

A Study of the Relationship of Type A / B Behaviour Patter with Role Stress and Coping Strategies

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Key Words :

- 1.CSR Measurement
- 2.CSR definition
- 3.Stakeholder Theory

Abstract

The present research endeavor is aimed at exploring the relationship of Type A/B behavior pattern with role stress and coping strategies in doctors and engineers. In the report an attempt is made to understand the theoretical foundations, concepts and relationships of independent and dependent variables under study i.e., Type A/B behavior pattern, role stress and coping strategies.

INTRODUCTION

Independent Variables

Type A/B behavior pattern : The Type A persons are people with a highly competitive desire for achievement and recognition, together with a tendency towards hostility and aggression, and a sense of immense time urgency and impatience. The Type B personality, lacks Type A personality's characteristics and is not prone to coronary problems. Type B people may well work hard and have considerable drive but they feel no conflict with people or time. Type B people are more relaxed and easy going.

Doctors : Individuals having MBBS degree from an institution recognized by Medical Council of India and competent local bodies were considered to be fit to qualify as respondents of the study.

Engineers : Individuals having B.E. (Bachelor of Engineering)/ B.Tech. (Bachelor of Technology)/ B.Arc. (Bachelor of Architecture)/ AMITE degree from recognised institutions/colleges were considered to be fit to qualify as respondents of the study.

Dependent Variables

Occupational Role Stress : Role stress can be explained as stress experienced by an individual (organisational member or professional) performing certain roles in a specific environment.

Pareek (1983) had identified ten different types of role stresses prevalent in an organisational setting. These role stresses can be categorized into two categories, namely, role space conflicts and role set conflicts.

Role Space Conflicts : Any conflict amongst the self, the role under question and other roles occupied by a person are considered as role space conflicts or stress. Various forms of these conflicts are:

Self Role Distance: Stress arising from the conflict between the self-concept and the expectations from the role, as perceived by the role occupant is considered as self role distance.

Role Stagnation: The new role demands, that an individual outgrow the previous one, taking charge of the new role effectively. The stress emerging from this situation is called role stagnation.

Inter-Role Distance: When an individual occupies more than one role, conflict between different roles is considered as inter role distance.

Role Set Conflicts : The conflicts arising as a result of incompatibility amongst the expectations by the 'significant' others (and by the individual him self) are referred to as role set conflicts. Various forms of this conflict are:

Role Ambiguity: When an individual does not possess clear cut knowledge about his responsibilities at work, the conflict that he faces is called role ambiguity.

Role Expectation Conflict: When different role senders impose conflicting demands on a role occupant,

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the emerging stress is called role expectation conflict.

Role Overload: When the role occupant feels that there are too many expectations from the role senders, he experiences role overload.

Role Erosion: When a role occupant feels that the functions which he would like to perform, are being performed by some other role, the stress felt is called role erosion.

Resource Inadequacy: It is experienced when the resources either human or materialistic required by the role occupant for performing the role effectively are not available.

Personal Inadequacy: When a role occupant feels that he does not have enough knowledge, skills or training or he lacks time to prepare for the assigned role, the stress felt is considered as personal inadequacy.

Role Isolation: In a role set, the role occupant may feel that certain roles are psychologically closer to him, while others are at a much greater distance. The stress emerging from this felt distance is called role isolation.

Coping Strategy: When individuals experience stress, they adopt ways of dealing with it because they cannot remain in a continual state of tension. This is called coping. The word coping is used mainly with two meanings - ways of dealing with stress and the effort to 'master' conditions of harm, threat or challenge.

The classification of coping strategies proposed by Pareek (1993) can be seen on three dimensions namely, externality, internality and modes of coping.

Externality : Externality is the feeling that the external factors are responsible for the role stress, resulting in aggression towards and blame on such external factors. It also indicate the tendency to expect and get solution for the stress from the external sources.

Internality : Internality is oppsite of externality. The respondent may perceive himself or herself responsible for the stress and may expect solution for the stress from himself or herself.

Modes of Coping : There are two broader modes of coping namely, avoidance and approach. Avoidance mode is characterised by aggression and blame; helplessness and resignation; minimising of the significance of the stressful situation by accepting it with a sense of resignation, and denying the presence of stress or finding an explanation for it. On the other hand, approach mode is characterised by hope that things will improve; effort made by the respondent to solve the problem; expectation from others

that they will help or asking for help in relation to stress, and doing jointly with others, something about the problem.

Based on the above three dimensions, Pareek proposed a number of coping styles, which are briefly described below:

Impunitive (M) : M has a combination of low internality, low externality and avoidance. This is fatalistic attitude.

Intropunitive (I) : I is characterised by high internality, low externality and avoidance. Blame and aggression is directed by the respondent to himself.

Extrapunitive (E) : E is characterised by low internality, high externality and avoidance.

Defensive (D) : D is characterised by high internality, high externality and avoidance.

Impersistive (m) : m is characterised by low internality, low externality and approach.

Intrapersistive (i) : i is characterised by high internality, low externality and approach. In this, the individual himself will take action in relation to stress.

Extrapersistive (e) : e is characterised by low internality, high externality and approach. It is an expectation that the solution will come from others.

Interpersistive (n) : n is characterised by high internality, high externality and approach. It is opposite of defensive (D) style.

HYPOTHESES

The following hypotheses were to be tested:

Hypothesis I : Subjects having Type A and Type B personality will differ in terms of their occupational role stress.

Hypothesis II : Doctors and Engineers will differ in terms of their occupational role stress.

Hypothesis III : Subjects having Type A and Type B personality will differ in terms of their use of coping strategies.

Hypothesis IV : Doctors and Engineers will differ in terms of their use of coping strategies.

THE DESIGN

A "randomised two group" research design was used as the basic experimental design. The research paradigm congruent with the above design is as under:

Occupational role stress and coping strategies were chosen as dependent variables because these were hypothesised as being correlates of Type A/B personality and occupational groups.

Doctors	Engineers	Type A	Type B
120	120	120	120
Doctors		Engineers	
Type A	Type B	Type A	Type B
60	60	60	60

Thus, the design constituted of four study groups for both the dependent variables namely, doctors with Type A personality; doctors with Type B personality; engineers with Type A personality; engineers with Type B personality.

The final distribution of sample is as under:

TOOLS FOR DATA COLLECTION

Independent Variables:

- (1) Jenkins Activity Survey (For measuring Type A/B behavior pattern) : This scale was developed by Jenkins et al. (1979).

Dependent Variables:

- (1) Occupational Role Stress Scale (For measuring Occupational Role Stress) : This scale was developed by Pareek (1983).
- (2) Role PICS (Projective Instrument for measuring Coping Styles) : This instrument was developed by Pareek (1983).

ANALYSIS

For data analysis the collected data were tabulated for further analysis. Since, scores as obtained from interpretation of data for dependent variables were of different nature, different tools were applied to analyse the data. Test for significance of difference in means (Critical Ratio Test) was applied to find the differences between various study groups of the research design on their ORS scores. Whereas, to test the hypotheses regarding coping strategies a non-parametric statistical tool such as chi-square test was applied to see the difference between various study groups. The process applied for both the tests is given as under

CONCLUSIONS

Doctors and engineers differ significantly on occupational role stress. Engineers are higher on occupational role stress

than doctors. It has also been observed that engineers experience higher role expectation conflict, role erosion, role stagnation, role isolation, personal inadequacy, self-role distance, role ambiguity and resource inadequacy than doctors. Where as on inter role distance, doctors were found to be higher than engineers. On role overload, the impact of occupation was insignificant.

Subjects with Type A personality experienced higher occupational role stress than those with Type B personality. Type A personalities experience higher inters role distance, role erosion and role overload than Type B personalities. On other components of ORS, such as role expectation conflict, role stagnation, role isolation, personal inadequacy, self-role distance, role ambiguity and resource inadequacy, the role of Type A/B behavior pattern was found to be insignificant.

As far as the comparison over interaction of occupation and Type A/B personality is concerned, it has been found that both personality Type and occupation interact to influence occupational role stress significantly. Personality type contributed significantly to occupational role stress in case of doctors, but in the case of engineers, role of personality type was found to be insignificant. Occupational role stress was found to be high in doctors with Type A personalities as compared to doctors with Type B personality. In case of Type A and Type B personalities the role of occupation was found to be significant wherein both the cases engineers experienced higher role stress than doctors. However, no difference was found between engineers with Type A and Engineers with Type B personality.

The effect of interaction of occupation and Type A/B behavior pattern on various components of occupational role stress presented mixed results. Doctors with Type A behavior pattern were higher on inter role distance than engineers with Type A behavior pattern, and engineers with Type A behavior pattern were higher on role stagnation, role erosion, role isolation, self role distance and role ambiguity than doctors with Type A behavior pattern. On the other role stresses (role expectation conflict, role overload, personal inadequacy and resource inadequacy) the effect of occupation was insignificant in Type A personalities. In engineers, the effect of Type A/B behavior pattern is significant in the case of inter role distance and role erosion, where engineers with Type A behavior pattern were higher than engineers with Type B behavior pattern. In case of Type B personalities, the effect of occupation was significant only on role erosion, role isolation, self-role distance, role ambiguity and resource inadequacy. In experience of all these stresses engineers with Type B personalities were higher than doctors with Type B

personalities. In case of doctors, role of Type A/B behavior pattern was significant only on the experience of inter role distance, role erosion, role overload, self role distance and resource inadequacy where doctors with Type A behavior pattern were higher than doctors with Type B behavior pattern.

When occupation taken separately, it has been found that it is an important contributor to the use of impulsive coping style (M) as backup one. Doctors used this coping style more than engineers. The effect of occupation on other coping strategies (intrapersistent, defensive and approach and avoidance mode of coping) was neutral.

No significant difference was found between Type A and Type B personalities in terms of the coping strategies used by them.

Essentially coping strategies presented differences in terms of interaction between occupation and Type A/B personality. In this context firstly, difference in intrapersistent (i) coping strategy was found in comparison between Type B doctors and Type B engineers with doctors using it more than engineers. This difference, however, was not present for Type A doctors and engineers. Similarly, doctors with Type A and Type B personality and engineers with Type A and Type B personality were not significantly different from each other. In other words, it can be said that in Type B personalities occupation played an important role in the use of intrapersistent (i) coping strategy as dominant coping strategy but in Type A personalities the role of occupation was found to be neutral.

As far as the difference in use of defensive coping strategy as a dominant coping strategy is concerned, occupation had an impact only in Type B personalities, where engineers used this style more than doctors. In Type A personalities, the role of occupation was found to be insignificant and in doctors, the role of personality was also not significant. When we compared over the use of defensive coping strategy as backup coping strategy, difference was significant only in Type B personalities, but opposite to the use of this strategy as dominant coping strategy, doctors use this style more than their engineer counterparts as backup coping style. In the use of impulsive coping strategy (M) as backup coping strategy, as far as the interaction is concerned, it has been found that only in Type A personalities, occupation affect the use of this strategy. Other differences were not found to be significant. Here, doctors used this style more than engineers.

In interactions of occupations and Type A/B personality, it has been found that in Type B personalities occupation influenced the use of these modes of coping. In terms of

avoidance, engineers used this mode more than doctors and in the case of approach mode of coping; doctors with Type B personality used this mode of coping more than engineers having Type B personality. It has also been found that in engineers, Type A/B personality affect the use of avoidance and approach mode of coping, where engineers with Type B personality used avoidance more than engineers with Type A personality, while engineers with Type A personality used approach mode more than engineers with Type B personality. In Type A personalities, the effect of occupation on the use of avoidance and approach mode of coping was found to be insignificant. In doctors also, the effect of Type A/B personality was neutral.

THE SUGGESTIONS

Like any other research endeavor, the present work too has its own contribution as well as limitations, which further leads to significant directions for further research in the domain of the knowledge under study to enhance the scope and understanding of the same. The suggestions for further research are as under:

The present research has included Type A/B personality and only two occupational groups i.e., doctors and engineers as independent variables. To further widen the scope of domain of knowledge over stress. Various other occupational groups such as bankers, professors, researchers, nurses etc. can be included as independent variables. Apart from this, several other personality types based upon Eysenck's () classification i.e., extraversion, introversion, psychoticism and neuroticism can also be included as independent variable.

Due to time constraint, only two variables i.e., Type A/B personality and occupation were taken as independent variables. The same study can be replicated by including several other associated variables such as gender, marital status, age etc. can also be included to examine their effect on occupational role stress and coping strategies.

As the results revealed that out of eight coping strategies possible namely, impulsive, introjective, extrapulsive, defensive, impulsive, intrapersistent, extrapersistent and interpersistent, only three (intrapersistent, defensive and impulsive) have been predominantly used by doctors and engineers and Type A and Type B subjects. It can be a matter of further research to explore the exact reasons behind such over dependence on few coping mechanisms. Also further research needs to be done to find out is there a congruence between specific occupation or Type A/B personality and use of specific coping mechanisms.

Further research can be undertaken to examine the differences between different occupational groups and

personality types to see whether there is any exclusivity as far as contribution of specific occupational role stress component to overall occupational role stress is concerned. Further, this relationship exploration can be expanded to include occupation and behavior pattern.

The present study was confined to the subjects from the states of Madhya Pradesh, Chattisgarh and Uttar Pradesh. The study can be replicated on larger sample representing various regions, subcultures, religions and similar other variables to validate the findings of present study on one hand and to further the scope of application of the results on the other

THE IMPLICATIONS

The findings carry practical as well as theoretical implications for both professionals and academicians in a world that is inherently chaotic, ambiguous, stressful and essentially out of control, it may make sense to question the assumed normality of order and control. It may be appropriate to further explore the current realities of organisational life-rapid technological changes, multiculturalism, massive restructuring and their reflections on members of that organization. In such a scenario the experiences of stress may be considered as the norm and control and order an illusion, which is rooted in the unfulfilled promises of modernity. As the results have indicated, specially about the organisational torch bearer, it seems inevitable to question several modernist presumptions, revealing the interests and assumptions underlying them and reexamining the discourses that sustain them..

The findings evoke ramifications for diagnosing potential problems in the areas of role clarity or avoidable turnover. As the findings have indicated that among engineers, there is intense feeling of role erosion, role ambiguity and self role distance, efforts are required from all organisational practitioners, trainees, researchers and academicians to explore ways of overcoming these discrepancies to improve the environment of the organization along with mental health of its members.

From organisational perspective, all members of the organisation need to be made aware about causes and consequences of stress, they should also be included into any effort of defining, designing, restructuring roles so as to reduce conflict, ambiguity and overload.

Future studies should seek to validate whether stress and particular coping strategies are occupation dependent or not. They should also seek to explore which specific organisational, situational and personal variables are responsible for higher level of stress among engineers. In

the light of present findings, further explorations need to be done to estimate the role of organisational context in perpetrating stress.

The high inter role distance as experienced by doctors indicate that one possible area of improvement is adjustment of available resources in such a way so that they are able to fulfill their responsibilities effectively without ignoring the other aspects of their life. More attention needs to be paid to this aspect of doctors' life because these discrepancies have a potential to escalate into a full fledged crisis in one's life.

Use of bivariate factorial designs has its own limitations as indicated in research methodology literature, more rigorous designs can be used to further confirm the present results. As the findings have indicated that both personal and occupational variables interact to influence stress outcomes, it would be worthwhile to see what impact a third moderating variable will have on stress outcomes. Several variables such as age, specialisation, experience, social support, relationship with superiors, peers and subordinates, and similar others can be included to widen the scope and understanding of stress related knowledge.

The findings of the present study lends credence to a number of propositions regarding stress, which posited that stress has very strong environmental or situational influence. There is growing need to look at stress related theoritisation and also coping mechanisms in order to make significant headway into stress management and coping. Specific techniques or mechanisms need to be devised for specific persons working in a particular type of organisation under specific circumstances. Only this level of focus will give some meaning to the efforts of managing stress.

One significant implication of the study relates to the practices and procedures governing, recruitment and role allocation in organisations.

The organisation can identify the new incumbents at the time of recruitment that whether they are Type A or Type B. Subsequently, jobs characterizing congruent challenge and opportunities can be awarded to respective personalities to match their characteristics.

Organisations need to undertake continuous health check programs to monitor the existing physical health symptoms in Type A members so that they can be provided proper counselling and medical help if need be.

SUMMARY OF SIGNIFICANT RESULTS

Table 1 :Means, Standard errors of differences and Critical ratios of doctors and engineers; and subjects with Type A personality and subjects with Type B personality (Significant results)

Components of ORS	Doctors and Engineers				Type A and Type B			
	M1	M2	SED	C.R.	M1	M2	SED	C.R.
IRD	6.81	5.01	0.54	3.30**	7.35	4.47	0.52	5.49**
RS	5.68	7.19	0.52	2.55**	-----	-----	-----	-----
REC	4.73	5.63	0.45	2.04*	-----	-----	-----	-----
RE	6.94	9.63	0.58	4.62**	9.48	7.08	0.59	4.10**
RO	-----	-----	-----	-----	4.83	3.42	0.47	3.00**
RI	5.53	7.61	0.52	4.03**	-----	-----	-----	-----
Pin	5.76	7.02	0.56	2.23*	-----	-----	-----	-----
SRD	4.56	8.08	0.54	6.57**	7.07	5.57	0.57	2.61**
RA	2.44	5.46	0.47	6.39**	-----	-----	-----	-----
Rin	4.68	7.13	0.48	5.15**	-----	-----	-----	-----
Total ORS	51.71	66.60	3.59	4.15**	64.71	53.60	3.65	3.04**

Table 2 :Frequencies and CHI squares for doctors and engineers, and subjects with Type A personality and subjects with Type B personality (Significant results)

Coping Styles	Doctors	Engineers	Chi Square	Type A	Type B	Chi Square
Dominant Intropersi-stive	41(32) Doctors 'B'	23 (32) Engineers 'B'	5.06*	-----	-----	-----
Defensive	15 (22) Doctors 'B'	29 (22) Engineers 'B'	4.46*	-----	-----	-----
Back Up	39 (31) Doctors	23 (31) Engineers	4.12*	3 (11.5) Engineers 'A'	20 (11.5) Engineers 'B'	12.56*
Impunitive	23 (13) Doctors 'A'	3 (13) Engineers 'A'	15.38**			
Defensive	31 (24) Doctors 'B'	17 (24) Engineers 'B'	4.08*	-----	-----	-----
Avoidance	27 (35.5) Doctors 'B'	44 (35.5) Engineers 'B'	4.08*	27 (35.5) Engineers 'A'	44 (35.5) Engineers 'B'	4.08*
Approach	35 (27.5) Doctors 'B'	20 (27.5) Engineers 'B'	4.10*	35 (27.5) Engineers 'A'	20 (27.5) Engineers 'B'	4.10*

**Significant at 0.01 level of confidence

*Significant at 0.05 level of confidence

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