of two American cardiologists, turn researcher, Fradman and Rosenman in 1940s observed that the chairs kept in the waiting room in the hospital were worn out from the edges. It was a new discovery relating to patients behaviour. They hypothetically emphasized that such type of patients were driven and impatient so they used to sit on the edge of their seats when waiting. They labeled, these people as ‘Type A’ personalities and described them as workaholics, always busy, driven and somewhat impatient. Indeed it was their remarkable observation regarding the personality characteristics of the patients who waited for their turn to consult the doctors. In this way they established a link between personality and coronary heart disease. Later on they wanted to verify their observation by means of the data collected from thousands of individuals between the age group of 31 to 59 years and on the basis of their characteristics placed them into Type A or Type B personality. Then they tried to specify which category of people became more prone to coronary heart diseases and which were not. The biggest difference that they observed between the two groups was that: the Type A person were almost 70% more likely to suffer from coronary heart diseases, even if they had no prior history of the disease. They further suggested that the roots of Type A behaviours were attributed to insecurity and low self-esteem. The society in which people live is basically competitive and thus insecurity takes root easily
and the goals may also be unrealistic and full of overwhelming expectations. The outcome may be low self-esteem as a result the person more often makes all possible endeavor to increase his/her achievements, so he/she may undertake all challenges to work harder and faster at any cost. So as such types of individuals were more prone to become more time urgent, aggressive or hostile (Friedman and Rosenman 1974). Another research scholar Dr Redford Williams (1984) conducted a study to explore the behavioural characteristics of Type A group of individuals and suggested that not all Type A behaviour were unhealthy. His research findings criticized the theory of Friedman regarding Type A personalities. He interpreted that hostility and anger were the most damaging components of Type A in terms of coronary heart disease.

Friedman and Rosenman (1974) defined Type A as “an action-emotion complex that can be observed in any person who is aggressively involved in a chronic, incessant struggle to achieve more in lesser time, and if required to do so, against the opposing efforts of other things or other persons”. In other words we can say that a person of Type A personality is impulsive, competitive and strives to think or do two or more things. Type A person is always in a hurry, lives by timetables and deadlines, is a perfectionist and has difficulty delegating any tasks, and therefore ends up trying to do everything himself, measuring their success in terms of how many or how much of everything they acquire. He is also likely to be impatient and can be aggressive. In contrast to Type A personality, the person with Type B personality appears to be more relaxed about things, less driven and less likely to try to achieve unnecessary aims and objectives. Type B personalities have enough confidence in their fellow human beings to be able to delegate and do not feel the need to take everything on them. They are calm individuals with a rational outlook and not likely to damage their health in the long term due to a stressful lifestyle. Type A personality people perform better and are more successful than those with Type B personality, as Type A are more energetic, competitive and work hard to finish their work before time but on the other hand Type B are more relaxed and have low key approach to life and job. That is why Type A are rewarded
and reinforced in organizations by means of pay package, promotion and prestige. But they achieve this at the cost of their health as they are always reeling under stress in order to achieve their goals before time. So it is important to minimize certain aspects of Type A behaviour such as impatience, hostility, time urgency and aggression in order to reduce uncomfortable stress for the sake of their health. Later researchers also observed that Type A’s created more stress on themselves by increasing the volume of workload (Froogatt and Cotton, 1987), placed themselves in more stressful work environment (Zyzanski and Jenkins, 1970), worked longer hours, took on more overtime, reported higher levels of workload, greater supervisory responsibilities and more role conflict than Type B individuals (Ganster, Sinie and Mayes, 1989). Type A behaviour pattern is found to show high level of competitiveness, irritability and time urgency. Type B behaviour pattern are opposite in each of these respects. Someone who is relaxed, not very competitive, and easy-going in relation with others (Sarason and Sarason, 1999; Morris and Maisto, 1999). In several researches it was observed that Type A seems to respond to stress with greater physiological arousal. Such as while performing stressful tasks, Type A’s have higher blood pressure and pulse rate than Type B’s. In work situations Type A’s did have more accidents and absences, and they suffered more job stress and burnout (Bernstein and Nash, 1999; Sarason and Sarason, 1999).

Caplan and Jones (1975) found that Type A personality moderated the relationship between workload and anxiety by increasing the impact of stress on anxiety. This relationship was supported by Keenan and McBain (1979) who found that Type A personality moderated the relationship between role stress and job satisfaction.

The research literature reviewed on Type A and Type B personalities related to stress, burnout, performance and health outcomes conducted by various researchers and got them published in journals and books in India and abroad have been taken into consideration keeping in view the significance of this present research work. It is impossible to incorporate all the studies.
relating to personalities Type A and Type B group of people because it is not in
the purview of a researcher so he/she has to work within the limitations of
available resources. However, efforts have been made to include some relevant
studies that are related to Type A and Type B personalities.

Matteson and Ivancevich (1982) examined that the organizations as well
as people, can be classified along a Type A and B behaviour pattern dimension
and that the resulting match or lack thereof between individual and
organizational behaviour patterns were related to various health indices. A
sample of 315 medical technologists was classified as either Type A or B and
as working in either Type A or B environments. Results supported the
hypotheses that Type Bs in B organizations report the fewest negative health
symptoms; Type As in A organizations report the most; and Type Bs in A
organizations and Type As in B organizations report an intermediate level of
symptoms.

Kittel et al, (1983) focused on the relationship of Type A behaviour, a
suspected coronary-prone behaviour pattern in its overall or specific aspects, to
“stress” experienced at work, and to social and coronary bioclinical risk factors
and 2,302 men in the age group of 40-50 years. The multivariate analysis
showed: A strong relationship between Type A behaviour and Job Stress; An
important relationship between employment grade, educational attainment and
to a lesser extent, marital status and, overall Type A behaviour. Speed and
Impatience and Job Involvement, a weak relationship between cholesterol and
triglycerides (not found in univariate analysis), and overall Type A behaviour;
a small weak relationship between smoking habits, and, Speed and Impatience
and Hard Driving. A direct relationship between heavy physical activity during
leisure time and Job Involvement.

Sharpley et al., (1995) conducted a study to find out the direct and
relative efficacy of cognitive hardiness, Type A behaviour pattern, coping
behaviour and social support as a predictors of stress and ill-health on 1,925
staff of an Australian University. The collected data showed moderate levels of
anxiety, fairly good average health and moderate job stress and daily hassles. High job stress, high Type A behaviour scores, low social support, ineffective coping, and low cognitive hardiness predicted poorer physical and psychological health. Men appeared healthier than women. Cognitive hardiness most powerfully predicted overall good health and lower job stress.

Kivimaki, Kalima and Julkumen (1996) examined the moderating role of the impatience-irritability and ambition-energy, the Type A Behaviour Pattern components on the occupational stress-strain relationship among 659 industrial managers. Results regarding the ambition-energy component support the mediated effect model and show a positive effect on subjective health perceptions.

Van den Berg, Peter and Schalk (1997) studied the relationships between the Type A behaviour pattern, work overload, role related stress and well-being in computerized office work. A questionnaire measuring these variables was administered to a sample of 893 employees holding office jobs in a large insurance company, a library and a staffing organization. Path analysis showed that work overload partially mediates the relationship between Type A behaviour and well-being, and that role related stress and work overload strongly affect well-being in this type of work. Work overload did not moderate the relationship between Type A behaviour and well-being. One implication for personnel management is that Type A individuals should be trained to perceive the job demands in a realistic way. Another implication is that communication should be improved to solve the problems of role-related stress and work overload.

Lavanco (1997) studied burnout and Type A behaviour in 2 groups of 50 teachers (26 working in high school and 24 in junior high school) and 50 nurses. Each group was composed of 19 men and 31 women. Scores on job satisfaction and burnout were lower for nurses who also showed high scores on irritability and lower ones on control. Amongst nurses, Type A scores were
correlated positively with scores on burnout and negatively with rating of job satisfaction. The teachers showed greater adjustment to work than nurses.

Hagihara et al., (1997) examined work stressors and social support at work amongst 560 male Japanese white-collar workers (aged 20-60 yrs) and identified the respective aspects of work that are stressful for Type A and B workers. The interactions of social support at work and stressor variables amongst Type A and B workers were also evaluated. Results showed that except for 1 significant predictor, i.e., being unable to learn new things at work, the significant predictors of mental stress were generally quite different for Type A and B workers. Social support from management was a cause of mental stress for certain groups of Type A workers. The results also imply that even support from management can be stressful for Type A workers who had heavy workloads.

Cassidy and Dhillon (1997) investigated the relationship amongst Type A behaviour (TAB), problem solving style and health in a sample of 79 middle managers (aged 24-51 yrs). Health was divided into psychological well-being, self-rated physical healthiness, self-rated frequency of illness and self rated health behaviour. Problem solving style was treated as a multidimensional construct and was measured in terms of 6 factors; helplessness, control, confidence, creativity, approach and avoidance styles. Type A reported significantly more illness than did Type B, males were the more confident problem solvers and that Type A females and Type B males felt less helpless in problem situations. On psychological well-being, self-rated healthiness and self rated health behaviour there was no significant difference between Type As and Bs. Multiple regression analysis showed that scores on TAB only accounted for a significant proportion of variance in self rated frequency of illness. Problem solving style accounted for a significant proportion of the variance on all health measures.

Stewart-Bello and Lust (1999) examined the role of the Type A behaviour pattern (TABP) in predicting several types of career movements of
women. Subjects were 86 female employees (aged 21-60yrs) of an organization in the energy industry. Variables used were TABP, demographic information and performance data obtained from each subject’s personal files. In general, TABP had a strong impact on several types of promotion; they were key predictors of promotions associated with lower level positions.

Bhatt, Patel and Yagnik (1999) compared the proactive factors of security, guidance, wisdom and power in Type A and Type B employees of public versus private sector organizations among 40 private sector and 40 public sector officers. Results show that private sector subjects obtained higher scores for all traits than the public sector subjects. For guidance, wisdom and power such differences were significant. All examined factors were negatively correlated with Type A personality. Findings suggested that the environment of the private sector would have fostered the development of proactive behaviour in Type B employees.

Kirkcaldy, Cooper and Furnham (1999) examined the relationship between Type A, internality-externality, emotional distress and perceived health amongst 255 European managers (German and British; aged 37-55 yrs). No significant relationship was reported between personality, work satisfaction and general health. Overall Type A internals expressed the most job satisfaction with their work situation and better physical and psychological health, although this was found significant only for the sample of British managers. Type A and B externals displayed higher mental illness scores, where as Type B externals only reported significantly more physical symptoms (physical ill health). Type B internals appeared to report the better health.

Jamal (1999) examined the relationship of job stress and Type A behaviour with employee well-being amongst professors in Canada and Pakistan. Employee well-being was operationalized in terms of burnout, satisfaction (Job Description Index) with pay, work, coworkers and supervision and turnover intention. Data were collected by means of a structured questionnaire from college professors in metropolitan cities in Canada.
Pearson correlation and moderated multiple regression analysis was used to analyze the data. In both countries, both job stress and global Type A behaviour were significantly related to a number of well-being variables. In general, the relationship of job stress and Type A behaviour with well-being variables was essentially similar in both the samples representing Pakistan and Canada. Two components of Type A behaviour (time pressure and hard driving/competitiveness) exhibited the same pattern of results with well-being variables as were found with the global measure of Type A behaviour. Moderated multiple regression only partially supported the role of Type A behaviour as a moderator of the stress-well-being relationship.

Siu, Cooper and Leung (2000) explored the impact of Type A behaviour and exercise on physical and psychological well-being and investigated the role of Type A behaviour and exercise as stress moderators amongst managers. Results showed that exercise was positively related to physical well-being. Exercise was also positively related to mental well-being and job satisfaction. However, exercise was not a moderator of any relationships between stressors and well-being. Concerning Type A behaviour, “impatience” was consistently and negatively related to physical well-being. Type A behaviour also negatively moderated the relationship between stressors and job satisfaction and between stressors and health.

Whiteman, Deary and Fowkes (2000) studied the relationship between Type A or expressive hostility and coronary heart disease. In the Edinburgh Artery Study (EAS), hostility related traits and data on cardiovascular events were collected for the age range 55-47 years (809 men and 783 women). Results showed that hostility and dominance related personality traits related to cardiovascular risk factors and these traits also related to incident of cardiovascular disease outcomes.

Day and Jreige (2002) examined the TABP components of Achieving Striving (AS) and Impatience/Irritability (II) to assess whether they moderated the relationships between job stressors and psychosocial outcomes. Results
based on 106 employees from a large Canadian organization supported the independence of the 2TABP components. After controlling for the job stressors (that is overload, ambiguity, intra role conflict and lack of job control). Impatience/Irritability and Achieving Striving accounted for additional variance in job satisfaction, perceived stress and life satisfaction, although these components were uniquely related to different outcomes. Finally, Achieving Striving and Impatience/Irritability moderated several of the stressor-psychosocial outcomes relationships.

Kirkcaldy, Shephard and Furnham (2002) studied the influence of Type A behaviour and locus of control upon job satisfaction and occupational health on sample of 332 German managers (aged 18-65 yrs). Results showed that Type A personality and an external locus of control are associated with greater perceived levels of stress (particularly in terms of interpersonal relationships), lower job satisfaction and a poor physical and mental health than that of managers with a Type B personality and an internal locus of control. The magnitude of main effect size is substantially larger than the interactive terms (Type A X locus of control). There is no evidence to support a significant effect of a Type A X locus of control interaction on either of the health outcome measures (physical and psychological health) but there is some evidence of an interaction with work satisfaction outcomes (job satisfaction and organizational satisfaction). Those with an external locus showed significantly lower levels of work satisfaction, especially when this characteristic was combined with Type A personality. It appeared that negative health consequences might have outweighed the superficial attractiveness of the Type A personality in a managerial position particularly when this trait was coupled with a more external locus of control.

Al-Mashaan (2003) investigated the differences between males and females on one hand and between Egyptian and Kuwaiti teachers on the other. It also aimed to examine the correlation between Type A behaviour and job satisfaction amongst a sample consisting of 406 teachers (109 females and 279 males; 253 Kuwaiti and 153 Egyptians). Results revealed that there were no
significant differences between males and females in job satisfaction, organization structure and satisfaction of organizational process. However, there were significant differences between Kuwaiti and Egyptian teachers in the research variables. In addition to the above, results indicated significant positive correlation between Type A behaviour and Job satisfaction.

Glazer, Stetz and Izso (2004) examined Type A/B behaviour pattern and job stress across several nations (Hungary, Italy, United Kingdom, Israel and USA) and cultures. The data was collected from 2032 nurses working in 19 hospitals. Type A was positively related to stress in Italy, Israel and USA, though the correlations were not significantly different from each other across countries. Nurses in nations that had low endorsement for intellectual autonomy reported higher Type A behaviour.

Zolnierczyk (2004) carried out study to predict perceived job stressors in a sample of 126 managers depending on Type A and reactivity level. The results showed that reactivity not Type A was a direct positive predictor of perceived job stressors. The interaction of Type A and reactivity was marginally significant in predicting occupational stressors. High reactive Type A workers perceived higher level of job stressors than low reactive Type As.

Jamal (2005) examined relationship of job stress, Type A behaviour and its two components (time pressure and hard driving/competitiveness) with burnout, health problems, job satisfaction, organizational commitment and turnover motivation amongst employees in Canada (N=535) and China (N=685). Data were collected by means of a structured questionnaire from Canadian and Chinese employees. Pearson correlation and moderated multiple regression analysis was used to analyze the data. Job stress, global Type A and its two components were significantly related to a number of dependent variables in both the countries. Some support for differential effects of Type A behaviour components was found primarily in the Canadian sample.
Job Burnout

In the present day world scenario no profession is truly spared from the negative reaction in varied magnitude which we call burnout, caused by incessant change and development of mankind in all spheres of life, nature of job, job pressure and also job demands which has increased manifold so as the frequency of job burnout is on the rise for both men and women. Innovation and advancement of technology has brought out tremendous change amongst all levels of the employees working in diverse fields, widespread and bound up to develop personal efficacy in learning new skills, need to adopt new types of work, pressures of higher productivity and quality of work, time pressure and hectic job demands are increasing levels of stress among all categories of the workforce. All these changes are likely to develop a hostile work environment and contribution to employee’s emotional, physical and spiritual exhaustion. The outcome of such changes is likely to result in lower productivity, poor quality of end product, low morale, increased employees turnover rates, increased absenteeism, intention to leave, lower effectiveness, reduced job satisfaction, reduced commitment increased workers compensation claim, increased in accident rates and later on there might be greater possibility that burnout employees can become addicted to intoxicants, alcohol and drugs depending upon the severity and frequency of burnout reaction.

When a person feels emotionally drained, helpless, hopeless and used up, showing stronger tendency to withdraw socially, deterioration in the quality of interpersonal relationships and development of negative self-concept with little desire to work with the people and reluctant to return on job. If so, he/she seems to show symptoms of job burnout, which consumes one’s enthusiasm until his/her motivation goes dry. In fact skills and knowledge of the employees remains intact, but the Will to perform and the spirit within is gone. The stressors leading to job burnout, which accumulate with time, can become debilitating if employees do not recognize and find out possible ways to cope with them.
The term “job burnout” gets its access in research literature from the care giving and service profession in which the relationship between provider and recipient is considered as the core of the job. The concept of burnout could be understood better from the following explanation that burnout in the form of reactions can be observed in every one’s family where a women/housewife is always seen busy doing all type of work to fulfill the demands of family members including husband, may likely to show physical and emotional exhaustion which are the common symptoms of Burnout Syndrome. Kulkarni (2006) in his writing describes that Burnout is not a new syndrome, its existence can be traced back to the collection of poems attributed to William Shakespeare and published in 1599 as “The passionate Pilgrim”. It is evident from research literature that Freudenberger (1974) though to be credited in using the burnout concept in a human services setting. The word was used colloquially in the 1960s to refer to the effects of chronic drug abuse. He changed the word’s meaning in order to characterize the psychological state of volunteers who worked in alternative health care agencies. He described “Staff Burnout” as syndrome of exhaustion, disillusionment and withdrawal amongst voluntary health workers. Later researchers inspired from his explanation concerning burnout syndromes of various categories of employees working in human services sectors including the social workers, nurses, teachers, lawyers, physicians, police personnel and people engaged in other professions, where contact with other people were required more. However, Freudenberger’s clinical observations soon became overshadowed in academic literature by the work of a social psychologist, Christina Maslach. The theoretical and empirical work done by Maslach (1976) is prominent and very much popular and involved other researchers to this complex stress related syndrome of employees. He defined burnout in terms of loss of concern for the people with whom one is working. Different researchers gave several conceptual definition of burnout. Burnout is “characterized by physical depletion, feelings of helplessness and hopelessness, emotional drain and the development of negative self-concept and negative attitudes toward work, life, and other
people” (Pines, Aronson and Kafry, 1981). Another definition states that burnout is “a syndrome of emotional exhaustion and cynicism that occurs frequently amongst individuals who do people work of some kind. A key aspect of the burnout syndrome is increased feelings of emotional exhaustion” (Maslach and Jackson, 1981). Cherniss (1980) emphasized burnout as a transactional process consisting of three stages:

1. An imbalance between resources and demands (stress);
2. Immediate, short term emotional response to this imbalance (Strain), the response characterized by the feeling of anxiety, fatigue and (emotional exhaustion);
3. A number of changes in attitude and behaviour.

Maslach and Jackson (1981) defined burnout as “a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur amongst individuals who work with people in some capacity”. Interest was on consequences of interpersonal demands (at work) and conducted qualitative interviews on the emotional and attitudinal reactions amongst human service workers (people who work in occupations that encompass intense client contact, e.g. nurses, policemen, social workers, teachers). From interviews, three emotional/attitudinal aspects (emotional exhaustion, depersonalization and reduced personal accomplishment at work) were ultimately identified and labeled as ‘burnout’.

- Emotional exhaustion refers to a feeling of being drained of emotional energy or all used up. When people begin to experience emotional exhaustion they may try to reduce the emotional stress of working with other people by detaching from others. They commonly began to maintain an emotional distance from others.

- Depersonalization (later revised and relabeled as ‘cynicism’) refers to an increasing indifference about clients (cynicism refers to indifference about one’s work), or excessively detached response to other people at work, represents the interpersonal component of burnout.
- Reduced personal accomplishment refer to feeling of decline in one’s level of competence and productivity and to one’s lowered sense of self-efficacy, represents the self-evaluation component of burnout.

Paine (1982) suggested a differentiation between Burnout Stress Syndrome (BOSS) on the one hand and Burnout Mental Disability (BOMD) on the other. BOSS is described as a relatively mild, psychological reaction to workplace stress and frustration and yet it does not qualify as a mental disorder. BOSS can lead to depletion of energy, lowered resistance to illness, increased dissatisfaction and pessimism, and increased absenteeism and inefficiency at work. BOMD is described as a possible final state of the burnout process in which the distress has taken far more severe expressions and has become so disabling that it can be described as a mental illness.

Constant stress experienced by a person on his/her job related responsibilities is one of the causes of burnout and always occurs before stress. Burnout starts with a change in the life of a person that comes from the job with high expectations after serving on it in any capacity on new job. Stress may arise if the job changes, underutilizes the employee's skills, or is not what the employee expected, lack of social support, inadequate job resources or if he/she never receives positive or useful feedback. Short-term stress that comes with working on a project can be exhilarating and rewarding, helping you to get your job done. But when the stress is chronic and unrelenting burnout is most likely to occur. According to Maslach and her colleagues (1996), burnout should be understood as a state of mind occurring when the organization in which one is employed fails to provide the necessary resources (a manageable workload, clarity in goals, feedback, rewards and/or necessary autonomy or latitude of decision) to support the employee in his professional role, or fails to reciprocate the employee’s involvement by providing justice, trust or integrity. The stress created by these circumstances will take its toll on emotional energy and hence results in exhaustion, and the disappointment from being let down by the employer will result in withdrawal attitudes and increasing indifference.
about one’s work. In addition, when the organization fails to provide adequate support, the employee’s work efficacy will decrease and produces a conception of personal failure at the job. Eventually, the overall situation will erode the initial engagement in the work that once was the employee’s driving force, leaving him or her drained, consumed and burnt out (Maslach and Leiter, 1997). Research by Maslach and Leiter (1997, cited in Maslach, Schaufeli and Leiter, 2001) listed six factors of the social environment, which they have found to be meaningful as a source of burnout.

- Work overload: Too little time in combination with lack of resources, leads to burnout.

- Lack of control: Reducing costs is primary over needs of clients or employees.

- Insufficient rewards relative to the demand.

- Breakdown of community: Faster paced work destroys the sense of community amongst co-workers, which further disrupts persons job performance.

- Unfair treatment of workers: If evaluations, promotions and benefits are not applied fairly, the employee tends to lose trust in the organization.

- Conflict of values: Performing tasks by an employee if judged unethical or which go against his/her personal values undermines person’s ability to believe in the worth of the work he/she does.

Since burnout is not an overnight occurrence, it's important to recognize its early signs and to act before the problem becomes severe. In a chronic state of stress, body will begin to show the following physical signs of stress overload: psychosomatic illnesses (psychological/emotional problems which manifest themselves physically), digestive problems, headaches, high blood pressure, heart attacks, teeth grinding and fatigue. When you are on the verge of burnout, you may feel: powerless, hopeless, drained, frustrated, detached from people and things around you, little satisfaction from work, boredom,
resentment for having too much to do, like a failure, stuck in a situation from which person cannot extricate, unsure about choice of job or career, withdrawn, isolated from coworkers and friends, insecure about competence and abilities cynical, irritable, anxious, increased intake of drugs, alcohol or tobacco, insomnia, night mares, forgetfulness, low productivity at work and inability to concentrate.

Freundenberger (1974) suggested multidimensional definition of burnout including biological and physical symptoms (exhaustion, fatigue, proneness to catch a cold, stomach complaints and headache) behavioural and emotional symptoms (irritability, depression, tendency to cry and shout) as well as cognitive, social and performance deficits (inflexibility of thinking, weal memory, loss of motivation and social isolation). Individuals suffering from burnout syndrome are more susceptible to develop psychosomatic symptoms, which may be noticed in the form of Insomnia, Ulcers, Backaches, Headaches, Fatigue, and High Blood Pressure (Caldwell and Droling, 1991; Maslach and Jackson, 1979; Maslach and Jackson, 1981; Steams and Moore, 1990).

Under the state of prolonged conditions of chronic stress, the body begins the downward progression to burnout. When specific psychological responses interact with the body's natural physical responses to stress, burnout occurs. When a person is unable to take sound sleep or expresses withdrawn and become addicted to drugs, alcohol and any sort of intoxicants. The person’s relationships both at and outside of work place may begin to fall apart. Burnout can impair your job performance as well as your health.

Some people experiencing burnout will feel as if their jobs are no longer interesting or enjoyable. They become indecisive, their productivity drops and their work deteriorates. These people feel bored and put-upon, they may dread going to work in the morning, and they may feel envious of others who are happy with their work. Others who see their jobs as intense, highly demanding and stressful might try to push themselves even harder once they feel the effects of burnout. They will try to balance numerous roles, multitask and
response to a variety of changing and challenging situations often at the expense of their own well-being. Initial responses to burnout include heightened feelings of anxiety followed by a need to do more by stepping up the pace-working harder, longer and faster. They feel like they're running.

The research work carried out by Freundenberger (1975) and other investigators found that burnout may also be caused by over commitment, excessive dedication to work and lack of awareness of one’s limitation, lack of suppression between individual’s life and stressful working conditions in which employees are working, lack of social support, busy in accomplishing goals, stressful personal life, emotional demands and failure to recognize other’s expectations. Some researchers also found that stress producing variables were significantly related to Burnout as over load, social overextension, bureaucratic pressures, lack of feedback, autonomy and appreciation (Pines and Kafry, 1981 and Shamir and Drory, 1982).

Moss (1981) described Job Burnout in terms of negative effect of working conditions where job stress and sources of satisfaction, or relief seemed to be unavoidable. Maslach (1982) suggested that the symptoms of burnout were believed to result from the interaction between the helper and the person receiving help. Farber (1983) pointed out that the emotional demanding situations concerning to the job are prevalent in the human service profession, and also in public service; and managerial and supervisory positions where client and employees both impose constant demand for attention. Schwab (1983) described that those people who are constantly or intensively interacting with other people in an emotionally charged atmosphere are more susceptible to show the syndrome of burnout. Roger (1984) reported that burnout is more common amongst the professions where the person has to deal extensively with the customer while on the job such as Service Providers, Accountants, Lawyers, Managers, Nurses, Police Officers, Teachers, Social Workers and Doctors. Later researchers, pointed out that job burnout not only occur in people helping situations, but also are experienced in other stressful jobs (Leiter and Robichaud, 1997; Posig and Kickul, 2003). In fact, one study found
that the symptoms of job burnout did not vary across several different occupational groups including human service work, industry related jobs and transport related jobs (Demerouti *et al.*, 2001).

Burke, Shearer and Deszea (1984) reported that work pressure of the employees working as public servant in different sphere of life, require daily interactions with large number of people who have diverse nature of problems and their expectations are constantly more demanding both physiological and psychological on the part of the individual workers. Soderfeldt *et al.*, (1995) suggested that different aspects of the organization could promote burnout. Low work autonomy or low levels of decisions are similarities found in stress research on psychosocial work environments. High demands at work, combined with low control and a low degree of social support, have been found to be associated with stress and health problems. According to Bakker *et al.*, (2003) when job demands are high, burnout symptoms increase especially the emotional exhaustion component of burnout. Vegchel *et al.*, (2004) reported that Emotional demands and workload demands both contribute burnout symptoms.

Research literature available on Burnout, indicates that Burnout might occur at individual levels but really it is caused by individual weaknesses. Savicky and Cooley (1983) reported that more enthusiastic employees are likely to be more prone to Job Burnout. The Burnout Syndrome makes people less idealistic, more rigid and low performer. Several personality traits: Poor resistance to stress (lack of hardiness), type A behaviour, poor personal control, anxiety traits, and poor self-esteem have all been found to be associated with burnout (Schaufeli and Buunk, 1996). Employee characteristics, job features, supervisory practices, employee psychological and behavioural reactions, unmatched job expectations and job experience are also found to be associated with Burnout (Porter and Steers, 1973; Wanous, 1980; and Steers and Mowday, 1981). Some investigators found that the high social support can lessen the degree of burnout directly by adding positive and need fulfillment into the life
of the individuals (Kanner, Kafry and Pines, 1978). According to Maslach and Leiter (1997) Burnout is expressed in three ways:

- An erosion of commitment with the job such as the worker loses interest.
- An erosion of emotions where feelings such as happiness, enthusiasm and security are replaced by depression, apathy and anxiety.
- Lack of fit between the person and the job.

Pines and Guendelman (1995) explored the antecedents and experience of burnout for women in blue-collar positions and human service. Subjects were 241 Mexican women employed either in electronics or garment assembly plants. Comparative sample included (1) American teachers, police officers and nurses (2) Mexican women in service (pink-collar) occupants, in white-collar positions (college teachers), or with no paid labor force history and 6 cross-cultural samples of working and non-working women. Blue-collar position women reported lower level of burnout than pink or white collar counterparts in Mexico and other countries. For Mexican blue-collar subjects, burnout occurred when work did not enable them to escape poverty. American professionals experienced burnout when they felt unable to significantly contribute to coworkers and society.

Pradhan and Misra (1995) examined life stress and burnout amongst 20 medical practitioner couples. Results show significant gender difference in the feelings of lack of personal accomplishment but insignificant differences in the feelings of emotional exhaustion and depersonalization. Significant gender differences were also found with regards to intensity and frequency of life stress. Life stress was significantly and positively related with emotional exhaustion and depersonalization. Life stress was negatively related with personal accomplishment in females. This relationship was significant only for emotional exhaustion in males. No gender difference was observed for the relationship between life stress and burnout.
Parker and Kulik (1995) examined how job stress and work support predict the experience of burnout and how burnout is related to absenteeism and job performance in a sample of 73 registered nurses. Result indicates that levels of work support and job stress were both significant predictors of burnout. Higher burnout levels were significantly associated with poorer self-rated and supervisor-rated job performance, more sick leaves and more reported absences for mental health reasons.

Bhana and Haffejee (1996) examined burnout and its associations with job satisfaction, role conflict and role ambiguity amongst 29 child care social workers (aged 23-56 years). Those workers who were unsatisfied in their jobs or who rated role ambiguity and role conflict rated themselves higher on intensity and frequency of emotional exhaustion and personal accomplishment.

Corrigan, Holmes and Luchins (1996) examined the relationship of Burnout with collegial support, prolonged anxiety, physical health and job attitude. The results showed burnout was associated positively with anxiety, frequency of illness and contrary job attitudes and correlated negatively with level of satisfaction with collegial support network. Partial correlation showed that satisfaction with support systems diminished the effects of burnout on frequency of illness and job attitude.

Pradhan and Misra (1996) examined the relationship between Type A behaviour and burnout. The sample consisted of dual career medical and female couples. The result indicated that the moderate level of Type A behaviour pattern subjects showed lower levels of burnout and two groups of male and female doctors differing significantly in terms of the relationship between Type A behaviour pattern and burnout. The association of these variables was found stronger amongst females in comparison to their male doctor counterparts.

Shirom et al., (1997) studied the effect of objective and subjective overload and of physical and emotional burnout on cholesterol and triglyceride levels. The study’s hypotheses were tested separately for male and female
employees. Time 1 (T1) data was collected from 665 healthy employees (30% women) while they were undergoing periodic health examinations in a health-screening center. Time 2 (T2) measures of cholesterol and triglycerides were collected 2 to 3 years after T1. The hypotheses were tested by regressing each T2 criterion on its T1 level; the control variables of age, obesity, diet, alcohol consumption and smoking; and the other predictors. For female employees, the T1-T2 changes in the serum lipids were positively by physical fatigue. For male employees, both types of T1 burnout were positive predictors of the T1-T2 change in total cholesterol.

Wright and Bonett (1998) examined the relationship between three dimensions of burnout and work performance amongst human service personnel (aged 29-68 years). A negative relationship was established between one dimension of burnout, emotional exhaustion and subsequent work performance. However, the results failed to establish relationships amongst work performance, depersonalization and personal accomplishment.

Male and May (1998) examined the influence of stress and burnout on mental health amongst learning support coordinators. The scores of this study group obtained on occupational stress questionnaire did not show the sign of high stress levels in this group except one dimension of occupational stress, i.e., work overload was found out as an evidence for heightened stress. The causes of overload were determined. The findings suggested some evidence of exhausted emotional health in this group.

Weisberg and Sagie (1999) studied the impact of burnout dimensions on the intention to leave their current jobs amongst female teachers. Burnout scale was analyzed and classified as physical, emotional, or mental and then correlated with intention to leave by using a multiple regression analysis. Both physical and mental exhaustion were found positive and significant to influence intention to leave. Neither the influence of emotional exhaustion was significant nor were the teachers' ages. Tenure was negatively and significantly correlated with both burnout and intention to leave. Maslach and Leiter (1999)
were of the view that when an environment is unresponsive to people there is a
greater chance of chronic burnout in the employees of that organization.

Daniel and Schuller (2000) examined the relationship between
personality and health state, focusing on burnout and physical age of the
teachers and years of teaching practice or aspects of social background. Results
did not confirm the expected high burnout in this professional group, however
the significantly higher score were found in classic phobias in the group of
older teachers and significantly higher score in exhaustion. The most
significant differences were observed in the higher score in social anxiety,
which was present amongst teachers who were just beginning to teach and
those with years of teaching practice. The emotional exhaustion indicator (EE)
correlated positively with classic phobias, social anxiety, stage fright,
depersonalization, neuroticism and also with greater occurrence of health
problems in the gastrointestinal and cardiovascular areas.

Salanova and Schaufeli (2000) studied the impact of exposure to
computer-aided technology on burnout is mediated by attitudes toward
information technology. The result showed that higher the exposure, more
positive the appraisal and lower the burnout level (less cynicism, more self-
confidence and a greater sense of goal attainment). No such effects were
demonstrated for exhaustion.

Breninkmeyer et al., (2000) attempted to find out relationship between
Burnout and Depression. The results showed that the depression was closely
related but this was not certainty in identical twins. Vettor and Kosinki (2000)
reported that high work stress was found related to Burnout. The sample
consisted of emergency medical technicians. The results showed that
emergency medical technicians were more susceptible to burnout because of
high work stress.

Kickul and Posig (2001) investigated the role of supervisory emotional
support in the relationship between Job/role demand stressors and emotional
exhaustion. The interactive effects of role conflict and supervisory emotional
support on employee’s emotional exhaustion were examined. Results revealed that the relationship between role conflict and emotional exhaustion as well as the relationship between time pressure and emotional exhaustion were moderated by the participant’s perception of their supervisor’s emotional support. Contrary to many models of job stress and support but as predicted in this study, supervisory emotional support acted as a reverse buffer by strengthening the positive relationship between demand stress and emotional exhaustion. As employees encountered additional role conflict, emotional exhaustion significantly increased when there was high supervisory emotional support.

Cam (2001) examined Burnout of Nursing Academicians. The data obtained was analyzed by means of multiple regression analysis to find out the predictors of burnout. The predictors of burnout components viz, emotional exhaustion, depersonalization and personal accomplishment. The obtained results revealed that the predictor of emotional exhaustion was the Work Settings, the predictor of depersonalization was Job Pressure and predictor of personal accomplishment was Job Satisfaction.

Burke and Greenglass (2001) examined work-family conflict, family-work conflict and psychological burnout amongst nursing staff during at time of restructuring and downsizing. Nurses reported significantly greater work-family conflict than family-work conflict. Restructuring stressors and both work-family conflict and family-work conflict were associated with higher levels of psychological burnout.

Rashid (2002) investigated burnout amongst Iranian school Principals. The sample was 200 principals (100 men and 100 women) who completed the Friedman School Principal Burnout Scale. Analysis showed principals who completed the scale felt exhausted, aloof and deprecated. The women scored lower. There were significant correlations between marital status and years of administration within the scores on burnout.
Cunradi et al. (2003) assessed the contribution of burnout (Emotional Exhaustion) to the risk of alcohol dependence and alcohol related risk among a sample of urban transit operators. The results indicated that burnout was associated with elevated risk of alcohol dependence. The association between burnout and alcohol related risk, however, was attenuated. These findings suggested that transit operators with higher levels of burnout might have been at increased risk for alcohol problems, particularly alcohol dependence.

Grossi et al. (2003) investigated the immune, endocrine and metabolic correlation of burnout amongst women. Results indicated more job strain, less social support at work and higher level of anxiety, depression, vital exhaustion (VE), and sleep impairments, participants with high burnout manifested higher levels of tumor necrosis factor alpha (TNF-a) and glycated hemoglobin (HbAIC), independent of confounders including depression. Finding suggested that burnout seemed to involve enhanced inflammatory responses and oxidative stress amongst women.

Demir et al. (2003) investigated the factors that influenced burnout levels in the professional and private life of nurses working in the university and state hospital in a city. Findings suggested that higher education level, work experience and higher status decreased burnout while working at night shifts increased it. In addition, nurses who have problems in relations with the other team members and were not satisfied with their work conditions had higher levels of burnout. Having difficulty in childcare and in doing house chores, health problems of the nurses herself or her children, economic hardships and difficulties encountered in transportation are other factors increasing burnout.

Peltzer, Mashego and Mabeba (2003) identified job stress and burnout symptoms amongst randomly selected South African medical practitioners from a national survey. The sample included 402 doctors, 59.5% male and 40.5% female. The majority were whites followed by African Black and Asians. Results showed that the overall job stress index indicated 4.9% high
job stress levels amongst the doctors. High severity job stress rating included: (1) fellow workers not doing their job, (2) inadequate salary, (3) covering work for another employee and high frequency of stress and (4) working overtime and making critical on the spot decisions and dealing with crises situations. Female doctors felt significantly increased lack of support on job stress severity than male doctors. High levels of burnout (emotional exhaustion and depersonalization) were found amongst doctors. Job stress predicted emotional exhaustion and depersonalization but not personal accomplishment. Emotional exhaustion was associated with female doctors and personal accomplishment was significantly related to male doctors as well. White doctors reported more symptoms of stress and burnout symptoms than doctors with colored skin.

Kirk-Brown et al., (2004) examined the antecedents of burnout and job satisfaction amongst counselors employed in work settings. Results indicated that predictor of the experience of burnout and intrinsic job satisfaction was significantly predicted by the counselor’s perceptions of job challenge, as well as by the level of organizational knowledge.

Jamal (2004) examined the relationship between non-standard work schedules (shift work and weekend work) and job burnout, stress and psychosomatic health problems amongst full-time employed Canadian in a large metropolitan city. Results indicated that employees involved with weekend work and non-fixed day shifts reported significantly higher emotional exhaustion and health problems than other employees.

Thompson, Kirk and Brown (2005) studied the effects of work stress on police women’s functioning in their family environment through a component of burnout i.e. emotional exhaustion. Work role stressors assessed were role ambiguity and role overload. The findings suggested that a fruitful avenue of exploration of stress transmission to the family would be an examination of behaviours linked to emotional exhaustion.

Toker et al., (2005) studied the association of employee’s burnout or vital exhaustion with risk factors for cardiovascular diseases. The sample
consists of 630 women and 933 men, all apparently healthy, who underwent periodic health examinations. In women, burnout was positively associated with high-sensitivity C-reactive protein and fibrinogen concentrations, and negatively associated with anxiety. In men, depression was positively associated with high sensitivity C-reactive protein and fibrinogen concentrations but not with burnout or anxiety.

Melamed et al., (2006) suggested burnout is characterized by emotional exhaustion, physical fatigue and cognitive weariness, resulting from prolonged exposure to work related stress. The author presented evidence supporting several potential mechanisms linking burnout with ill-health, including the metabolic syndrome, deregulation of the hypothalamic pituitary adrenal axis along with the sympathetic nervous system activation, sleep disturbances, systematic inflammation, impaired immunity functions, blood coagulation and fibrinolysis and poor health behaviours. The association of burnout and vital exhaustion with these diseases mediator suggests that their impact on health may be more extensive than currently indicated.

**Concept of Health - Mental and Physical**

The word Health as defined in Oxford dictionary refers to a condition of being sound in mind, body and soul especially, freedom from physical disease or pain but this explanation does not cover all the aspects of health so it needs further description in a broader prospective. In other words, Health has been described in terms of functional and/or metabolic efficiency of an organism, at any moment of time, at both the cellular and global levels. In any organism, health is the ability to efficiently respond to challenges (stressors) and effectively restore and sustain a state of balance, known as homeostasis. When we talk of sickness it merely emphasizes the absence of health. It means all living organism is likely to fall in between 0 to 100 per cent on health spectrum.

In the past, scientists defined health simply as the absence of disease or illness. The W.H.O. defines Health as “a state of complete physical, mental and
social well-being and merely the absence of disease or infirmity” (World Health Organization, 2001). In addition to this in more recent years this statement has been modified to include the ability to lead socially and economically productive life. The W.H.O. definition of Health is accepted world wide but it has also been criticized by some people who have argued that Health can not be defined as a state at all rather it must be defined as a process of continuous adjustment to changing demands of living and of the changing meaning that we give to life. In fact, health is one of the most important aspects of everyone’s life so it is the responsibility of the government to focus on the health related problems of the people in every society with the collaboration of W.H.O. in maintaining to an extent disease free society. When we look into this matter in a global prospective we find that in the true sense W.H.O. was established to provide better health care to every mankind irrespective of any diversity- social, racial or economical. The progress of any society depends to a great extent upon the quality of its people so it became a focal point for researchers in the field of psychology, sociology and management to identify the potential factors likely to adversely affect the health of people in one way or the other. In the last few decades with the pace of technical advancement, rapid industrialization, globalization, fast social mobility, increased job demands, employee expectations and changing value system has brought out drastic changes in all spheres of life and these changes may be stressful if persists for longer seems to cost to both employees health and their performance. The uncopable changes at employee level may be a major source of his/her mental or physical illness. The commonly observed physical ailments amongst people associated with corporate life are headaches, indigestion, backaches, gastrointestinal upsets, constipation or diarrhea, increased perspiration, fatigue, high blood pressure and frequent illness. Various work related symptoms that are psychological in nature such as tension, anxiety, irritation, low self esteem, forgetfulness, depression, anger, apathy, breakdown, hypersensitivity, feeling of helplessness and sleep disturbance. On the other hand these changes at organization level may result in absenteeism, low
motivation, poor industrial relation, faulty decision-making, higher medical cost, staff turnover and overall decrease in efficiency and productivity. Health is not only important for leading congenial life rather most essential for continuous progress and betterment in every society as well as in the organization too. So it is important to recruit and retain the healthy employees to a possible extent to get quality output both personal and economical. The most essential aspect is to maintain the employees health. All possible endeavors in this direction are essentially required for the maintenance of the health of employees of all categories by providing congenial working condition in order to develop good feeling towards work and to achieve optimum level of output from every one in the job hierarchy. The management people are well aware about the significance of health so they put in all possible efforts to identify health related problems by means of pursuing consistent research in this direction and it has been observed that stress at work not only affects the employees job behaviour and attitudes but also the mental as well as physical health of the employees.

**Mental Health**

Advancement in all spheres of life and health awareness in general, people of today’s world are more conscious about their health so as it is a well recognized fact that the ill-effect of health related problems on employees well-being is well-recognized by various organizations such as W.H.O., I.L.O. and other unions, that mental health seems to be equally important as physical health. An individual cannot be considered as healthy if he/she is not mentally healthy. However, more importantly, mental health also affects our physical and social health because the components of mental health not only affect emotional states but also our physiological and biological states as well. If an individual is continuously exposed to mental stressors then he/she is likely to develop the symptoms of physical disease states in three ways: the body’s ability to fight infection is reduced, the chances to influence existing disease
increase and vulnerability to catch new diseases and illnesses are likely to increase.

Mental health may be described in terms of an individual’s emotional and psychological well-being. The concept of mental health has greater relevance, which was first described by Clifford Whittingham Beers in 1908 with the term “Mental Hygiene”. He constituted a National Committee for Mental Hygiene in 1909 and actively campaigned for the rights of the mentally ill people. William Glasser (1961) also described “Mental Hygiene” in his book entitled ‘Mental Health or Mental Illness’, wherein he took the dictionary definition of hygiene that is described as the establishment and maintenance of health, viz; mental health. Before 20th century, mental health was described in terms of the absence of mental disorder but later on it was examined that the absence of a recognized mental disorder is not necessarily an indicator of mental health and it has been considered in its more positive connotation. It is obvious that mental health is so vast that includes subjective well-being, perceived self-efficacy, autonomy, competence, inter-generalizational dependence and self-actualization of one’s intellectual and emotional potential amongst others. It is not possible to cover every aspect in its domain while defining mental health comprehensively but it is however generally agreed that mental health is relatively much broader when it is compared with mental disorders.

According to the Surgeon General’s Report, Mental Health refers to, "the successful performance of mental function, resulting in proactive activities, fulfilling relationships with other people, and the ability to adapt to changes and cope with adversity". On the end of the continuum is the mental illness, a term that “refers to all alterations in thought, mood, or behaviour (or some combination thereof) associated with distress and/or impaired functioning.” In this perspective and the notion of a continuum one can see mental health on one end as successful mental functioning as compared to mental illness on other end as ‘impaired functioning.’
Scholars representing different cultures have also defined mental health differently. Menninger (1945) defined mental health as the adjustment of human being to the world and to each other with maximum of effectiveness and happiness; it is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour and happy disposition.

Hadfield (1950) stated mental health as a full and free expression of all our nature and acquired potentials, in harmony, with one another by being directed towards a common end or aim of the personality as a whole. He defined mental health in terms of a dynamic state, which is not static, it is the functioning of whole organism towards an end, not the attainment of certain state, it is a harmony of movement being active and living.

Maslow and Mittelman (1951) have suggested the following criteria for normal psychological health: adequate feeling of security; adequate self-evaluation; adequate spontaneity and emotionality; efficient contact with reality; adequate self-knowledge; integration and consistency of personality; adequate life goals; ability to learn from experience; ability to satisfy the requirements of the groups; and adequate anticipation from the group or culture.

Bernard (1957) defined mental health as a “normal state of well-being, a positive but relative quality of life. It is a condition which is characterized by the ability of an average human being who meets the demands of his life on the basis of his capability and limitations. Mental health is not only the absence of mental illness but also an active quality of individual’s daily effective living”.

Jahoda (1958) presented six aspects of positive mental health such as an individual's attitude towards his own self; growth, development or self actualization; integration; autonomy; perception of reality and environmental mastery.

Kornhauser (1965) defined mental health of workers as “those behaviours, attitudes, perceptions and feelings that determine workers overall
level of personal effectiveness, success, happiness and excellence of functioning as person”.

Schultz (1977) gave seven criteria of sound mental health i.e. extension of the sense of self, warm relation of self to others, realistic perception of emotional security, skills and assignments, self objectification and a unifying philosophy of life. He concluded that there is no single prescription for description of psychological health on which all psychologists and personality theorists would agree. Perhaps the only point on which most of the theorists almost fully agree is that “psychologically healthy people are in a conscious control of their lives”.

Srivastava (1983) defined mental health in terms of (a) positive self evaluation which include self-confidence, self-acceptance, self-identity, realization of one’s potential, where the person realizes his personal characteristics is able and willing to live with them, (b) perception of reality refers to perception free from need distortion, absence of excessive fantasy and a broad outlook toward the world, he perceives reality instead of running away from it.

Assessment of one’s physical health is relatively easy by means of certain scientific devices available in this high tech-world like blood pressure, temperature and cholesterol levels are precise means by which we can tell the health status of the body. But it is a challenging job to assess one’s mental and social component of health such as thoughts and perceptions of internal states that are subjective and difficult to quantify. Therefore treatments for mental health take time and patience for maximum effectiveness.

In recent years considerable efforts have been made with regards to mental health by realizing its importance by HR and Management people in the organizations. Attention is given to maintain good mental health by helping the employees to adjust themselves to the realities of actual life. Special emphasis should be given to those aspects of workplaces and the work process itself that promote mental health. Increasing an employer’s awareness of mental health
issues; identifying common goals and positive aspects of the work process; creating a balance between job demands and occupational skills; training in social skills; developing the psychosocial climate of the workplace; provision of counseling; enhancement of working capacity, and early rehabilitation strategies. These characteristics include: Recognition of employees for good work performance, Opportunities for career development, an organizational culture that values the individual worker, Management actions that are consistent with organizational values. As in true sense the employees may not be considered as healthy if they are not mentally healthy. More importantly, however, mental health affects our physical and social health. Numerous studies conducted by researchers in the field of Stress and Health Psychology showed that components of mental health not only affect our emotional states but also our physiological and biological state. Psychosocial factors have affected the outcomes of pregnancy (Nuckolls, Cassel and Kaplan, 1972), gastrointestinal disorders (Craig and Brown, 1984) and heart disease (Rozanski, Blumenthal and Kaplan 1999). In the extreme cases, mental breakdown may result in the form of violence, increased smoking, drug abuse, alcohol consumption, poor personal relationships, social withdrawal, increased accident rate and depression. An extensive study on mental health of employees was carried out by Kornhauser (1965) in which he attempted to find out the relationship between factors relating to salary, job security and working conditions amongst the employees. The results revealed clear association between mental health and job satisfaction and it also revealed that frustration growing out from not having a satisfied job lead to poor mental health.

A rapidly changing work structure and work organization, causing increased demands for work efficiency, constant requirement to upgrade knowledge and skills and the requirement to perform number of roles have increased the stress levels amongst employees working in the organizations. Stress generated from role conflicts, role ambiguity and role overload due to increasing demand of work and home life has an impact on mental and physical health of the focal employee as well as on their role performance.
Kahan *et al.*, (1964) were first to systematically analyze the different kinds of role stress and its organizational and psychological consequences. They reported that role conflict and role ambiguity leads to low self-confidence, greater futility and high job related tension. Researchers in the field of psychology and management also made some attempts to study the relationship of role stress and mental health of employees. French and Caplan (1970) reported that role ambiguity was significantly correlated with job related threat and employees mental and physical health. In other studies conducted by various investigators observed that role conflict was positively correlated with anxiety, tension and fatigue (Rizzo *et al.*, 1970; Hanmer and Tosi 1974; Brief and Aldag, 1976). Work overload leads to high anxiety and irritation amongst focal employees (Gavin and Axelrod, 1977).

The researchers in India have also worked to study the relationship of role stress and mental health of employees. Singh (1989) found that employees who experienced high role stress manifested more symptoms of free-floating anxiety, obsessive neurotic depression, hysterical neurosis, phobic anxiety, and somatic concomitants of anxiety. Banerjee (1989) examined the relationship between role stress and mental health amongst service organization employees. The result showed negative relation between role stress and mental health.

Srivatsa (1995) compared role stress and mental health in 4 types of couples. A sample of 120 male partners in 3 types of dual career couples: both partners engaged in similar types of jobs, partners in different types of jobs, Females partners in part time job and who were husbands of full time housewives. Results showed that husbands of full time employed women experience higher role stress and manifest more symptoms of psychoneurosis compared to those whose wives were in part time jobs or full time housewives. The life style of the 4 types of couples had significant variance in their level of role stress and mental health. Role stress and mental ill-health were significantly correlated for all 4 categories of subjects. However, the intensity of the relationships was lower for the husbands of full time employed women.
Koh and Lim (1996) examined whether occupational stress and negative life events are related to negative outcomes such as job satisfaction, job burnout, anxiety and illnesses. They also examined the moderating effect of Type A personality on the relationship between stress and negative outcomes. The sample consisted of 122 social workers. The findings showed that both occupational stress and negative life events were related to negative outcomes, although the impact made by occupational stress was greater. Type A personality moderates the relationship between stress and job satisfaction; stress and anxiety and stress and illness.

Mukhopadhyay (1996) studied anxiety level and its temporal changes between two groups of mothers, non-working and working as college teachers. There were 4 sub samples of 25 women each studied at 2 time points (1987 and 1992). Free-state anxiety level was measured for each subject. Results showed a general trend towards higher anxiety scores for the non-working subjects than for the working subjects at both time points. The lower mean anxiety scores found for the working subjects may have been due to the possible lack of role conflict amongst them.

Iwata and Suzuki (1997) examined the relationship between role stress at work and mental health status, and the moderating effect of social support over a sample of 256 bank employees. Findings showed that high coworker support was effective to keep mental health status at low to medium levels of role overload but became less effective at a higher level of role overload. This relationship was replicated for male clerks, but varied for female clerks and was not significant for male chief clerks or higher.

Almeida and Kessler (1998) examined gender differences in psychological distress in a sample of 166 married couples by assessing men’s and women’s experience of daily stressors and psychological distress. Results showed that women reported a higher prevalence of high distress days and a lower prevalence of distress free days than men. Gender differences in daily
distress were attributed largely to women experiencing more onsets of distress state from one day to subsequent days.

Frese (1999) studied the relationship between work stressors and psychological dysfunction amongst blue-collar male workers in metal industry. Stressors at work were ascertained by observations and a variant of peer rating. Psychological, physical and social stressors at work and leisure time stressors were ascertained. The dependent variables of dysfunction were psychosomatic complaints, depression, irritation/strain and (social) anxiety. Results showed that social stressors and socially oriented aspects of psychological dysfunction were affected more strongly.

Gardiner and Tiggemann (1999) studied the impact of working in both a male or female dominated industry on the stress levels and mental health of 60 female and 60 male managers. Results revealed that women reported more pressure from their jobs than men, with women in male dominated industries reporting the highest level of pressure from discrimination. There was no overall difference between women and men mental health. Both gender and gender ratio of the industry influenced stress and mental health and as such contributed to our understanding of the barriers to women working in senior management roles in male dominated industries.

Lu, Tseng and Cooper (1999) investigated the sources of stress and health amongst the 347 managers and to test the moderating effects of personality. Results indicated that these managers were under considerable work stress and were at risk of mental and physical ill-health. A specific facet of Type A Behaviour pattern was also related to poorer physical health.

Vinokur, Pierce and Buck (1999) examined the effects of work and family stressors and conflicts on mental health of Air Force women. The sample consisted of 525 Air Force women (mean age 32 yrs) from reserve and guard forces who were activated for service during operations Desert Shield/Storm. The main contributors to depression were job and family distress. Work-family conflict and family-work conflict had a bi-directional
influence on each other. Separate effects of marital and parental roles on mental health. Job and parental stressors have direct effects on work-family conflicts and that job and marital distress and family-work conflict have an independent adverse effect on mental health whereas job and parental involvement has a beneficial effect on distress, they have an adverse effect on work-family conflicts.

Kirkcaldy and Martin (2000) studied the occupational stress and health outcomes amongst 276 nurses. In general, nurses showed high scores on the stresses related to confidence and competence in role, home work conflict and scores related to mental health. Older nurses reported more stress and the younger nurses experienced better mental health. Finally, Type A emerged as a significant determinant of physical health.

Wong et al., (2001) examined the sources of stress and mental health of nurses in Hong Kong. The sample consisted of 269 nurses (Male-25 and Female-244) working in private, public and other hospitals. Results showed that more than one-third of the nurses could be considered as having poor mental health. While supervisory role produced the highest level of stress, organizational environment also created a substantial amount of stress for nurses.

Evans and Steptoe (2002) examined the effects of work stress, type of work and gender-role orientation on psychological well-being. The sample consisted of 61 male nurses and 172 female nurses in a female dominated profession and 81 male accountants and 53 female accountants in a male dominated profession. Results showed female accountants were more likely to have high anxiety scores, while male nurses reported the highest rates of sickness absence. Male nurses and female accountants also reported more work related hassles. In general, nurses reported greater job strain than did accountants. Risk of elevated anxiety was associated with higher job strain, lower job social support, more work hassles and more domestic responsibility.
Holte, Vasseljen and Westgaard (2003) studied the concept of tension by observing changes in tension during the workday, identifying incidents causing elevated tension and relate them to bodily responses amongst 94 females workers from 4 service occupations. Tension was scored on a visual analogue scale every hour and muscle activity and heart rate were recorded. Tension was described as a musculoskeletal activation response involving the upper body regions and automatic activation responses. The cause of elevated tension comprised a variety of situational demands. The differential tension score between high and low tension periods correlated with the corresponding differential muscle activity responses. This study identified work exposures that caused tension and it demonstrated a physiological correlation with the subjective perception of tension in the short term.

Schieman, McBrier and Van (2003) studied association of home to work conflict with anxiety and depression amongst men and women in Canada. Results showed that the association between home to work conflict and distress was stronger amongst people in more autonomous jobs; amongst women in routine jobs; and amongst men in noxious environments.

Mikkelsen and Burke (2004) examined (a) potential predictor of work-family conflict and marital partner concerns and (b) consequences of these two work-family measures on indicators of psychological and physiological well-being amongst male and female police officers. Job demands and burnout components (exhaustion and cynicism) emerged as strong predictors of the two work-family measures. Work-family conflict was also found to have significant negative relationships with measures of psychological health but not with physical health.

Loretto et al., (2005) investigated the effects of work on the psychological well-being of employees. The results show that psychological well-being is influence by a complex array of personal, environmental and work factors. A key finding is that there are clear associations between work
place change and well-being and between work life balance/imbalance and well-being.

Physical Health

The changing life styles among people in all sphere over the last few decades, with the fast-pace, high-pressure life that many of us go through in day-to-day affairs and most of them are more specifically relating to increased hectic job demands and family responsibilities, it's no wonder that we sometimes feel stress to a tolerant limit but it may go out of control in our life if remained unchecked. In this advancing world the growth in the use of computers at work, globalization of industries, organization restructuring and downsizing, change in work contracts, work time scheduling, self regulated work, participation approach, more flexible work force, increase in female work force, growth in dual earner couples and engaging older work force have gradually changed the nature of working life as per need, in most of the organizations. These changes may be stressful but depends upon the way a person perceives and interprets the stressors and to the extent to which he/she thinks that he/she will be able to manage these stressors. It is a general tendency found in every individual to give autonomous responses to the physiological changes whenever a person is in a stressful situation. The physiological bodily changes that takes place in stressful conditions are in the form of increased blood pressure, heartbeats and respiration; and decrease in protein synthesis, indigestion, immune and allergic response systems, increased stomach acids, increased production of blood sugar for energy, localized inflammation (redness, swelling, heat and pain) and faster blood clotting. The problem mainly occurs when the degree of stress becomes too tense and reaches at that magnitude where person fails to cope with it, then stress becomes disturbing part of an individual’s life and in long term might cost the employee’s health. The commonly observed health related complaints are muscle ache, headaches, high blood pressure, insomnia, fatigue, chest pain,
gastrointestinal, weight gain or loss, eating disorders, immune system suppression, growth inhibition and skin problems.

Research literature reviewed in this area showed that stress plays significant role so far as the etiology of various kind of health related problems as reported by researchers to be considered in medical sciences are headache, backaches, hypertension, coronary heart disease, ulcers, gastrointestinal disorders, cancer and respiratory disease.

Headaches involved mild to severe pain in one or more parts of the head as well as the back of the neck. There are many different types of headache patterns and caused by variety of factors. It means there can not be a single cause of headache. A number of causes have been identified which fall into two general categories i.e. tension headache and migraine headache. Tension headache results from contraction of head and neck muscles. It is the most common form of headache and accounts for 70 per cent of headaches. Possible causes of muscle contraction associated with tension headaches include – stress, fatigue, poor posture, eyestrain and in women hormonal changes occurring before and after menstrual period. The common symptoms of tension headache are pain is often felt in the generalized area of the head and neck as opposed to on one side, pain may also be situated in the back of the head and neck and feel like a ‘tight band’, sometimes accompanied by muscle tightness in back of neck and of relatively short duration if treated in time. On the other hand, migraine headache occurs when blood vessels of the head and neck constrict, resulting in a decrease in blood flow to the vessels. It is the cause of 20 per cent of all headaches. Migraine is usually experienced as a throbbing pain on one side of the head with an associated feeling of sickness and sensitivity to light and sound. Migraines are known to affect more women than men and are often chronic. Some of the factors that have been identified as being associated with migraines: family history of migraine, prolonged muscle tension and stress, alcohol use, smoking or exposure to tobacco smoke, lack of sleep, and certain foods such as chocolate, nuts and fermented or pickled condiments, as well as foods containing the amino acid tyramine (aged cheese,
red wine, smoked fish) and foods containing preservatives and artificial sweeteners. Common symptoms of migraine are Throbbing, pulsating feeling usually worse on one side of the head, pain may be dull or severe and often begins in the morning, gradually worsening in an hour or so, pain may be accompanied by other symptoms such as nausea, vomiting, vertigo like feeling and visual disturbances, sensitivity to loud noises and light and commonly lasts from a few hours to one or two days in some cases.

Backaches can be caused by poor posture, long hours of work, inappropriate lifting techniques, lack of exercise, and stretching ligaments. Stress can make an individual more susceptible to getting a backache. Similarly, reducing stress can help in recovery more quickly from a back injury.

Coronary heart disease occurs when the arteries that supply blood to the heart muscle (the coronary arteries) become hardened and narrowed. The arteries harden and narrow due to deposit of a material called plaque (low density lipoproteins and other lipid types such as triglycerides) on their inner walls. The deposit of plaque is known as arteriosclerosis. As the plaque increases in size, the insides of the coronary arteries get narrower and less blood can flow through them. Ultimately, blood flow to the heart muscle is reduced and because blood carries much needed oxygen, the heart muscle is not able to receive the amount of oxygen it needs. Studies have shown that delay in the processing and clearance of these fats and their accumulation resulting in angina and myocardial infarction (heart attack) is caused due to stress. Angina is a chest pain or discomfort that occurs when the heart does not get enough blood. A heart attack results from a blockage of an artery supplying blood to heart. A narrowed artery is more easily blocked by a deposit or blood clot. The Cells in the heart muscle begins to die if they do not receive enough oxygen rich blood. This can cause permanent damage to the heart muscles. Heart disease is one of the main causes of death in the present day industrial societies. People who live in chronically stressed situations are more likely to take up smoking, alcohol and substance abuse and fall into eating disorders.
(unhealthy food habits). Medical researchers suggest that all these stress related behaviours directly affect the development of coronary heart disease. Hypertension/High blood pressure can be caused by emotional and psychological disturbances due to acute or chronic causes of stress in human beings. High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer. It also increases the risk of stroke, heart attack, kidney failure and congestive heart failure.

Insomnia is a lack of sleep that occurs on a regular or frequent basis. Good sleep is a biological need for better functioning of the mind and body. Number of hours of sleep necessary for good health varies from person to person. Normally, seven to eight hours of sleep is considered as average, some people do well on four to five hours of sleep. Other people need nine to ten hours of sleep each night. Insomnia can affect not only the energy level and mood of person but also health as well because sound sleep also helps in strengthening the immune system. Fatigue that might result because of lack of sleep leads to poor mental alertness and concentration. Signs and symptoms of Insomnia may include inability to get enough sleep at night, difficulty falling asleep at night, waking up during the night, waking up too early, waking up feeling tired, even after a full night's sleep, daytime fatigue or sleepiness and daytime irritability. Common causes of insomnia includes stress, anxiety, depression, change in daily life and work schedule.

Ulcer and digestive disorder: ulcer is an open sore on or in the body. In severe stress conditions blood supply to the stomach is restricted which affect the normal digestive functions. Also, the function of the entire intestine is controlled partly by the nervous system, which in turn is directly affected by stress. These conditions, including one's diet during stress can offset gastrointestinal disorders such as an ulcer or irritable bowel syndrome. Stress can make these symptoms worse if somebody is already suffering from gastrointestinal disorders.
Immune related disorder: In a chronic stressful situation the immune system of a person may weaken and make him/her more susceptible to various types of infections. This happen due to the Cortisol which produced during stressful situations which may suppress the body's immune response, increasing susceptibility to infectious diseases. Studies also suggest that frequent or chronic stress conditions increases the chances of bacterial infections such as tuberculosis and group A streptococcal diseases, attacks of flu, pneumonia and common cold, all these directly related to stressful life conditions.

Some research studies have highlighted the association between role related stress, smoking and alcohol consumption. These studies tends to suggest that stress at work and at home may contribute to the development of a desire among employees to reduce their stress through smoking and drinking. As reported by Todd etal., (1997) that multiple roles such as occupational, marital and parental roles, as well as conflict between these roles predicted smoking behaviour. Herold and Conlon (1981) suggested that work stress, in particular might promote alcohol consumption. But smoking and drinking has several negative effects on health such as lung cancer, cancers of throat and stomach, hypertension and memory deficit. Some researchers suggested that smoking cigarette was associated with higher scores on Type A personality (McCann and Lester, 1997).

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). Females were significantly more job dissatisfied and suffer from poorer mental and physical ill-health. They also show more concern about their role at work, the factors associated with particular job, the job’s relation to the home environment and the constraint of the job (Bogg and Cooper, 1994).
Arora (1994) studied stress and physical health outcomes amongst bank employees. The sample consisted of 109 clerical and managerial Visual Display Unit (VDU) users and VDU non-users. Obtained result reveals that VDU using manager’s felt more anxiety and fatigue than did non-VDU using managers. Results suggested that stress generated by computerization affected health.

Siu and Donald (1995) explored the relationship between the psychological factors at work and worker’s health. The sample consisted of 142 male and 190 female (aged 18-55 yrs). The most common complaints were muscular pain, nervousness, headache and gastrointestinal problems. Results showed that those subjects who were dissatisfied with the physical conditions had a strong awareness of the harmful effects of the work environment, work shifts and overtime and had bad relationships with coworkers and superiors, in general, had a higher level of perceived stress and more health complaints. Females working in shifts reported more health complaints and male who received no payment for overtime reported more perceived stress and health complaints.

Weidner et al., (1997) studied the relationships between the standard coronary risk factors and psychosocial variables (job strain, Type A behaviour, hostility, illnesses, medical and psychological symptoms, health damaging behaviour) amongst men and women. The sample consisted of 324 employed men and 203 employed women and 155 female homemakers. Employed women reported less hostility and fewer illnesses than homemakers and had lower cholesterol levels than homemakers and men. Job characteristics were unrelated to standard coronary risk factors levels in both sexes, but predicted medical symptoms and health damaging behaviour in men. The findings suggested that employment is associated with enhanced medical and physical well-being amongst women.

Lundberg et al., (1999) examined psycho-physiological stress responses, muscle tension and musculoskeletal symptoms amongst 72 female super
market cashiers. Stress levels were found to be significantly elevated at work, as reflected in blood pressure, heart rate, electromyographic (EMG) activity, and self reports. Fifty cashiers (70%) suffering from neck-shoulder pain (trapezium myalgia) were found to have higher EMG activity at work and reported more musculoskeletal pain and higher blood pressure and reported more work stress and psychosomatic symptoms. Rosenfield (1999) reported that as compared to men, women perform 66% more of the domestic work, sleep one-half hour less per night, and perform an extra month of work each year. Thus, increased workloads and decreased attention to rest and relaxation are stressful and pose obstacles to women’s mental health.

Melamed et al., (1999) examined whether chronic burnout is associated with a state of somatic and physiological hyper-arousal. The sample consisted of 111 non shift blue-collar workers (aged 20-64 yrs) free of cardiovascular disease. Result showed that 37 workers exhibiting symptoms of chronic burnout had higher levels of tension at work, post work irritability, more sleep disturbances and complaints of waking up exhausted and higher cortisol levels during the work day. These results suggest that chronic burnout is associated with heightened somatic arousal and elevated salivary cortisol levels. This may be part of the mechanism underlying the emerging association between burnout and risk of Cardiovascular Diseases.

Pavalko and Woodburg (2000) investigated the association of multiple roles with changes in women’s health. The sample consisted of 2929 women of age 30-44 yrs, performing two roles: care giving and employment. Result showed that psychological distress increases as women move into and continue caring for an ill and disabled person in their household. Care giving has a weaker effect on physical health but increases in physical limitations also appear to be greater for unemployed women.

Kalimo et al., (2000) studied the relationship between job stress and sleep disorders amongst 3,079 middle aged daytime verses shift working employees. The findings showed that the associations between the stressors and
sleep disorders were greater in daytime workers than in the shift workers. The main conclusion was that job stressors had a direct relationship to sleep disorders, independent of working hours and lifestyle.

Bradley and Cartwright (2002) studied the relationship between perceived social support, job stress and health amongst nurses from 4 health care organizations. Results indicated that perceived organizational support is related to nurse’s health.

Spector (2002) highlighted occupational stress that leads to negative emotional reactions (e.g., anxiety), physical health problems in both the short term (headache or stomach distress) and the long term (cardiovascular disease), and counterproductive behaviour at work.

Holte and Westgaard (2002) studied shoulder and neck pain amongst occupational groups that had low biomechanical exposure and experienced work stress from client/customer contact. Four occupational groups were studied: health care (n=20), retail (n=22), banking (n=26) and university secretaries (n=26), a total of 94 volunteers. 39 were classified as pain afflicted in the shoulder and neck, while 55 were pain free. Data were collected by means of quantitative questionnaires and by explorative interviews with open-ended questions. The quantitative questionnaire did not identify any variable that correlated with shoulder and neck pain except perceived general tension. The interviews established that the interaction with clients or customers was an important source of work stress.

Mohren et al., (2003) determined the relationship between burnout and common infections (cold, flu-like illness and gastroenteritis) amongst 12,140 employees at baseline. Results showed increased incidences of common infections at baseline. The largest effect was found for the relationship between burnout and gastroenteritis. For flu-like illness and common cold, smaller significance was found. The subscale “Exhaustion” was found to be the strongest predictor for infections at both levels of burnout.
Linton (2004) investigated the development of self-reported sleep problems in workers with no sleep problems at baseline and evaluated the role of stress in the etiology of a new episode. A total of 816 employees with no sleep problems during the past three months completed a baseline questionnaire concerning their general health, working hours and working conditions. One year later they were contacted again to ascertain whether they were experiencing sleeping problems. At the follow up, the three months point prevalence of self-reported sleep problems was 14.3%. It was found that irregular working hours and general health were not significantly related to the development of a new episode of sleeping problems. However, stress in the form of a poor psychosocial work environment increased the risk of a new episode by more than twofold (odds ratio 2:15).

Kumar, Moro and Narayan (2004) studied musculoskeletal discomfort in relation to perceived stress amongst X-ray technologists. The sample consisted of 20 volunteers participants (8 female, 2 male) from university participants. 89% of the technologists were physically active and 44% indulged in physical recreational activities. Findings showed that the X-ray technologists had significant and diverse musculoskeletal problems; 83% of technologists had backache and 39% of the female technologists had neck pain and 28% shoulder pain. The majority of technologists had suffered multiple episodes of pain.

Krantz, Berntsson and Lundberg (2005) analyzed how paid work, unpaid house hold task, child-care, work-child care interactions and perceived work stress are associated with reported system in male and female white collar employees. Result showed that frequency and severity of symptoms was higher in women than in men, employed women’s health was determined by interaction between conditions at work and house hold duties, whereas men responded more selectively to long working hours. However, childcare appeared to have a buffer effect on the risk of a high level of symptoms in men working long hours.
Leroyer et al., (2006) analyzed the association between work-time organization psychosocial factors at work and musculoskeletal pain of neck, shoulders, wrist and hands among administrative employees. Findings obtained showed no associations between work-time organization and neck or shoulder pain. Wrist and hand pain increased with irregular schedule. Of the psychosocial factors only high psychological demand was associated with significant increase in the prevalence of pain, in the neck and the shoulders.

Every society seems to be incomplete without women participation in all spheres but they could not get their rights because of adherence of inherited socio-cultural value system so they were treated differently from men in our society as a result of it they could not get freedom to come up and work hand in hand with men particularly in corporate life. In fact, they were confined to the responsibilities to look after home related affairs because our society in its diversity is custom based but the changing value system and projection of media about the condition of women in developed and developing countries has created awareness and attitudinal change among all segments of our society to provide equal opportunity to women and not to discriminate them in terms of gender inequality that prevailed as an evil in our society. Social reformists came forward and advocated about the equal rights for women. This type of movement changed the parent’s outlook so the conscientious and liberal parents vis-a-vis realized that the girls should be educated and in turn they got access in schools along with the boys with same spirit and expectations. The social change initiated in this direction has greater impact on the outlook of people in our society thus women got opportunities to excel in almost all sphere of life. The Indian society witnesses a remarkable change in the educational status of women that came up in the last two-three decades and at present women are well recognized and found their access in all types of jobs because they are equally qualified, competent to their male counterparts, they are being absorbed in different capacities in various position in the organizations.
Changes that have come up through changing frame of time have also changed the roles of women they are playing in their day-to-day life. Traditionally, women had to play the role of homemaker and were bound to work within the framework of family system. Historically, in our society there has always been a sharing of labour between men and women. The women play the role of homemaker along with their men. However, women in the Rural Areas have always worked hand in hand with their men particularly in the agricultural areas. Women also helped in various other works like weaving and making handicrafts as means of earning livelihood in the respective regions, as India is a vast country of diversified cultures and traditions. Amongst other roles of women they work as domestic help in homes. On the other hand, women’s roles in the middle and upper strata of Indian society were traditionally confined to only home related affairs and in this segment of society seeking employment by women outside the home was rare and in the same case they had to work in order to support their family. But in today’s world women seek employment not only for the cause of economic support to their family but also for the sake of their own identity and satisfaction as well. Women have their presence now in almost every sphere of life, from the so called noble professions like Teaching, Medical, Science, Technology and Research or any type of office related jobs, to the more challenging areas predominantly considered as more suitable for men, like Defense Forces, Astronomy, Civil Aviation including Flying of Aircraft etc. Now women are having their access in these areas too. But even after taking up employment, women in our society still have to play multiple roles in their day-to-day life by virtue of adhering the ongoing traditions and cultures. As a daughter giving a helping hand to the mother in the daily chores or a sister playing role of advisor to the younger in the family or a wife complementing the bread earning husband or a mother managing the house and the household and/or finally a working woman who perform all these activities along with the Successful Professional Career.
Women in India are known to maintain a balance between the home and work. This added responsibility and pressure leads to a number of role stressors among Working Women. If a person works in stressful situations, certainly the persistence of stress in one's life is likely to affect the health of the individuals who is given the responsibility of an employee in the job hierarchy of an organization. Experiencing stress may be either imposed or perceptual. Besides these daily demands and challenges, working women of all segments face various forms of discriminations including gender harassment. At times women have to work harder to receive the same benefits as compared to men working on the same positions. Instances of harassment by the bosses, colleagues and even juniors are on the rise because the attitude of men-dominated society, have so far remained feudal and oppressive towards women.

Working in big cities is also not so easy with long distance traveling to and from respective places of work is another routinely faced by women seems to be one of the major problems in their daily life. Beside this, life in metros is relatively fairly fast, and in order to survive in such environment is undoubtedly a challenge to sustain for everyone and in any way they have to progress to come up to excel. They experience more pressure to keep up with this fast pace may also be very high. However it may be assumed that women engaged in different types of professions may be exposed to different types of role stress they face in their everyday life, resulting in costs both for the organization and for the employees. The growing education has increased the female participation in recent years and women accounted for nearly 31% of total work force in India. According to 2001 census, in the public sector for every 1000 men there were only 176 women working in the organized sector. The respective figure in the private sector was better at 319. A number of studies on stress have largely been conducted on male population but very few studies that have included female population reported gender difference in the kind of stressors that were perceived such as work-family conflict. So considering all these above mentioned facts, this research is an attempt to study Role Stress, Personality Types and Job Burnout on Mental and Physical Health.
of Working Women in Metropolis on the three pre identified groups of Working Women i.e. Nurses, Computer Professionals and Secretaries.

HYPOTHESES

In social sciences the research hypothesis is usually considered as a principle instrument, which helps the decision makers to explore new experiment and observation. The research investigators are interested in this area in testing the hypothesis on the basis of available information where direct knowledge of population parameters is somewhat rare so hypothesis testing is used as a strategy for deciding sample and data, which could be the basis of generalization. Thus, hypothesis enables us in making probability statement about the population from which the sample has been drawn. It is obvious that hypothesis can not be proved absolutely but in practice it is either accepted or rejected. In the light of literature reviewed and realizing the significance of this study 30 research hypotheses have been formulated and be verified to draw meaningful conclusions. The hypotheses formulated are as under:

$H_1$ There will be significant relationship between Role Stress and Mental Health as a whole and their various dimensions in the total sample of working women in Metropolis.

$H_2$ There will be significant relationship between Personality Type (Type A Behaviour Pattern) and Mental Health as a whole and their various dimensions in the total sample of working women in Metropolis.

$H_3$ There will be significant relationship between Job Burnout and Mental Health as a whole and their various dimensions in the total sample of working women in Metropolis.

$H_4$ There will be significant relationship between Role Stress and Physical Health as a whole and their various dimensions in the total sample of women working in Metropolis.
H5 There will be significant relationship between Personality Type (Type A Behaviour Pattern) and Physical Health as a whole and their various dimensions in the total sample of women working in Metropolis.

H6 There will be significant relationship between Job Burnout and Physical Health as a whole and their various dimensions in the total sample of women working in Metropolis.

H7 Role Stress and its various dimensions will influence the Mental Health of working women as a whole or its any dimension(s).

H8 Personality Type (Type A Behaviour Pattern) and its various dimensions will influence the Mental Health of working women as a whole or its any dimension(s).

H9 Job Burnout and its various dimensions will influence the Mental Health of working women as a whole or its any dimension(s).

H10 Role Stress and its various dimensions will influence the Mental Health of Nurses working in big cities hospitals as a whole or its any dimension(s).

H11 Personality Type (Type A Behaviour Pattern) and its various dimensions will influence the Mental Health of Nurses as a whole or its any dimension(s).

H12 Job Burnout and its various dimensions will influence the Mental Health of Nurses as a whole or its any dimension(s).

H13 Role Stress and its various dimensions will influence the Mental Health of Women Computer Professional working in Metropolis as a whole or its any dimension(s).

H14 Personality Type (Type A Behaviour Pattern) and its various dimensions will influence the Mental Health of Women Computer Professional working in Metropolis as a whole or its any dimension(s).
H_{15} \quad \text{Job Burnout and its various dimensions will influence the Mental Health of Women Computer Professional working in Metropolis as a whole or its any dimension(s).}

H_{16} \quad \text{Role Stress and its various dimensions will influence the Mental Health of Women Secretaries working in Metropolis as a whole or its any dimension(s).}

H_{17} \quad \text{Personality Type (Type A Behaviour Pattern) and its various dimensions will influence the Mental Health of Women Secretaries working in Metropolis as a whole or its any dimension(s).}

H_{18} \quad \text{Job Burnout and its various dimensions will influence the Mental Health of Women Secretaries working in Metropolis as a whole or its any dimension(s).}

H_{19} \quad \text{Role Stress and its various dimensions will influence the Physical Health of working women as a whole or its any dimension(s).}

H_{20} \quad \text{Personality Type (Type A Behaviour Pattern) and its various dimensions will influence the Physical Health of working women as a whole or its any dimension(s).}

H_{21} \quad \text{Job Burnout and its various dimensions will influence the Physical Health of working women as a whole or its any dimension(s).}

H_{22} \quad \text{Role Stress and its various dimensions will influence the Physical Health of Nurses as a whole or its any dimension(s).}

H_{23} \quad \text{Personality Type (Type A Behaviour Pattern) and its various dimensions will influence the Physical Health of Nurses as a whole or its any dimension(s).}

H_{24} \quad \text{Job Burnout and its various dimensions will influence the Physical Health of Nurses as a whole or its any dimension(s).}

H_{25} \quad \text{Role Stress and its various dimensions will influence the Physical Health of Women Computer professionals working in Metropolis as a whole or its any dimension(s).}
H₂⁶  Personality Type (Type A Behaviour Pattern) and its various dimensions will influence the Physical Health of Women Computer professionals working in Metropolis as a whole or its any dimension(s).

H₂⁷  Job Burnout and its various dimensions will influence the Physical Health of Women Computer professionals working in Metropolis as a whole or its any dimension(s).

H₂⁸  Role Stress and its various dimensions will influence the Physical Health of Women Secretaries working in Metropolis as a whole or its any dimension(s).

H₂⁹  Personality Type (Type A Behaviour Pattern) and its various dimensions will influence the Physical Health of Women Secretaries working in Metropolis as a whole or its any dimension(s).

H₃₀  Job Burnout and its various dimensions will influence the Physical Health of Women Secretaries working in Metropolis as a whole or its any dimension(s).