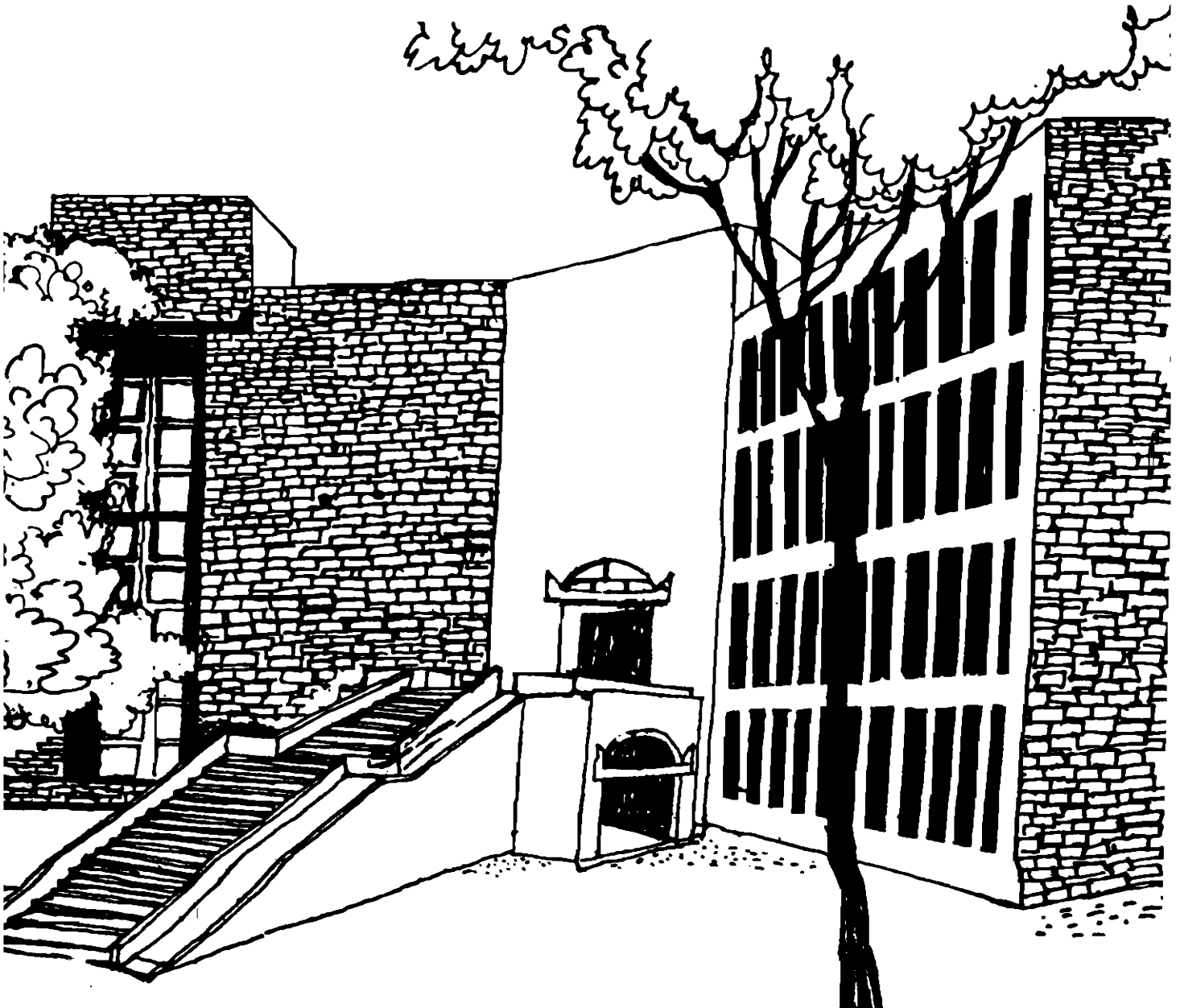




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ROLE STRESS AND JOB SATISFACTION AMONGST
DOCTORS

By

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Role Stress and Job Satisfaction Amongst Doctors

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INTRODUCTION

Stress has become an inevitable part of human life in the recent times. It makes life more challenging and charming, however, within a limit. When stress is beyond the coping ability of a person, it causes disturbances in his/her life-sphere. Stress has its roots in the demands of organizational and personal life. Any demand either of a physical or psychological nature, encountered in the course of living is known as a stressor. The stress response occurs as a result of the individual's interaction and reaction to the stressor. Stressors may be physiological, psychological, or social situations. Thus, it is clear that stress is a naturally occurring experience which may have beneficial or destructive consequences, depending on how it is managed.

Much has been written about stress from many different points of view, still there is a lot of confusion in understanding the real nature of stress under different circumstances. Selye (1974) has rightly pointed out that stress is a scientific concept which, as with the concept of relativity in physics, has suffered from the fate of being widely used and little understood in scientific circles without entering into definitional controversy. There is no single agreed definition in existence. It is a concept which is familiar to both layman and

professional alike, it is understood by all when used in a general context but by very few when a more precise account is required.

The concept of stress was first introduced in the life sciences by Hans Selye in 1936. It is a concept borrowed from natural sciences. Selye's (1946) "General Adaptation Syndrome (GAS)" stimulated vast array of research on the topic, mainly focusing on stress and disease, i.e., noxiousness to tissue systems and adaptation responses to tissue systems. The popularity of this concept has dwindled in the physiological field where it was first introduced and the use of stress terminology continues to flourish in the psychological and social sciences. During the last 15 years, the terms "stress" has come to be widely used in relation to work organizations (Agarwala, Malhan, & Singh, 1979).

Organizational Stress

In the past two decades, empirical researches on the theme of stress have increased many fold. Researchers have focused their attention on causal factors of stress, stress manifestations, moderators of the stress-strain relationship, types of stresses experienced by diverse work populations, and various coping strategies adopted by organizational entities to cope with stress (Pestonjee, 1992).

The large organization, like other settings, exerts its own set of unique forces on the individual. Through the application of these forces, the organization is able to channel the individual's behaviour towards certain goals and to direct his/her interactions towards certain people and away from others. But, there are often prices which the organization

incur for insisting that its members adhere in certain ways to certain goals; they are costs in the form of job-related pathologies of the people who make the organization run. These pathologies can manifest themselves in forms ranging anywhere from passive apathy, job dissatisfaction and depression to violent acts directed against the organization.

Stress in organization has been defined in terms of a misfit between a person's skills and abilities and the demands of his/her job, and as a misfit in terms of a person's needs not being fulfilled by his/her job environment (French, Rogers, & Cobb, 1974). Caplan et al. (1975) defined organizational stress as 'any characteristic of the job environment which poses a threat to the individual.'

Concept of Role Stress

Kahn et al. (1964) were the earliest to draw attention to organizational stress in general and role stress in particular. They considered a specific variant of stress in the form of role stress. Constructs like role conflict, role ambiguity, and role overload stand subsumed under the construct of role stress in this perspective. Briefly, any aspect of role expectation which exceeds the incumbent's resources may be termed as role stress.

Pareek's (1976) definition of role indicates that there are inherent problems in the performance of a role and, therefore, stress is inevitable. The concept of role and, the related concepts of role space and role set, have a built-in-potential for conflict and stress. Since role is defined by the expectations of role senders, the expectations may remain ambiguous and conflict with one another, unless they are articulated, shared and

integrated. From the point of view of an individual, there are two role systems: role space and role set (Pareek, 1983, 1993). Role space can be defined as the "the dynamic interrelationship both between the self and the various roles an individual occupies, and amongst these roles." On the other hand, the individual's role in the organization is defined by the expectations of other significant roles, and those of the individual himself/herself. Role set is "the pattern of relationship between the role being considered and other roles in the organizational context."

Pareek (1983) pioneered work on role stresses by identifying as many as ten different types of organizational role stresses. Briefly, these role stresses are as follows:

1. Inter-role Distance (IRD) Stress: Conflict between the organizational role and other roles. For example, an executive not being able to divide his/her time between work demands and family demands.
2. Role Stagnation (RS) Stress: Few opportunities for learning and growth in the role.
3. Role Expectation Conflict (REC) Stress: Conflicting demands made on the role by different persons in the organization.
4. Role Erosion (RE) Stress: 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 (RO) Stress: A feeling that too much is expected from the role than what the role occupant can cope with.

6. Role Isolation (RI) Stress: Lack of linkages of one's role with other roles in the organization.
7. Personal Inadequacy (PI) Stress: Lack of knowledge, skills or adequate preparation to be effective in a particular role.
8. Self-role Distance (SRD) Stress: Conflict of one's values and self-concepts with the requirements of the organizational role.
9. Role Ambiguity (RA) Stress: Lack of clarity about expectations of others from the role, or lack of feedback on how performance is regarded by others.
10. Resource Inadequacy (RIIn) Stress: Non-availability of resources needed for effective role performance.

Job Satisfaction

The study of job satisfaction is important because it can be viewed as an end in itself, since happiness and general well-being are considered the goal of life and also because it contributes to many other attitudes and outcomes. It is logical to think that since job is an essential part of one's life, it will influence life satisfaction. The results obtained by Herzberg et al. (1959) also suggest that satisfying job experiences often increase the individual's self-confidence. In a number of investigations, significant relationships between attitudes towards the job and those towards the life have been established (Karnhauser, 1965; Iris & Barrett, 1972; Weitz, 1952).

The detrimental effects of dissatisfaction is also visible on physical health, longevity and mental well-being. Herzberg et al. (1959) have noted that subjects reported physical symptoms such as headache, loss of appetite, indigestion and nausea following dissatisfying job incidents. Job dissatisfaction has also been found to be related with maladjustment and neurosis. Sinha and Agrawal (1971) observed that the satisfied workers were better adjusted in the spheres of home and society as also emotionality; they also had superior overall adjustment.

Herzberg, Mausner, Peterson and Capwell (1957) have rightly observed that "the satisfied worker is, in general, a more flexible, better adjusted person who has come from a superior family environment, or who has the capacity to overcome the effects of an inferior environment. He is realistic about his own situation and about his goals. The worker dissatisfied with his job, in contrast, is often rigid, inflexible, unrealistic in his choice of goals, unable to overcome environmental obstacles, generally unhappy and dissatisfied."

Besides above, job satisfaction has been found to be associated with job performance, absenteeism, turnover, and accidents etc. (Ganguli, 1961; Giese & Ruter, 1949; Pestonjee, Singh, & Ahmad, 1981; Sinha, 1974; Sinha & Singh, 1961). It has also been found that those who are highly satisfied have more positive attitudes towards change in comparison to those who are less satisfied (Pestonjee, 1972).

A glance over the above discussed literature provides us the idea of how important a role job satisfaction plays in the context of individual and organizational well-being. A brief understanding of the concept of job satisfaction is provided henceforth.

Satisfaction is not an absolute term. There is no upper bounds of absolute satisfaction while the lower bound merges indistinguishably into dissatisfaction which again has no absolute lower bound. Each is a relative term, relative to some previous state or to the state of some other individual. Job satisfaction refers to a set of attitudes that employees have about their jobs. It is the disposition of people towards their jobs - how they feel about their work - and this involves numerous attitudes or feelings. Bullock (1952) defined job satisfaction as "an attitude which results from a balancing and summation of many likes and dislikes experienced in connection with the job." Similarly, Locke (1976) defined job satisfaction as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience."

On the basis of carefully examining the available definitions, Pestonjee (1973) opined that "job satisfaction is a summation of employees' feelings in four important areas. Two of these areas encompass factors directly connected with the job, and the other two include factors not directly connected with the job but which are presumed to have a bearing on job satisfaction." Briefly, the factors encompassing these areas are:

1. Job: nature of work, hours of work, fellow workers, opportunities on the job etc.
2. Management: supervisory treatment, participating, rewards and punishment, praises and blames etc.
3. Social Relations: neighbours, friends and associates, attitudes towards people in community etc.

4. Personal Adjustment: emotionality, health, home and living conditions etc.

A large number of studies have been conducted to study the relationship between role stress and job satisfaction in different types of organizations (Pestonjee & Singh, 1981; Jagdish & Srivastava, 1983; Watson, 1986; Sharma, 1987; Singh, 1987; Chaudhary, 1990; Hinger, Jain, & Chaudhary, 1997). In these studies, the overall indices of role stress and job satisfaction were found to be correlated negatively. It is evident from these findings that greater the role stress, lesser would be the job satisfaction, or in other words, higher the role stress, greater would be the job dissatisfaction.

In another study, Pastor et al. (1989) investigated stress and job satisfaction in 325 rural physicians in Minnesota, USA and found that most physicians were well satisfied with their work. However, they reported time pressures, realities of medical practice (e.g., patient expectations), and dealing with difficult patients as major stressors.

It was found during the course of reviewing the literature that there is a paucity of survey research from psychological point of view on the doctors in India. The present study was undertaken to explore two sets of variables which may seem to be opposed to each other. The major objective of the study was to establish and compare the levels of role stress and job satisfaction variables for two categories of doctors, and to find out the magnitude of relationship between role stress and job satisfaction variables.

METHOD

Sample

Survey method was adopted for the present research. The present research was conducted on two categories of doctors selected on the basis of their placement in the health care systems. Group I consisted of 35 junior doctors working as Medical Officers In-charge at the sub-district level primary health centres (PHCs). Group II also consisted of 35 senior doctors working as Chief Medical Officers at respective districts of the same state. All the doctors included in the present research were males and they were aged between 27 and 56 years. Simple random sampling procedure was followed to select the sample. A caution was applied to study the PHCs doctors from those PHCs which were adjacent to the district headquarters to allow for physical/geographical contiguity. There were no 'private practitioners' in the sample.

Measures

The psychometric measures employed in the present research were as under:

1. Organizational Role Stress (ORS) Scale (Parcek, 1983): The ORS Scale has been developed and standardized to measure the various role-based stresses relevant to organizational life under ten dimensions referred earlier (i.e., IRD, RS etc.). The ORS Scale consists of 50 items, each of which is rated on a 5-point scale with assigned scores of 0 to 4 for each item.

2. Employees' Satisfaction-Dissatisfaction Inventory (Pestonjee, 1973): This inventory is generally known as Employees' S-D Inventory and was developed to provide an estimate of one's satisfaction in four important areas, namely, job, management, personal adjustment, and social relations. Job and management areas taken together are known as on-the-job factors while the latter two are known as off-the-job factors. The inventory consists of 80 'Yes-No' type items. The area wise split-half reliability for the job, management, social relations, and personal adjustment were found to be 0.99, 0.99, 0.98 and 0.98 respectively.

Procedure

A good rapport was established with the subjects before administering any measure. The subjects were assured that their responses would be kept strictly confidential. The two measures were individually administered with proper instructions. After obtaining the completed measures, the subjects were interviewed informally to explore certain issues which most accurately describe their own experiences in their working life. After the data collection was over, the standard procedure for scoring as given in the manual was followed for each of the two measures, namely, the ORS Scale and the Employees' S-D Inventory.

RESULTS AND DISCUSSIONS

The data were analyzed in terms of the t-test and the coefficients of correlation. In order to test the difference between the mean scores of the two groups on role stress and job satisfaction variables, t-values were computed (Table 1). It may be observed that the senior doctors (Group II) obtained consistently higher scores on all the satisfaction areas as well as overall job satisfaction in comparison to the junior doctors (Group I). However, the two groups did not vary significantly from each other except in the case of management area of job satisfaction. This might be due to the fact that senior doctors, being in-charge of the health care system of their respective districts, enjoyed greater authority and autonomy as compared to the junior doctors. They also appeared to be participating in various major activities of the organization. Moreover, senior doctors looked to be satisfied with the praise and reward system of the organization. On the other hand, at the junior level doctors are more prone to be blamed for even minor errors. Therefore, the lack of appreciation and only blames to their credit might have led them to feel less satisfied in the management area. In addition, senior doctors also got a sizeable number of supporting staff working under them which made them feel confident to perform their duties effectively. On the other hand, at the primary health centres, only 3-4 supporting staff were found to be working under each junior doctor.

Table 1 about here

With regard to role stress, it was found that role erosion (RE) and resource inadequacy (RIn) were dominant whereas role expectation conflict (REC) and personal inadequacy (PI) were remote contributors of role stress in the case of junior doctors. One of the possible reasons for the highest value of role erosion could be political interference and nepotism in the public health system which occur in several forms at various levels. The more common forms are reported in purchase of medicines and equipments, postings and transfers etc. at the various levels. They harm the overall system of authority and management. There are several instances of strict and honest doctors being harassed in various ways by the subordinate staff having strong political support. And, in such a situation, the higher authorities do not support the and honest and strict doctors. Such feelings might have led to erosion of the role and authority of the junior doctors. Closely followed by role erosion(RE) was the role stress of resource inadequacy(RIn). Junior doctors also felt that their work, at times, gets hampered due to the non-availability of external resources which are more basic and important for them than anything else. It was also found that the PHCs did not have a systematic supply and logistic system which led to shortage of essential supplies. Also, poor management of stores at the PHCs further added to this problem. A predominant number of junior doctors felt that the equipments that they use are mostly outdated and lack sophistication. The situation was further confounded by

an indifferent quality of support staff. These may be the main reasons for high role stress on resource inadequacy (RI_n).

The minimum amount of role stress experienced by the junior doctors was on the dimensions of role expectation conflict (REC) and personal inadequacy (PI). This may be due to the fact that they are very clear about the limits of their roles vis-a-vis the expectations of others. They also have to function within a specified framework of duties and regulations which make them responsible for the lives of those patients who are receiving treatment from them. Further, one of the reasons for low mean value of personal inadequacy (PI) among junior doctors could be that they are given extensive training before they join the assigned role. They do not feel that they lack enough knowledge and skills to become a successful doctor.

On the other hand, inter-role distance (IRD) and role erosion (RE) emerged as dominant whereas role ambiguity (RA) and personal inadequacy (PI) as remote contributors of role stress for the senior doctors. Senior doctor included in this present research often faced the conflict between his organizational role as a Chief Medical Officer of the entire district, and his familial role as a family man. The demands of his family and friends for sharing his time were incompatible with the demands of the job. The possible reasons for such findings may lie in the fact that the Chief Medical Officer of a district has to take the responsibility for the health care system of the entire district, not just the government institutions under his command. He also has to implement the policy

guidelines evolved by the central and state ministries. As a result of greater responsibilities associated with their jobs, the social and family life of the senior doctors remain affected. The same explanations as offered in the case of highest mean value of role erosion (RE) in the case of junior doctors may hold true in the case of senior doctors also.

The results also indicate that the minimum amount of role stress experienced by the senior doctors was on the dimensions of role ambiguity (RA) and personal inadequacy (PI). This might be due to the fact that senior doctors looked to be very clear about the work objectives, scope and responsibilities associated with their roles. Further, the explanations as mentioned in the case of low mean value of personal inadequacy (PI) among junior doctor may be put forward in the case of senior doctors also.

Table 1 also reveals that no significant differences were observed between the two groups except in the case of inter-role distance(IRD). One of the reasons for such finding could be that at the senior level, doctors seemed to find it difficult to play multiple roles which might be due to the less cooperation from the home and greater responsibilities at the office. Also, due to odd hours of working at the job, they were unable to devote more time for their home and social life.

Table 2 about here

Table 2 and 3 summarise the correlational analysis between job satisfaction and role stress variables for both the groups. It may be observed that job satisfaction and its

component variables correlated negatively with all the factors of role stress. Out of 77 combinations between job satisfaction and role stress variables, 46 coefficients of correlation were reported to be negative and statistically significant for junior doctors. Similarly, 41 coefficients of correlation were found to be negative and statistically significant in the case of senior doctors. This finding strengthens the opinion that higher the role stress, lower would be the job satisfaction. Similar results were also found by Sen (1981), Pestonjee and Singh (1981), Singh and Mishra (1987), Rahman (1989), and Hinger, Jain, and Chaudhary (1997).

Table 3 about here

A most notable feature which can be observed is that on-the-job satisfaction including job and management areas as well as overall job satisfaction correlated negatively and significantly with most of the dimensions of organizational role stress as compared to off-the-job satisfaction including personal adjustment and social relations areas in case of both the groups. This finding suggests that there is not much difference in the types of potential sources of role stresses which significantly affect on-the-job satisfaction in two categories of doctors undertaken in the present research.

Thus, on the whole, we find that though there are stressors common in both categories of doctors, junior doctors have greater and a more potent source of role stress which significantly relate with overall job satisfaction as compared to senior doctors. These results have clear indications for adopting practical strategy for bringing change in

organizational functioning. It can only be brought when doctors have moderate level of role stress. In this context, it may be mentioned that the dimensions like role erosion, inter-role distance, role overload and resource inadequacy had an important place in producing role stress among doctors. Therefore, there is an urgent need to evolve an 'action plan' for doctors to minimize the impact of these dominant stressors, and to develop healthy coping strategies. As a result, job satisfaction would increase and organizational environment will become conducive to improve in general the quality of life, and also the working life of the doctors. In the light of the findings of the present research, these suggestions should be considered seriously since these are necessary not only for stability and healthy growth of the public health system in India, but also to meet the more and more ambitious and challenging goals being set for the health care personnel.

TABLE 1

**Comparison Between the Mean Values of the Study's Variables
for the Two Groups**

Variables	Group I (Junior Doctors)		Group II (Senior Doctors)		t
	Mean	SD	Mean	SD	
<u>Job Satisfaction</u>					
Job Area	13.17	3.43	14.06	3.52	1.08
Management Area	14.03	4.43	16.17	3.86	2.16*
Personal Adjustment Area	15.91	3.01	16.18	3.51	0.33
Social Relations Area	14.49	3.47	15.86	2.65	1.85
On-the-job Satisfaction	27.20	7.30	30.17	6.62	1.77
Off-the-job satisfaction	30.37	5.58	31.97	5.34	0.94
Job Satisfaction (Total)	57.57	11.24	62.20	9.92	1.83
<u>Organizational Role Stress</u>					
IRD	5.46	4.11	8.11	4.31	2.65**
RS	5.49	4.55	6.96	4.36	0.54
REC	3.54	3.32	5.17	4.24	1.79
RE	8.89	4.19	8.00	3.65	0.10
RO	5.96	3.96	5.57	3.63	0.49
RI	5.60	4.99	5.51	3.77	0.08
PI	3.89	3.50	4.97	3.85	1.40
SRD	4.94	3.46	5.40	4.06	0.51
RA	3.90	3.16	4.40	4.17	0.57
RIn	6.00	3.57	6.47	4.21	0.49
ORS (Total)	52.03	24.79	59.77	27.72	1.21

* p < 0.05

** p < 0.01

TABLE 2

Coefficients of Correlation Between Job Satisfaction and Role Stress Scores for Junior Doctors (Group I)

Variables	Job Area	Management Area	Personal Adjustment Area	Social Relations Area	On-the-Job Satisfaction	Off-the-Job Satisfaction	Job Satisfaction (Total)
IRD	-0.43**	-0.23	-0.43**	-0.10	0.34*	-0.29	-0.37*
RS	-0.62**	-0.57**	-0.33	-0.32	-0.63**	-0.37*	-0.60**
REC	-0.66**	-0.47**	-0.32	-0.10	-0.59**	-0.28	-0.53**
RE	-0.35*	-0.30	-0.18	-0.10	-0.24	-0.16	-0.31
RO	-0.56**	-0.43**	-0.11	-0.03	-0.52**	-0.07	-0.37*
RI	-0.37*	-0.38*	-0.22	-0.45**	-0.40*	-0.40*	-0.46**
PI	-0.24	-0.42**	-0.19	-0.24	-0.36*	-0.25	-0.36*
SRD	-0.47**	-0.46**	-0.30	-0.27	-0.50**	-0.33	-0.49**
RA	-0.33	-0.33	-0.23	-0.35*	-0.35*	-0.34*	-0.40*
RIn	-0.56**	-0.63**	-0.23	-0.23	-0.64**	-0.27	-0.55**
ORS (Total)	-0.72**	-0.66**	-0.39*	-0.36*	-0.73**	-0.43**	-0.69**

* $p < 0.05$

** $p < 0.01$

TABLE 3

Coefficients of Correlation Between Job Satisfaction and Role Stress Scores for Senior Doctors (Group II)

Variables	Job Area	Management Area	Personal Adjustment Area	Social Relations Area	On-the-Job Satisfaction	Off-the-Job Satisfaction	Job Satisfaction (Total)
IRD	-0.39*	-0.25	-0.35*	-0.20	0.34*	-0.33	-0.39*
RS	-0.65**	-0.50**	-0.56**	-0.18	-0.62**	-0.45**	-0.65**
REC	-0.46**	-0.36*	-0.36*	-0.08	-0.46**	-0.27	-0.46*
RE	-0.25	-0.13	-0.19	-0.09	-0.20	-0.08	-0.17
RO	-0.40*	-0.28	-0.34*	-0.14	-0.38*	-0.29	-0.41*
RI	-0.20	-0.40*	-0.15	-0.08	-0.34*	-0.09	-0.29
PI	-0.17	-0.03	-0.40*	-0.26	-0.11	-0.39*	-0.28
SRD	-0.57**	-0.42**	-0.30	-0.28	-0.54**	-0.22	-0.48**
RA	-0.46**	-0.37*	-0.24	-0.23	-0.46**	-0.13	-0.38*
RIIn	-0.45**	-0.50**	-0.22	-0.10	-0.53**	-0.09	-0.41*
ORS (Total)	-0.59**	-0.48**	-0.45*	-0.10	-0.59**	-0.35*	-0.58**

* $p < 0.05$

** $p < 0.01$

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