CHAPTER II

CONCEPTUAL FRAME WORK

2.1 Concept of Stress:

The concept of 'stress' is enshrouded by a thick veil of conceptual confusion and divergence of opinion. Many authors have noted the lack of consensus on even a definition of stress (e.g., Cofer & Appley, 1964, Janis and Lenthal, 1968, Schuler, 1980, Pestonjee, 1987). Selye (1956, 1976) viewed stress as the non-specific response of the body to any demand made upon it; and proposed the general adoption syndrome which stated that when an organism is confronted with a threat the general psychological response occurs in three stages the Alarm Reaction, Resistance and Exhaustion. Weitz (1970) stated that most stressful stimuli are speeded up information processing, obnoxious environmental stimuli, perceived threat, disrupted psychological function, isolation, confinement, blocking, group pressure and frustration.

According to Lazarus (1970), "An individual's stress depends on how the person interprets or appraises the significance of a harmful, threatening or challenging event." Cox (1978) suggested that stress can be best understood as a part of a complex and dynamic system of transaction between the person and his/her environment.

Schuler (1980) suggested that "stress is a dynamic condition in which an individual is confronted with an opportunity, constraint or demand related to what he/she desires and for which the outcome is perceived to be both uncertain and important". Edwards (1988) defined stress as "a negative discrepancy between an individual's perceived state and desired state, provided that the presence of this discrepancy is considered important by the individual".

Pestonjee (1992) has identified three important sectors in life in which stress originate These are:
(a) Jobs and the organization, (b) the social sector and (c) intrapsychic sector. The first refers to the totality of the work environment. The social sector refers to the social/cultural context of one’s life. It may include religion, caste, language, dress and other side factors. The intrapsychic sector encompasses those things which are intimate and personal like temperament, values, abilities and health. It is contended that stress can originate in any of these three sectors or in combinations thereof.

The stress field is further complicated by the use of other concepts than that of stress, for example, burnout. Burnout is defined as a syndrome resulting from prolonged stress, and is characterized by three components: emotional exhaustion, lack of personal accomplishment and depersonalization (Maslach & Jackson, 1981).

2.2 Organizational/Occupational Stress and Assessment:

Today stress in organization has become a predominant feature of modern life. Job stress generally occurs because of a misfit of a person’s attitudes, abilities, skills and the demands of the job and the organization. Organization stress could, thus be defined as any characteristic of the job environment which poses a threat to the individual (Coplan et al. 1975). In today’s complex society a person is likely to feel role conflicts while performing several roles. An individual is required to perform many roles in today’s society, both inside as well as outside the work situation, with an increasingly complicated role structure.

Cooper and Marshall (1976) suggested that by occupational stress is meant negative environmental factors or stressors (e.g. work-overload, role conflict, ambiguity, poor working conditions) associated with particular job.

Marshall and Cooper (1970) suggested following seven sources of organization stress:
Stress in the organisational perspective is worth studying because many recent researches conducted in the West suggest that stress, although not necessarily bad in all situations, induces undesirable effects in human beings. The effect may range from feelings of uneasiness to psychosomatic symptoms, work performance impairment and finally cardiovascular diseases (see Spielberger and Sarason 1996). With growing concern for all round development and well being of a man-in the work place, studies in mental health and occupational stress are getting prominences (Das, 1982).

Pareek (1976, 1981,1983, 1993) conducted series of researches on organizational role stresses and identified as many as ten different types of organizational stress. These are briefly defined as:

(i) **Inter-Role Distance**: It is experienced when there is a conflict between organizational and non-organizational roles. e.g. an executive not being able to divide his time between work demands and family demands.

(ii) **Role Stagnation**: It is the feeling of being stuck in the same role.
(iii) **Role Expectation Conflict:** It arises out of conflicting demands originating from colleagues, i.e. supervisors, subordinates and peers in the organizations.

(iv) **Role Erosion:** It arises when a role has become less important than it used to be, or when somebody else gets the credit for doing what needs to be done in one’s own role.

(v) **Role Overload:** It is the feeling that one is required to do too much or is doing things of considerable importance.

(vi) **Role Isolation:** It is characterized by feeling that others do not reach out easily, indicative of the absence of strong linkage of one’s role with other roles.

(vii) **Personal Inadequacy:** It indicates the absence of adequate skills, competency and training to meet the demand of one’s role.

(viii) **Self Role Distance:** It arises from the gap experienced between one’s concept of self and the demands of the role.

(ix) **Role Ambiguity:** It is experienced when there is a lack of clarity about the demands of the role.

(x) **Resource Inadequacy:** It arises when human or material resources allocated to meet the demands of the role are inadequate.

2.2.1 **Assessment of Organizational Role Stress/Occupational Stress:**

Srivastava and Singh (1981) have developed a 46 items occupational stress index containing 18 ‘false-keyed’ and 28 ‘true-keyed’ items. Pareek (1980, a, b) has developed a 20 items Role Efficacy Scale (RES) which considers ten dimensions of organizational role stress. Pareek (1982a) has standardized three Role Stress Scales (RSS). These are:

(a) **General Role Stress:** It contains 12 items, 3 items for each of the four role stresses, namely,

   (i) Self Role Distance (SRD)
   (ii) Inter Role Distance (IRD)
   (iii) Role Boundedness (IB)
   (iv) Role Inadequacy (RI)

(b) **Entrepreneurial Role Stress Scale (ERS):** It is a 27 items scale assessing role stresses in entrepreneur.
(c) **Organizational Role Stress (ORS):** This scale has 50 items which measure the ten role stresses relevant to organizational life. These are:

(i) Inter-role distance; (ii) Role stagnation; (iii) Role expectation conflict; (iv) Role erosion; (v) Role overload; (vi) Role isolation; (vii) Personal inadequacy; (viii) Self role-distance; (ix) Role ambiguity; (x) Resource inadequacy.

The reliability coefficients of the scale range from 0.37 to 0.73. Validity is proved by a measure of self-consistency of this instrument, 'occupational stress index' developed by Srivastava and Singh (1984). ORS is a self report questionnaire and measures the extent employees perceive stress arising from 12 constituent conditions of their job. It gives an overall occupational stress score and separate scores for the 12 dimensions of occupational stress:

(i) Role overload (RO), (ii) Role ambiguity (iii) Role conflict, (iv) Unreasonable Group and Political Pressure (UGPP); (v) Responsibility for Persons (RP); (vi) Under participation (UP) (vii) Powerlessness (P), (viii) Poor-Peer Relations; (ix) Intrinsic Impoverishment (II); (x) Low status (LS); (xi) Strenuous working conditions (SWC); and (xii) Unprofitability (UN).

Osipow and Spokane (1987) developed an inventory measuring occupational stress. It consists of six scales which are:

(i) Role overload (RO), (ii) Role insufficiency (RI), (iii) Role-Ambiguity (RA), (iv) Role Boundary (RB), (v) Responsibility (R) and (vi) Physical Environment.

**2.3 Concept of Coping and Assessment:**

Individuals and organization can not remain in a continuous state of tension. Even if a deliberate and conscious strategy is not taken to deal with the stress, some strategy is adopted. This strategy to deal with stress is known as coping. The term coping has been used to devote the way of dealing with stress, or effort to 'master' conditions of harm, threat, or
challenge, when a routine or automatic response is not readily available. (Lazarus, 1974).

The starting point for much of this research is the conceptual analysis of stress and coping offered by Lazarus (1966). He argued that stress consists of three processes. Primary appraisal is the process of perceiving a threat to oneself. Secondary appraisal is the process of bringing to mind a potential response to the threat. Coping is the third appraisal of executing that response. Lazarus (1975) has suggested a classification of coping process that emphasizes two major categories, namely direct action and palliative modes. Direct action includes behaviour or actions, which when performed by the organism to face the stressful situation or expected to bring about a change in stress causing social or physical environment. The other category, palliative modes of coping, refers to those thoughts or actions whose purpose is to relieve the organism of any emotional impact of stress.

Lazarus and Folkman (1968) classified coping into two categories. The first termed problem focused coping, is aimed at problem solving or doing something to alter the source of the stress. The second, termed emotion focused coping is aimed at reducing or managing the emotional distress that is associated with the situation. Lazarus and Launier (1978) described four basic modes of coping instrumental strategies or direct action, are directed towards managing the threat of stressor itself: intrapsychic strategies are aimed primarily at regulating or minimizing the accompanying emotional distress: inhibition of action refers to the ability to resist taking action. When such action would increase the likelihood of harm, danger, or conflict with moral restraints: information seeking involves the instrumental activity of gaining a basis for action and also is a form of support mobilization that can relieve emotional distress.

In the literature, generally two different styles of coping with stress are distinguished, the "avoidance" as opposed to the "coper. The avoider
solves his stress problem simply by denying them, while the coper seeks out stress situations in order to learn how to cope with them (Lazarus et al. 1974).

Edwards (1988) has presented a model of stress and coping according to which stress leads to two classes of outcomes. One class includes various dimensions of psychological and physiological well-being which represent the mental and physical health of the individual. The other class of outcomes consists of attempts to reduce the negative impact of stress on individual well-being. These efforts to reduce the negative impacts of stress on individual well-being are known as coping, and are directed towards the determinants of stress.

Recent conceptualization of the coping process has emphasized flexibility in a person’s manner of coping with different stressors as indicators of effective adaptation (e.g., Cohen, 1984; Krohne, 1986; Lazarus & Folkman 1984; Moos & Billings, 1982). Flexibility mean “changing the coping strategies one uses in response to the demands of different stressor and/or in response to the same stressor as demands change over the course of a stressful encounter” (Compas, Forsythe, & Wagner, 1988). By contrast, high levels of consistency or rigid patterns of responding across different stressful episodes and over reliance on certain strategies are supposed to be characteristic of less competent individuals or of maladaptive responses to stress. (Cf. Mischel, 1984). Field research has demonstrated that most individuals exhibit a flexible way of coping, in the sense that they either tend to use more than one strategy in a given situation or change their coping behaviour in response to changing situational demands (e.g. Cohen, 1987; Folkman and Lazarus, 1985).

Pareek (1976) had proposed two types of coping strategies, which people use generally in order to handle stress, one way is that the person may decide to suffer from, accept or deny the experienced stress or put the blame on some body (self or other) or some thing for being in that stressful
situation. These are passive or avoidance strategies and were termed as "dysfunctional" styles of coping with stress situations. Another way is that the person faces the realities of stresses consciously and takes some action to solve the problem himself or with the help of other people. These are active approaches and were termed as "functional styles" of dealing with stressful situations and were more approved by social scientists as these are supposed to be more effective and healthy than 'dysfunctional styles'.

Independence of approach and avoidance strategies allows one to define prototypical coping pattern (Krohne, 1986, 1989). Subsequently this advantage is used to identify four coping styles on the basis of vigilance and cognitive avoidance scores

(i) **A rigidly vigilant mode:** Persons with high vigilance scores and low avoidance scores one called "sensitize". These individuals are primarily concerned with reducing uncertainty in situations of threat by constructing a mental picture of the event. Hence, without taking into account coping-relevant characteristics of stress-situation, they generally scan for information (e.g. even when predictability seems to be minimal).

(ii) **A rigidly avoidant mode:** Person with high cognitive avoidance scores and low vigilance scores are named "repressors". For these individuals, the emotional arousal triggered by threatening cues prior to a confrontation with an aversive event constitutes a major threat. Therefore, they generally prefer to avoid such cues (e.g., even when predictability seems to be maximal).

(iii) **A flexible yet situation-related use of coping strategies:** Persons with low scores in both vigilance and cognitive avoidance are called "non-defensive or flexible copers". In a
situation of threat, e.g., they attend to anticipatory cues in conditions of high predictability (in order to reduce uncertainty), and will avoid such cues in conditions of low perceived predictability (in order to reduce emotional arousal).

(iv) An inconsistent, unsuccessful coping mode: Persons with the pattern of high scores in both vigilance and cognitive avoidance are called 'anxious persons'. They are heavily stressed by both uncertainty as well as by accompanying emotional arousal. This elicits unstable coping behaviour when they try to reduce uncertainty by focusing on stressor, they simultaneously increase their emotional arousal to a level exceeding that which they can tolerate, when they turn away from the stressor in order to reduce anxiety, they increase both, their uncertainty and stress resulting form it (Cf. Krhone, Hock & Kohlman 1992).

2.3.1 Assessment of Coping:

Pareek (1983) developed organizational role PICS (O) Questionnaire, which consists of 24 situation provides an individual in the organization. In the score sheet, the portion “item scores” is divided into two parts: one for avoidance and other for approach scores.

Wong and Reker (1984) developed coping inventory, which assesses Instrumental, Preventive and Palliative coping. Instrumental coping consists of 17 items, assessing strategies aimed at solving a problem by changing either one’s behaviour, or situation or both. Preventive strategies are aimed at promoting one’s well-being and reducing the likelihood of potential problems. Palliative coping consists of coping strategies that are directed towards the regulation of one’s emotional reactions, or that make a person feel better without actually changing the situation.
Timothy and Vladimir (1998) developed 12-item scale, labeled the coping with organizational change scale. The reliability of the scale was 0.77 for self reports and 0.79 for the independent assessment. Carver, Scheier & Weintraub (1989) developed a questionnaire named as “the Coping Operations Preference Enquiry”. It has meta-factors including problem solving, mental accommodation, and avoidance. These factors were found in two separate validation samples (Carver et al. 1989). Problem solving includes active coping, planning, & suppression of competing activities; mental accommodation includes acceptance and positive reinterpretation and growth; the avoidance includes denial, mental disengagement and behavioural disengagement.

2.4 Concept of Anger and Assessment:

Anger is most often defined as an emotional state that consists of feelings of irritation, annoyance, fury and rage, and heightened activation or arousal of the autonomic nervous system. Hostility also involves in angry feelings, but this concept is much broader, using having the connotation of negative destructive attitude as hatred, animosity and resentment, as well as chronic-anger. Aggression generally refers to destructive punitive behaviours directed towards other persons or objects in the environment. It should be noted, however, that aggression and hostility are often used interchangeably. A useful conventions for distinguishing between these concepts is the distinction between hostility and instrumental aggression behaviours directed toward removing or circumventing an obstacle that stands between an aggression and a goal, where such behaviour is not motivated by angry feelings. (Spielberger, Jacob, Russel and Crane, 1983). It is one of the six basic emotions (Ekman and Oster, 1979) recognized to be culturally universal in human beings. Spielberger et al (1983) have defined anger as personality trait (trait-anger) and state anger. T-anger (trait-anger) has been defined in terms of individual’s difference among
people in the disposition to perceive a wide range of situations as annoying or frustrating and in the tendency to respond to such situations with marked elevation in state anger. Persons high in T-anger are more likely to experience more intense elevations in state-anger, whenever annoying or frustrating (or stress) conditions are encountered.

Spielberger, Johnson, Russell and Worden (1985) have distinguished between experience and expression of anger feelings. On anger expression, individuals are classified as anger-in, which means that they suppress their anger or direct it inward toward the ego or self. Anger-in refers to how often angry feelings are experienced but not expressed. 'Anger-out' means that individuals express their anger towards other person or the environment. Anger directed outward may be expressed in physical acts such as assaulting other persons, destroying objects and banging doors. The outward expression of anger may also take the behavioural form of criticism/insult, verbal threats, or the extreme use or profanity.

The experience or expression of anger and hostility would seem to be a major components of the TABP and has been shown to be associated with essential hypertension (Sharma, Krishna & Spielbarger, 1996) as well as non-CHD illness like gastric ulcer (Sharma, Ghosh & Spielberger, 1995. Ghosh and Sharma, 1998). The Type-A characteristic style of coping may influence how they express anger. Typically, Type-A readily admit to having a fiery temper or insist that they never get angry (Jenkins & Rosenmen, 1978).

Bowlbey (1973) claimed that anger is a functional protest reaction to others, negative attachment behaviour and that insecure attachment transforms this functional response (anger of hope) into dysfunctional anger i.e. anger of despair (Friedman and Rosenman 1974).
2.4.1 Assessment of Anger:

Novaco's (1975), Anger-Inventory (AI) consists of 90 statements that describe anger-provoking incidents. Zelin, Alder and Meyesson (1972) designed the Anger self report to assess both the experience and expression of anger. Anger self report is comprised of seven subscales for “Awareness of Anger” three separates subscales for measuring different modes of “Anger Expression”, “condemnation of Anger”, “Mistrust”, and Guilt”.

A highly competent tool named Anger Expression Scale (AX scale was developed by Spielberger, Johnson, Jacobs, Kranser, Oesterle and Worden (1985). It is dichotomous self reporting scale to asses anger expression as a personality trait. The AX scale is comprised of 24 items and yields four different scores i.e. three AX subscales scores namely, AX/out, AX/in and AX/con, and total score (AX/EX). Each subscale comprises of 8 items. Seigal (1986) standardized the multidimensional anger inventory, a scale that is claimed to be sensitive to the multidimensional nature of anger construct. The test-retest reliability of this lest is 0.75 and alpha reliability coefficients range from 0.84 to 0.89.

2.5 Concept of Anxiety and Assessment:

The term anxiety is used to refer to relatively stable individual differences in anxiety proneness as a personality trait. Lazarus & Averill (1974) regarded anxiety as a complex emotional syndrome which consists of unpleasant cognitive and affective status and, physiological arousal as basic components. Spielberger (1972) asserted that much of ambiguity and semantic confusion associated with the concept of anxiety resulted from more or less indiscriminate use of this term to refer to two related, yet logically very difficult concepts distinctness between a trait a state has clarified with differential elevation in state anxiety. Trait-Anxiety (T-anxiety) refers to relatively stable individual differences in anxiety proneness i.e. to
differences among people in the disposition or tendency to perceive a wide range of situation as threatening and to respond to these situations with different elevations in state anxiety.

A-trait is not directly manifested in behaviour, but may be inferred from the frequency and intensity of the individuals a state overtime. A-trait individuals are more vulnerable to stress and tend to experience A-state reactions of greater intensity and with greater-frequency over time than persons who are low in A-trait (Spielberger 1975).

Anxiety as an emotional state (S-Anxiety) is characterized by subjective consciously perceived feeling of tension, apprehension and nervousness accompanied by or associated with activation of the autonomic nervous system (Spielberger 1966, 1972a) State Anxiety (S-Anxiety) is a transitory emotional state or condition of human organism that varies in intensity and fluctuates over time". The level of intensity of an anxiety state may be measured by self report scales or by changes in physiological measures that reflect activation of the ANS (autonomic nervous system) such as heart rate, blood pressure and galvanic skin response.

Anxiety as a process refers to a complex sequence of cognitive, affective and behavioural events to that is evoked by some from of stress. This process may be irritated by a stressful external stimulus or by internal cues that are perceived as threatening. Cognitive appraisals of danger are immediately followed by S-Anxiety reaction. Concept of anxiety as a process implies the following temporally ordered sequence.

External Danger ———-> Perception of Danger ———-> Emotional Reaction.

(Stress) ———> (Threat) ———> (State-Anxiety)

Job anxiety may be evoked by some, or a combination of inadequate situational and psychological variables, and to this end they are associated with one or the other facets of our life (Srivastava, 1977). In very simple terms job anxiety may be defined as "general feeling of vague fear and
apprehensive mental set of employee regarding various job components in relation to his psychological make-up (Srivastava 1977).

The stimuli which provoke job anxiety are more likely to be remote, an imaginary threat concerning certain job components which are conceived of being likely to occur. The employee with high job anxiety is very often fearful, worried and depressed but is not able to locate or even identify its exact cause or sources. He may blame it on his co-workers, management, or any other components of the job life which bears a vague or even no relationship at all to the true cause of his apprehensions and fear. The anxious employee most of the time, anticipates undesirable harmful and frustrating consequences from various components of his job life (Srivastava and Krishna, 1981).

With the development of large industrial complex and dominating economic beliefs, anxiety pertaining to job life has become a predominant problem in the present era (Srivastava, 1977). The job anxiety scale (Srivastava, 1977) estimates various components of employee's anxiety being manifested in relation to seven dimensions of their job as explained below:

i) **Security**: job security, personal security (safety)

ii) **Recognition**: fair evaluation, participation, praise, approval, freedom to show proficiency.

iii) **Human Relation at Work**: interpersonal (intra-cadre and inter cadre), relationship, co-operation, communication.

iv) **Reward (monetary) and Punishment**: financial gains, treatment of supervisors, unjust criticism, blame.

v) **Future-Prospects**: opportunities of promotion and advancement, opportunity to learn and increase efficiency.

vi) **Capacity to work**: shouldering responsibilities, self-confidence, aptitude and interest for the job activities.

vii) **Self-esteem**: self image, social status of the job.
2.5.1 Assessment of Anxiety:

The State-Trait Anxiety inventory (STAI) was developed by Spielberger and Lusehene (1970) to provide reliable, relatively brief self report measures of both A-State and A-Trait. The STAI, A -State scale consists of 20-statements which ask people to describe how they feel at a particular moment in time. The STAI A-Trait Scale also consists of 20 statements which ask people to describe how they generally feel. Simultaneously, Sharma and Singh (1973) have developed the Hindi version of STAI. This scale has 32 language versions all over the world.

Sinha and Sinha comprehensive anxiety test (1973) consists of 90 items. The reliability of test was found to be 0.85 and the internal consistency reliability was also quite high and found to be 0.920.

Tripathi and Rastogi (1978) have developed an anxiety scale in which items for state-trait anxiety and items for free-floating anxiety have been included.

General Trait-Anxiety Scales developed in India included Sinha Anxiety scale (Sinha, D., 1962, 1963) and its short version (Khan & Hasan, 1981); Taylor Manifest Anxiety Scale (MAS) (Singh and Thakur, 1968); Cattell and Scheier’s IPAT Anxiety Scale (Hundal & Kaur, 1974); Comprehensive test of Anxiety (Sinha, A.K.P. & Sinha L.N.K., 1969; Krishna, 1970); Hindi version of STAI (Spielberger, Sharma and Singh 1973, Spielberger &Sharma 1976).

2.6 Concept of Depression and Assessment:

The construct ‘depression’ is not only theoretically challenging it is also diagnostically complex. Beck (1976), pointed out depressive people draw illogical conclusion in elevation of their immediate world and their future and are victims of their own illogical judgement. He describes several logical errors committed by depressive people in interpreting reality as (i)
arbitrary inference, (ii) selective abstractions, (iii) overgeneralization, (iv) magnification and minimization.

According to Vedagiru (1986), depression is characterized by the inability of the individual to make a realistic appraisal of stressful stimuli (unstructured stimulus condition) and to react appropriately to cope up with the stressful stimuli (Stress reaction). Depression is caused by the cognitive rigidities of the individual characterized by

1. continuous uncertainty of the occurrence of the stressful stimuli: (intensity/frequency) and
2. cognition of helplessness, on the part of the individual to cope with the stress.

Pestonjee (1992) defines depression as the emotional state of dejection, feeling of worthlessness and guilt and usually apprehension.

A variety of perceptual and cognitive decrements tend to co-occur with depressed mood (e.g., Seibert & Ellis, 1991; Weingartner, Cohen, Murphy, Martello, & Gerdt, 1981). People with depression engage in more negative thinking and overemphasize negative outcome (Ingrem, Kendall, Smith, Dennell & Ronan, 1987).

Eanlier, Seligman (1975) in his theory of learned helpless man described depression in competent individuals who fail to handle the aversive life situation and hence give up things easily. Other behaviourists believed that in depression there is a failure to receive positive reinforcement which leads to reduction in the activities thus results in less chances of coping with these situation and needs gratification by becoming ill.

Winokur (1974) has proposed a sequential classification procedure and argued that depression can be primary or secondary. Within primary depression the disorder can be separated into bipolar (depression and mania present) or unipolar (only depression is present). Within secondary
depression, he suggests three different kinds of depression: familial pure depressive (depression in a person with a first degree relative who also has depression sporadic depression disease (depression in a person with no first degree relative who has a psychiatric disorder); and depression spectrum disease (depression in a person who has a first relative who has alcoholism or sociopathic problems).

Hartel (1997), found depressed people failed to initiate optional strategies but performed mentally when the task itself engaged and directed their use. Related empirical evidence showed intriguing patterns of relations between the degree of structure within memory materials and impairments under depression. Becker & Moore (1997) observed that many cognitive deficits reported for depressive people and resulting in insufficient amount of free attentional resources for performing more effortful demanding tasks.

### 2.6.1 Assessment of Depression:

Weirsman, Klernan, & Paykel (1961) designed ten phrases for the measurement of affective state, where the subject has to use these phrases in order to explain his/her depressive state.

Beek, Ward, Mendelson, Mock and Erabugh (1961). Developed a self rating inventory comprising of 24 item on 4-point scale. The items have been framed from no depression to severe depression. Each item in the scale contains four statement where the subject has to tick the appropriate item which describes his/her emotional state.

Zung Self Rating Depression scale developed by Zung (1965), consists of 20 items and each item measuring the severity of depression ranging from ‘a little of time’ to most of the time.

Montgomery and Asberg (1979) developed a scale in which the rating were based on the observations of the clinicians. The scale is based on comprehensive Psychopathological Rating Scale. It consists of 10 items specially selected for their frequency of occurrence and their sensitivity to
the effects of treatment on a seven point rating scale. The inter-rater reliability as found by different researchers was reported to be ranging from 0.89 to 0.93.

Zigmond and Snaith (1983) devised scale for screening the patients. The scale has a quality for differentiating patients from anxiety neurotics. The internal consistency of the sub scale was found to be 0.76 (for anxiety and 0.41 (for depression).

Mohr (1986) developed depression scale, which included the items pertaining to anxious behaviour. Internal consistency coefficients originally ranged, from 0.61 to 0.85. The response pattern on the items varies from 1 (almost always) to 7 (never).

2.7 Concept of Job Satisfaction and Assessment:

Job satisfaction has become one of the most important aims of one’s vocational career. It is the end state of feeling which may influence subsequent behaviour. Job satisfaction is a general attitude which is a result of many attitude in three areas, namely specific job section, individual characteristics, and group relationship outside the job (Blum, 1956).

According to Crites (1969), job satisfaction is defined as an affective state that is "a function of the worker’s present job, on the one hand, and his frame of reference and his adaptation level on the other." Locke (1976) defines job satisfaction as " a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience. Gilmer (1960) observe, ‘job satisfaction or dissatisfaction is the result of various attitudes the person holds toward his job”, related factors, and toward life on general”.

Vroom (1964) defined job satisfaction as the positive orientation of an individual towards the work role that he is presently occupying. It refers to an employee’s general attitude toward his job Blum and Naylar (1968)
consider job satisfaction a resultant of many attitudes possessed by a worker, in different areas.

Pestonjee (1973) has suggested that job satisfaction is the summation of employee's feeling in four important areas. Two of these areas encompass on the job factor i.e. those directly connected with the job (intrinsic factor) and the other two include off the job factors, i.e. not directly connected with the job but which are presumed to have bearing on job satisfaction. These four areas are as:

i) **Job**: Nature of work, hours of work, fellow workers, opportunities on the job etc.

ii) **Management**: Supervisory treatment, participation, rewards and punishment, praise and blame etc.

iii) **Social Relations**: Neighbours, friends, attitude towards people in community, etc.

iv) **Personal Adjustment**: Emotionality, health, home and living conditions etc.

The first two together are termed as on the job satisfaction factors while the later two are known as off-the-job factors.

a) **On-the-Job Factors**

Pestonjee (1981) arrived at the following factors in on-the-job satisfaction.

i) **Supervisory Treatment/Consideration**

Important aspects of empathy such as 'sympathetic treatment', respect for their skill and abilities, opinion seeking, external help to workers, promotion policy, supervisor behaviour', etc. are included here.

Halpin and Winèr (1957), and Fleishman (1957, a, b) called it consideration, whereas Likert (1950) in attitude toward men' to refers to this supervisory behaviour.
ii) Equity Regarding Work had and Pay

According to Williams (1925), it is one of the fundamental factors in an individual’s attitude toward his work. As suggested by Patchen (1961), a worker compares his own wages with those of others and tends to evaluate similarities and differences in terms of his relative standing on dimensions believed to be the basis of pay.

iii) Supportive Function

The items constituting this factor relate to the workers relations with their supervisors and their inter personal relations.

iv) Interest in Work

If a worker finds his work interesting and satisfying, he will be dissatisfied when deprived of his work.

v) Rules and Regulations

Items cover such aspects as time rules and regulations. Included also are statements like “Do you have to work with some people whom you donot like much?”

vi) Intrinsic Satisfaction

It includes such aspects as the proper selection of job, nature of work, etc.

vii) Regard for the Organization

It includes such aspects as relation to the overall management cadre, nature of supervisor etc.
viii) **Working Conditions**

Include such aspects as tools, materials and work equipment, reward for good work and promotion opportunities. It also includes reward and punishment policy of the company.

ix) **Co-operation of the Co-Workers**

Vroom (1964) has put forth things in a different way. To him, “if the work group is believed by an individual to be instrumental to the attainment of positively valent outcomes, it will acquire positive valence for him; if, on the other hand, it is perceived to be instrumental to negatively valiant outcomes, it will acquire negative valence for him.

x) **Supervision Nurturance of Subordinates**

It refers to the supervisors attitude toward growth and development of subordinates, as perceived by the subordinates.

b) **Off-the-Job Factors**

Pestonjee (1981) on the basis of factor analysis reported eleven factors in off-the-job aspect of job satisfaction:

i) **Relation with Family Members**

It includes interpersonal relationships with the family members and relatives.

ii) **Emotionality-Neuroticism**

It includes such aspects as withdrawal, neurotic anxiety, tiredness etc.

iii) **The Perception of People in the Society**

This includes item indicating the feelings about society and social bindings.

iv) **Anxiety About Health**

It is concerned about personal health and health of family members.
v) **Sociability**
   It indicates about the ease with which a person can interact with other people in the society and is able to maintain his interpersonal relationships in the society.

vi) **Intra-Psychic Factors Extraversion Intraversion Dimension**
   It is a personality trait. It affects the way of working of an individual as well. It may also be conceived as determining the likes and dislikes of an individual worker for some jobs.

vii) **Neighbourhood**
   This can be explained as a dimension which is a constituent of interpersonal relation with the surroundings and social ecology of the place.

viii) **Intra Psychic**
   It relates with empathy and temperament of the individual.

ix) **Trust**
   This can be conceived as a general indicator of interpersonal trust both in the society and job surroundings.

x) **Isolation**
   It can be conceived as a dimension of the more elaborate construct of alienation.

xi) **Living Conditions**
   This factor reflects the worker's feelings about the environment where he lives. It includes home environment as well as neighbourhood.

2.7.1 **Assessment of Job Satisfaction:**
   An index of job satisfaction, developed by Brayfield and Rothe (1951) is a self report questionnaire that assumes that expression of feeling of an individual towards various aspects of his job is an indicator of job
satisfaction. The index consists of 18 statements rated on a five point scale. The range of possible scores is from 18 to 90.

Anand (1992) developed a five point likert type scale with 30 statements, 15 statements stating positive attitudes and the rest 15 statements stating negative attitude. The subjects scoring 80 above in the scale are considered to be satisfied, while less than 80 as dissatisfied. Test retest reliability of 0.95 indicates that the scale possesses high reliability.

Rao (1986) developed a job satisfaction questionnaire which consists of five items each pertaining to pay, work, promotion, co-workers and supervisors, to be answered on a response category of strongly-agree, agree and disagree.

Pestorijee (1973, 1981) developed the satisfaction dissatisfaction (SD) employees inventory, which provides satisfaction scores on four dimension (job, management, social-relation and personal adjustment) as well as for on-the-job and off-the job facets of satisfaction.

Kanugo (1982) developed job satisfaction scale consisting of 16-items to be responded to on a 6-point scale (1-extremely dissatisfied to 6-extremely satisfied) and minimum and maximum scores are 16 and 96 respectively. The internal consistency co-efficient is 0.87 which indicates high reliability.

2.8 Concept of Organizational Social Support:

Social support, either elicited or provided spontaneously, plays an important role in how people deal with challenges and threats. Supportive interaction and the presence of supportive relationships in people's lives have been shown to play a major role in physical health, emotional well-being, and work performance (Sarason and Pierce, 1990).

Social support helps people to manage the uncertain ties associated with stress, and increases their sense of personal control or efficacy over their environment. Cohen and Wills (1985) theorized that the buffering
effect of social support, which serves to insulate or partially protect those who are vulnerable to the effects of stress, is a function of the match between the particular need engendered by the stressor and the type of support given.

Research on social support has focused attention on three topics: the idea that differences in inter-personal connectedness influence how people respond to various types of situations, identification of supportive components of the environment; and the individual's sense of being supported (Sarason et al., 1990).

According to Sarason et al. (1983), social support is usually defined as the existence of availability of people on whom we can rely, people who let us know that they can about, value and love us. Earlier, Munoz and Snowden (1979), classified three types of social support: personal, intra-organizational and extra-organizational. Weiss (1974) discussed six dimension of social support i.e. intimacy, social integration, nurturance, worth, alliance, and guidance.

Cohen and Mickey (1984), are of the view that social support may play a role at two different points in the causal chain linking stress to illness. First, support may intervene between stressful event and a stress reaction by attenuating or preventing a stress appraisal response. Second, adequate support may intervene between the experience of stress and on set of pathological outcome by reducing or eliminating the stress reaction or by directly influencing physiological processes.

In the occupational stress literature, the main sources of social support are most often divided into supervisors, coworker, and people from outside of the employing organization (e.g. Beehr, King & King, 1990; Caplan, Cobb, French, Harrisen & Pinneau 1975; Ganster, Fusiféer & Mayes, 1986).

Eisenberger, Huntington, Hutchinson, and Sowa (1986) suggested that perceived organizational support is an antecedent of organizational
commitment and offered a measure of perceived employer commitment which they called the survey of perceived organizational support. They used a social exchange view to explain the relationship between these two forms of commitment. Essentially, this view suggests that an employee's inferences about the organization's commitment to him/her contributes to the employee's subsequent commitment to the organization.

According to Eisenberger et al. (1986), "employees develop global beliefs concerning the extent to which the organization values their contributions and cares about their well-being". Whereas, measures of organizational commitment tend to focus on employee's attitude toward the organization (e.g. "I do not feel a strong sense of belongingness to my organization"), the survey of perceived organizational support focuses on the employee's perceptions of the organization's attitude toward them (e.g. "the organization fails to appreciate any extra effort for me"). In fact, research shows that perceived organizational support is significantly associated with organizational commitment (Eisenberger et al., 1986) and affective and calculative attachment to the organization (Eisenberger, Fasolo, & Davis-La Mastro, 1990).

Perceived organizational support was positively related to a variety of work related outcomes, including affective organizational commitment (Eisenberger et al., 1990; Guzo, Noonam & Elron, 1994; Settoon et al., 1996; Shore & Tetrick, 1991), effort reward expectancies (Eisenberger et al., 1990), evaluative and objective measures of in-role-job performance (Eisenberger et al. 1990; 1986), help given by coworkers (Shore and Wyne, 1993; Wayne et al., 1997; Witt, 1991), constructive suggestions for improving the operations of the organization (Eisenberger et al. 1990), and influence tactics designed by employees to make supervisors aware of their dedication and accomplishments (Shore & Wayne, 1993). Perceived organizational support was negatively related to absenteeism (Eisenberger
et al., 1990, 1986) and turnover intention (Guzzo, Noonam & Elron, 1994; Wayne et al., 1997).

2.8.1 Assessment of Social Support:

House and Wells (1978) developed social support questionnaire. It focused on the support received from supervisor, coworker, spouse and friends or relatives. The alpha coefficients for reliability range from 0.75 to 0.92. Predictive validity of .92 has been found with physical and mental health in a variety of occupations (House 1981).

Henderson (1980) developed a 50 questions structured scale which assesses the perceived availability and adequacy of people who can be counted on for assistance in problem solving, emotional support and social integration, its availability and adequacy. Sarason, Levine, Basham, & Sarason (1983) developed social support questionnaire (SSQ), which yields scores for i) perceived number of social supports; and ii) satisfaction with social support that is available.

Singh and Srivastava (1997) developed an 80 item self administered, functional social support questionnaire (FSSQ) to measure availability of support from various organizational (work-related) and extra-organizational (non-work) sources. These items refer to what other people do (the function they perform, rather than only the existence of other people in social structure. The first section measures extra-organizational sources of support, which include support from family, friends and spouse. The second section of questionnaire aims to measure organizational sources of support, which include support from co-worker and supervisor/immediate officer. The reliability and validity indices of the questionnaire have been reported to be quite high and satisfactory.