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THE RELATIONSHIP OF SELF-ESTEEM TO THE OCCUPATIONAL STRESSES OF ROLE AMBIGUITY, ROLE CONFLICT, AND ROLE OVERLOAD

The Ohio State University

Ph.D. 1980

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THE RELATIONSHIP OF SELF-ESTEEM TO THE OCCUPATIONAL STRESSES
OF ROLE AMBIGUITY, ROLE CONFLICT, AND ROLE OVERLOAD

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
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CHAPTER I
INTRODUCTION

The historical development of counseling psychology has led to an increased interest in the field of occupational mental health. As explained by Osipow (1979), occupational mental health combines the fields of vocational development and mental health in order to understand issues relating to the quality of work life. As Osipow (1979) states, occupational mental health can be used to identify resources that can enhance the life satisfaction of the worker, or to minimize and even prevent important sources of difficulty in the work environment.

There are various factors which affect the quality of life for the worker, stress being one of the most obvious. People at work may respond to stressful situations in a variety of ways. Physiological responses or strains can include heart disease, high blood pressure, and ulcers. Psychological responses or strains may involve impaired job performance, job dissatisfaction, and, eventually, lowered self-esteem. How a person manifests strain resulting from occupational stress is a function of both the stress he or she encounters and the type of person he or she is. Stress may be both positive and negative, and occur in varying degrees of magnitude. What may be extremely stressful and unpleasant for one individual may be interpreted as a positive, invigorating event for another.
Three different types of occupational stress are role ambiguity, where an individual has inadequate information about his or her role at work; role conflict, where logically incompatible demands are made on an individual by two or more persons whose jobs are interdependent with his or her own; and, finally, qualitative or quantitative role overload, having work that is too easy or difficult to do or having too much or too little to do (Kahn, 1974).

Self-esteem has been defined as the liking and respect for oneself which has some basis in reality (Crandall, 1973), the extent to which the individual perceives him/herself to be effective in dealing with problems (Ghiselli, 1971). McLean (1970) has cited the need for studies examining the effects of self-esteem and role stress to help discover conditions where the worker's expectations for himself or herself might exceed his or her personal resources.

Previous studies of occupational stress (French and Caplan, 1973; Kahn et al., 1964; Caplan, 1971; Margolis, Kroes, and Quinn, 1974) have been concerned with a broad range of psychological and physiological strains. While mention of lowered self-esteem as a result of occupational stress was made, the relationship of self-esteem to these stresses was not examined in depth. There has also been no examination of occupational stress and women workers, taken as a separate group in the work force. Self-esteem and occupational stresses—with women taken as a special group—is the focus of this study.
Stress and Strain

Stress is a popular research topic today, and there seems to be as many definitions for stress as there are researchers. However, most would probably agree that Selye's research is what laid the groundwork for today's interest in stress.

Selye offers several definitions of stress. Speaking in a medical sense, stress is defined as the rate of wear and tear in the body. In a scientific sense, stress may be defined as the nonspecific response of the body to any demand. Stress is also a state manifested by a syndrome, and a set of manifestations which appear together. In other words, it is possible to tell if someone is under stress only by the visible manifestations of his or her being under stress. For example, a person under the stress of extreme cold will shiver, have goose bumps, and eventually turn blue. This set of manifestations of stress is labeled by Selye as the General Adaptation Syndrome, the GAS. The GAS has three stages of exposure: the alarm reaction, the stage of resistance, and the stage of exhaustion.

A. Alarm reaction. The body shows the changes characteristic of the first exposure to a stressor. At the same time, its resistance is diminished and, if the stressor is sufficiently strong (severe burns, extremes of temperature), death may result.

B. Stage of resistance. Resistance ensues if continued exposure to the stressor is compatible with adaptation. The bodily signs characteristic of the alarm reaction have virtually disappeared, and resistance rises above normal.

C. Stage of exhaustion. Following long-continued exposure to the same stressor, to which the body
had become adjusted, eventually adaptation energy is exhausted. The signs of the alarm reaction reappear, but now they are irreversible, and the individual dies. (Selye. 1974, p. 27)

Exposure to stressors can be withstood for only a finite period. Although the body adapts and enters the stage of resistance after the initial alarm reaction, eventually exhaustion takes place. Selye (1976) compares the three stages of the GAS to the three stages of life: childhood, with low resistance and excessive responses to any stimulus; adulthood, with increased resistance and adaptation to most commonly occurring agents; and, finally, senility, with loss of adaptability leading to eventual exhaustion and death.

Stress includes not only negative concepts but also positive ones. Selye states that any emotion causes stress. The same stress which makes one person sick can be a joyfully exciting experience for another. Damaging or unpleasant stress is defined as "distress," while pleasant stress, or optimal stress, is termed "eustress." The achievements of workers, which have seemed so important and worthwhile early in their careers (causing eustress), may often lead to dissatisfaction and disrespect for their accomplishments as they progress toward the completion of their career in older age and they begin to doubt the importance of their work achievements (causing distress).

Since stress is multidimensional, a holistic approach relating psychological and physiological systems in defining stress is advocated by Girdano and Everly (1979). Stress is seen as the arousal of mind and body systems, which, if prolonged, can exhaust or damage these systems to the point of malfunction and eventual disease. While
discussing the threat of impending disaster, Miller (1964) describes stress as any force that pushes the functioning of subsystems beyond their ability to restore equilibrium through ordinary adjustment processes. This force can be lack of some essential like food, water, or air, or it can be an excess of some essential in which, for example, too much heat or cold floods the subsystems.

A simplified definition of stress is offered by Lazarus (1966). Stress is any force directed at an object, while strain is the effect(s) of stress. However, he emphasizes that the nature of the relationship between the environmental stimulus and the reacting individual is critical: "Stress refers then to a very broad class of problems differentiated from other problem areas because it deals with any demands which tax the system, whatever it is, a physiological system, a social system, or a psychological system, and the response of that system (Lazarus, 1971, p. 53). The reaction of the individual depends on how he or she consciously or unconsciously interprets and appraises the importance of the threatening or challenging event. This cognitive appraisal of threat is not simply perception of the elements of the situation, but a judgment in which data are pieced into a mental structure of ideas and expectations. Changing the background situation against which the stressing stimulus is perceived can markedly change the individual's interpretation of the event.

Other researchers taking into account the perceptual viewpoint of the individual shift their focus from the environment to charac-
teristics of the individual. Personality, demographic factors, physical make-up, past experience, and motivation comprise a stress vulnerability profile which has been described by Appley and Trumbull (1967). They state that well-adjusted and integrated individuals are able to deal with stressful situations in a superior manner to immature and less well-adjusted individuals. In addition, individual differences are more meaningful the more the stressful stimulus is related to prior conditioning. McLean (1974) lists five intervening variables between the stressor and the individual reaction to it. These are:

1. Biochemical individuality which is a result of "consistent inter-individual differences in hormonal response to psycho-social stressors" and "the wide ranges within which each person's hormone level fluctuates under ordinary circumstances." Metabolic errors may include "a block in synthesis and a defect in transport and disposal systems."

2. Early life experiences.

3. Psychological set. "Both physiological and psychological reactions to various stimuli clearly depend upon the so-called 'neuro endocrine tone' of the individual at any particular time."

4. Cultural factors. "The differences in culturally assigned roles . . . vary widely and in turn both help define stressors and determine individual and group reaction."

5. Conscious and unconscious defense mechanisms. Whether or not the individual is prepared to cope with a stressor determines the magnitude of the reaction. It is necessary to understand the person's coping activities and personality make-up before the consequences of the same threat may be understood (pp. 103-104).
Marshall and Cooper (1979) agree that the concept of stress is neither response- nor situation-based, but rather an "imbalance in the context of an organism-environment transaction." This person-environment interaction contributes to judgment of threat and subsequent coping mechanisms. The individual approaches a threatening situation with his or her enduring traits, previous experience, and current needs appropriate to the situation. The environment preceding a judgment of threat is composed of potential stresses and background situational factors. Once a judgment of threat is made, two outcomes are possible: successful coping, which leads to overcoming the problem; or unsuccessful coping, which may have undesirable long-term effects.

**Occupational Stress and Strain**

According to Margolis and Kroes (1974), occupational stress is "the condition in which some factor, or combination of factors, at work interacts with the worker to disrupt his psychological or physiological homeostasis. The factor or combined factors at work are generally called job stressors, and the disrupted homeostasis is often called job strain" (p. 15). The interaction of work factors and the worker has led French et al. (1974) to see occupational stress as poor person-environment fit, while occupational strain is seen as any deviation from the worker's normal responses. As explained by French et al., there are two kinds of person-environment fit. The first kind of fit between worker and work environment
is the degree to which the worker's skills and abilities match the job requirements. The second kind is the degree to which the needs of the worker are supplied by the work environment. Whenever poor fit of either kind occurs, this may lead to increased anxiety, depression, low job satisfaction, and other strains.

French and Caplan (1973) have a diagram which explains the relation of organizational stress to individual strains in causing heart disease. They contend that a Type A personality exposed to occupational stresses develops psychological and physiological strains leading to coronary heart disease. Among the characteristics of a Type A personality they note ability and needs and the blend of introversion-extroversion and of flexibility-rigidity which are defining that type of personality, yet without specifying these characteristics. The occupational stresses within the organization are listed as role ambiguity, role conflict, quantitative and qualitative role overload, crossing organizational boundaries, responsibility for people, relations with others, participation, and occupational differences. The type of personality an individual has and whether he or she develops a certain kind and degree of strain as a result of experiencing occupational stress(es) are interlinked, according to French and Caplan (1973). They list such psychological and physiological strains as job dissatisfaction, job tensions, job-related threat, low self-actualization, smoking, blood pressure, cholesterol, heart rate, and self-esteem. They call these strains risk factors or contributory causes of heart disease.
Observation of any work situation reveals that, depending on their personality types, workers respond to the same work environment differently: while one worker wants close supervision, another, more independent or experienced worker, may find it intolerable. The latter individual would be suffering from poor person-environment fit if closely supervised. The degree of fit between the demands of the job and the characteristics of the worker determines the amount of strain the worker experiences.

Self-esteem

The concept of self-esteem may best be understood by examining its relationship to the self-concept. Fitts (1971) sees the self-concept as the individual's frame of reference through which he or she interacts with the world. This frame of reference consists of the individual's perception of all the details of size, shape, and form that make him or her unique. Self-esteem, then, is considered to be the emotional tone of these perceptions. Burns (1979) regards self-esteem as one of two components which constitute the self-concept. The first is the self-image or self-picture, while self-esteem designates the self-evaluation component of the self-concept, the value which the individual attributes to particular descriptions. In addition, self-esteem refers to the making of a conscious judgment regarding the importance of oneself or of parts of oneself. Anything related to the individual may be evaluated on the basis of standards involving anyone or combinations of goals, achievement levels, moral
precepts and behavioral norms.

Burns (1979) speaks of three points of reference important in self-evaluation: first, comparing the known self-image with the ideal self-image. Individuals who are able to live up to their standards and realize goals develop a strong sense of self-esteem. Conversely, those who do not, have low self-esteem. The second point of reference involves the internalization of society's judgment. Self-evaluation is determined by the individual's beliefs as to how others evaluate him or her. The final point of reference involves not the judgment that what is done is good in itself (the result of the action), but the fact that one is good at what one does (the action in itself). If roles are filled, the purposes of society are served, individuals fit into social structure as well as they can, and individual esteem needs are satisfied. Burns also believes that, for measurement purposes, self-esteem is a subjective evaluation involving the individual's own assessment of performance, his or her interpretation of that assessment made by others, and both done in relation to self-ideals and societal standards.

Wells and Marwell (1976) agree that the evaluative, judgmental, or affective aspect of the individual's self-conception involves the process commonly referred to as self-esteem. Self-esteem is also described by them as attitudes, psychological responses, and as a personality function. When seen as attitudes, self-esteem is the process in which the person reacts emotionally or behaviorally to
perceived characteristics of the self. This process includes the person's cognitions, feelings, beliefs, and predispositions to act. Coopersmith (1967) represents this attitude-approach when he refers to the evaluation that the person makes and usually maintains with regard to himself or herself; it expresses approval or disapproval and indicates the extent to which the individual believes himself or herself to be capable, successful, and worthy.

Rosenberg (1965) also sees self-esteem as the individual's self-evaluation which expresses an attitude of approval or disapproval. When seen as a psychological function, self-esteem is not the discrepancy between how a person perceives himself or herself and the way he or she thinks he or she should be, but rather the feeling which accompanies that perceived self and ideal self. Rosenberg (1965) says that high self-esteem means that the person feels good and has self-respect, while the low self-esteem person feels self-rejection, self-dissatisfaction, and self-contempt. Rogers (1950) describes the acceptance of self (self-esteem) as the tendency to feel worthy, and worthy of respect rather than condemnation. Fitts (1971) believes that the emotional tone or feelings of self-perception are what constitute self-esteem whether these feelings are good or bad—that is, whether they have a high or low esteem-value—makes them more likely to be distorted. Ziller et al. (1969) are the chief proponents of self-esteem as a personality function. Self-esteem is considered relative to a larger Gestalt of behaviors as a component of the self system which governs the
extent to which the self system is maintained under conditions of stress, such as during the intake of new feedback about the self. Ziller et al. do not really define self-esteem but rather describe it in terms of the consequences of different levels of self-esteem; for example, high self-esteem produces high regulation of the self. Although lacking adequate specification of concepts for empirical validation, Ziller's work gained acceptance because it relates self-esteem to other popular constructs such as locus-of-control.

A look at Coopersmith's work (1968) is helpful in operationalizing the meaning of self-esteem. His research, while performed on middle class boys of ages 10-12, provides us with some definitions which may hold for the general population. Boys with a high level of self-esteem were active and expressive, successful academically and socially. They had good verbal ability and trusted themselves and others. They were optimistic in general and not self-conscious or preoccupied with personal difficulties. Boys with low self-esteem were discouraged, depressed, felt isolated, unlovable, and incapable of expressing or defending themselves. They were introverted, self-conscious, and fearful of angering others. Their difficulties isolated them from friends that such people need for support. Coopersmith also noted that boys with high self-esteem had significantly higher goals than did low self-esteem boys; low aspirations proved to be characteristic of boys who failed to develop high self-esteem. High self-esteem boys were also more successful in achieving their goals.
Self-assurance, a term as measured by Ghiselli (1971), may be understood as an extension of the self-esteem concept. "Self-assurance refers to the extent to which the individual perceives himself to be effective in dealing with the problems that confront him" (p. 57). Individuals who are high in self-assurance see themselves as able to cope and make sound judgments, while low self-assurance persons consider themselves as being slow and inept. "Self-assurance is the quality that differentiates . . . those managers who see themselves as captains (or at least first mates) of industry from those who see themselves as mere cogs in the organizational machinery" (p. 57). Self-assurance provides a base from which to cope with life's problems.

To summarize, self-esteem has been viewed variously as the emotional tone of self-perceptions, self-evaluation, attitudes, psychological responses, and a personality function. It has been called the self-concept, self-acceptance, and self-assurance. Individuals high in self-esteem tend to see themselves positively, worthy of respect, and capable. Persons with low self-esteem have negative feelings about themselves, tend to withdraw, and see themselves as inept.

Important to an understanding of occupational mental health is information about occupational stresses and self-esteem. Particular occupational stresses of role conflict, role ambiguity, and role overload have been shown to cause lowered self-esteem in addition to other physiological and psychological effects. The purpose of
this study is to take an in-depth look at the relationship of the occupational stresses of role conflict, role ambiguity, and role overload to self-esteem. This relationship is examined for the working population in general and for working women in particular.
CHAPTER II

REVIEW OF THE LITERATURE

Most of the research concerning the effects of occupational stresses has been conducted by associates of the Institute for Social Research Center of the University of Michigan. The research program has examined the effects of the social environment and large organizations on individuals. These effects included job tension, poor job adjustment, high blood pressure, and high levels of cholesterol. Only a handful of studies have examined the effects of these stresses on self-esteem. This literature review concentrates on research in five areas relevant to occupational stress and self-esteem: role theory; role ambiguity, role conflict, and role overload; and self-esteem and work.

Role Theory

The term "role" refers to behavior appropriate for certain occupational positions, rather than to the individuals who hold those positions. Roles are prescribed actions, words, and norms such that different roles have different sets of demands associated with them. As one person can attempt to fill more than one role, role conflict can occur when the requirements of two or more roles are incompatible. In addition, role conflict may occur within a role.
Attempting to fill a role which is poorly defined or ambiguous is also extremely demanding, as is having too much to do or work that is too difficult. Under stressful work conditions, perception is often distorted and less adaptive than under normal work conditions. "A person under stress is less likely to tolerate an ambiguous situation; he is apt to seek more information, whether useful or not" (McLean, 1974, p. 7).

The concepts of role ambiguity, conflict, and overload were first introduced by Kahn et al. (1964) at the Survey Research Center of the University of Michigan. Kahn and his associates were interested in the effects of organizational demands on individuals.

**Role Ambiguity**

Role ambiguity is the discrepancy between the amount of information an individual has and the amount he or she requires to perform the role adequately (Kahn, 1974). Role ambiguity also refers to a lack of clarity about the objectives associated with the work role, about coworkers' expectations about the work role, and about the scope and responsibilities of the job. In a national survey that has served as a model for most subsequent research, Kahn et al. (1964) reported that 35% of those 1,500 workers who responded stated that they were unclear about their job responsibilities. This unclarity was a source of stress for them in that they experienced lower job satisfaction, high job-related tension, greater feelings of futility and lower
self-confidence. In a well designed study at the Goddard Space Flight Center, Caplan (1971) interviewed 205 male administrators, engineers, and scientists about stress and strain in their jobs. Blood samples, blood pressure, and pulse rates were also taken in order to determine physiological strain. Role ambiguity was experienced by 60% of the workers. Caplan noticed that ambiguity was related to lack of job satisfaction and feelings of job-related threat to emotional and physical well-being. In addition, the more ambiguity the person reported, the lower was the utilization of his intellectual and administrative skills. Since individuals tend to see little opportunity for their own advancement because there is ambiguity about how to get ahead, a person who wants to advance on the job may feel his or her effort to be futile. In a later study at the Kennedy Space Flight Center, French and Caplan (1973) found role ambiguity may be responsible for personnel turnover and impaired worker efficiency resulting in direct costs to any work organization. Besides the previously mentioned factors of lack of job satisfaction and job-related threat, this study also discovered that role ambiguity is related to anxiety, depression, lowered self-esteem, life and job satisfaction, low motivation to work, and intention of leaving the job. Kahn et al. (1964) remarked that there are individual differences in how much ambiguity a person can tolerate. Those individuals with a high need for structure and low tolerance for ambiguity are more likely to experience job tension as a result of role ambiguity than people with a low need for structure.
In summary, role ambiguity, which on the basis of the Caplan and Kahn studies, appears to be widespread, produces psychological strain and dissatisfaction, underutilization of human resources, and feelings of not being able to cope with the organization.

Role Conflict

Role conflict reflects a situation where the information available to the worker causes conflict, as opposed to role ambiguity where not enough information is available to the worker. Kahn et al. (1964) define role conflict as the simultaneous occurrence of several sets of pressure so that compliance with one set would make compliance more difficult with the other. Taken to its extreme, compliance with one set of instructions makes compliance with the other set mutually contradictory. Secondly, conflict may result from the incompatibility of information from different members within the organization. Thirdly, conflict can occur between different roles in a person's life which may be within or outside the person's job. Finally, conflict occurs when personal standards or values are violated by certain job or task demands.

Caplan's Goddard study (1971) identified 67% of the employees reporting role conflict; the Kahn study noted 48% (1964). Kahn determined that people who had more role conflict had greater job-related tensions and lower job satisfaction. The type of position an individual holds relative to his role senders (those who defined his job and made demands on him) also determines his reaction to
conflict. It is worse to receive conflicting messages from two superiors than from two people who are below you in the organizational hierarchy. Also, the greater the power of the superior(s) sending the message, the greater the dissatisfaction and futility produced by the conflict. Persons subjected to high role conflict had poor interpersonal communications in that they trusted and respected members of their role sets less. Positions requiring creativity in problem solving tended to have more conflict than routine-type work. Supervisors and managers also experienced more conflict than non-supervisors.

Personality factors are also important in role conflict (Kahn et al., 1964). Firstly, they affect expectations and pressures role senders place on the person experiencing role conflict. Some people by their nature elicit strong and conflicting role pressures from their associates, while others perform their tasks in pressure-free ways. These same people may also encourage free and open communications while others discourage them. Secondly, personality factors produce different emotional reactions to stress by affecting the role conflict pressure and the person's reaction to it. Introverts, being less social and more independent, enjoy interpersonal interaction less than extroverts and appear to experience role conflict more intensely and react with greater tension than non-anxiety-prone individuals. Thirdly, differences in personality lead to differences in techniques used to cope with stress. Those individuals who are problem oriented in a conflict situation deal
with the conflict itself while others attempt to cope with the emotional experience itself. Surprisingly, flexible people experience more role conflict than do rigid people. Flexible people tend to internalize blame when things go wrong, while rigid people externalize it and assume that fault is with the environment. Apparently, flexible people turn the blame for conflict inward and therefore experience greater tension than rigid people. Finally, the worker's experience in a role along with the behaviors elicited and reinforced over a period of time can lead to changes in personality.

When conflicting demands occur, they do not all involve logical or moral incompatibility. People may be willing to meet the demands of other workers and agree that the demands are legitimate, but are unable to meet the time limits set by them. When conflicting demands must be rejected, the rejection is taken personally. French and Caplan (1973) found that high role conflict has some correlation with poor relationships with one's peer group ($r = .24$) and with dissatisfaction with one's subordinates ($r = .35$). Having at least one of the conflicting parties as a superior was reported by 90% of those tested, and less than 50% said that one of the conflicting parties was outside the organization.

A study of 825 salesmen and their managers in 151 different offices was conducted by Kraut (1965). He discovered that among managers role conflict decreases satisfaction and increases job-related tension. He also measured conflict objectively and subjectively. By asking the manager the amount of sales in dollars
he expected from the salesman and by asking the salesman what he considered appropriate, Kraut determined the difference between the two to be the objective measure of conflict. Kraut also asked the salesman what he thought his manager expected him to achieve performance-wise and identified subjective conflict to be the difference between this amount and the salesman's original estimate of the appropriate amount. Kraut found salesmen to underestimate their manager's expectations, thereby understating subject conflict. Kraut concluded that this way of reducing tension may be a way of coping with role conflict, although it does not solve the problem.

Physiological strain is also a by-product of role conflict. Caplan (1971) noticed that over a two hour-period, during which scientists, engineers, and administrators were at work at their regular office jobs, their mean heart rate was strongly related to their subjective reports of role conflict. Kraut (1965) also observed such physical symptoms of role conflict as insomnia, nervousness, and sweaty palms.

In conclusion, role conflict has been found to produce a variety of psychological strains such as job dissatisfaction, job-tension, a sense of futility, and lack of support. These strains, however, vary with the personality of the worker, his position in the organization, and his relationship with his fellow workers.
Role Overload

Interest in role overload was generated by research in role conflict. When given a chance to describe the nature of the role conflict they are experiencing, subjects often talked about role overload. For example, a person asked to work on one assignment may have to stop working on previous assignments in order to complete the new assignment. This leads to a conflict situation known as overload. Overload has been broken down into two classes: quantitative and qualitative overload. Quantitative overload refers only to the amount of the work to be done, regardless of its difficulty, i.e., "too much to do." Qualitative overload occurs when the work requires skills, abilities, or knowledge beyond what the individual has, i.e., work that is "too difficult to do." Quantitative overload is actually a continuum from "too little to do" to "too much to do;" qualitative overload ranges from "too easy" to "too difficult." Either extreme represents a bad person-environment fit; a good fit occurs when workload and job demands match the worker's abilities and motivation. Such an optimal situation is illustrated by the balanced mid-point between the two extremes on the continuum.

Quantitative overload was perceived by 44% of the respondents in the national survey of Kahn et al. (1964) and by 73% of Caplan's Goddard study (1971) participants. The men at Goddard spent half their time working under intense deadline pressure. Those who expressed
high quantitative overload also spent more time in meetings, office visits, and on the phone and had less time working alone. Qualitative overload had not yet been defined in the Kahn survey, but 55% at Goddard reported some of it.

Most of the research concerning quantitative overload has been concerned with only its physiological effects. Friedman, Rosenmann, and Carroll (1958) found that just prior to April 15 every year, tax accountants had higher levels of serum cholesterol and blood coagulation. Russell and Zohman (1958) studied one hundred young coronary patients and found that one fourth had been working at two jobs and nearly one half of the rest had jobs which required sixty or more hours a week. Breslow and Buell (1960) noted that workers under the age of 45 who are on the job more than 48 hours a week have twice the risk of death from heart attacks as other workers in the same age group who work 40 hours or less a week. French and Caplan (1970) found that cigarette smoking increased significantly among persons with more phone calls, office visits, and meetings per week than people with fewer obligations. Other signs of tension and risk factors in heart disease included increased heart rate and elevated cholesterol level. One final study examining only quantitative overload was performed by Margolis, Kroes, and Quinn (1974) who examined a national sample of 1496 working persons. They observed overload to be related to increased alcohol consumption, absenteeism, low motivation, lowered self-esteem, and an absence of suggestions for improvement to their employers.
In addition to role overload, Weiman (1977) also examined the effects of responsibility for people, role conflict, and role ambiguity in leading to physical disease. More than 1,500 workers had physical measures of stress taken in addition to completing a questionnaire measuring occupational stresses. Weiman’s results showed the risk of disease to be greater when workers were either under- or over-stimulated. All levels of managers showed the stressful effects of responsibility for people. In addition, lower level managers experienced stress specifically through role overload, role conflict, and role ambiguity.

Qualitative and quantitative overloads have also been examined by Grayson (1972). He looked at relationships between peptic ulcers and air traffic controllers who have excessive time pressures, life and death responsibility, lack of support, and an overwhelming expectation of perfection from themselves and everyone else involved with their jobs. French, Tupper, and Mueller (1965) used questionnaires, interviews, and medical examinations to obtain data from 122 professors and university administrators. French et al. found that both qualitative and quantitative overloads were related to job tension. Also, quantitative overload was related to low self-esteem among administrators, but not among professors. However, qualitative overload was related to the low self-esteem of the professors, but this was not the case among administrators. Having too much to do is more threatening to administrators than being able to do a job well, while the opposite is true for professors. In the
Goddard study (Caplan, 1971), it was found that qualitative overload was correlated to two measures of low self-esteem, but quantitative overload was not. The correlation was noted among scientists whose role was more like that of a professor. There was no significant effect for administrators and engineers. Additional experiments at Goddard led French and Caplan (1973) to conclude that qualitative and quantitative overloads are the causes rather than the effects of both physiological and psychological strains. As workload lessens, strain decreases.

In conclusion, it can be said that overload often stems from role conflict and this experience is fairly common in the work force. Overload is classified as either quantitative or qualitative and these two categories are associated with many different symptoms of physical and psychological strain among which are: high cholesterol levels, increased heart rate, peptic ulcers, increased smoking, job dissatisfaction, job tension, lower self-esteem, threat, and embarrassment.

Self-Esteem and Work

According to Coopersmith (1968), it is generally recognized that self-assurance and an optimistic assessment of one's abilities significantly contribute to success in both the business and social worlds. In discussing what happens to executives under pressure, Marshall and Cooper (1979) state that "the mental ill effects of stress (e.g., anxiety, lowered self-esteem, depression) are intuitively credible and are frequently used as measures of stress" (p. 10).
McLean (1970) says that awareness of what workers think they can do versus their actual performance can help reduce stress within the work organization.

The opportunity to work provides the worker with the material items necessary for survival, a purposeful activity, and meets social needs through the companionship of other workers (Warshaw, 1979). Psychological needs met by work include self-esteem, a knowledge of one's own identity, a recognition of the value of one's abilities and the attainment of the rank to which one feels entitled, and self-actualization, which is the sense of satisfaction that derives from developing our abilities and the realization of what one may become in the future. Pepitone (1967) also states that a basis for work is the motivation to raise or maintain one's own self-esteem or one's esteem in the eyes of others. This is especially true for an individual with low self-esteem in a work situation where there is opportunity for loss or gain in perceived competence. He or she will attempt to improve or defend himself or herself against any further loss in self-esteem. Furthermore, low self-esteem people allow their attitudes about themselves to be influenced by what others say about their performance (Cohen, 1959). When faced with a work pressure situation, the high self-esteem individual is actually more likely to show improved performance. With a strong sense of self-worth and confidence based on internal qualities and not on external circumstances, he or she is optimistic about success. Low self-esteem individuals, being externally regulated,
tend to be overwhelmed in a work pressure situation and show a decline in performance, especially if learning new job skills is involved (Forbes, 1979).

According to Zaleznik et al. (1970), the formation of self-esteem is the critical factor in understanding the relationship between human development and career effectiveness. They recognize self-esteem manifesting itself in the adult career through having the confidence necessary to sustain attention to work, in the capacity to solve career problems and be assertive, in the ability to blend different work modes, and, finally, in the ability to approach work problems which emphasize personal strengths while testing one's limits. "The end effect is a gradual and continuous unfolding of competence which matches the rewards realized from work" (Zaleznik et al., 1970, p. 405).

In an well done longitudinal study, Kasl et al. (1972) looked at the effects on workers' health who were notified about the closing of their plant. Married, blue collar workers, ages 35-60, with up to twenty years seniority were studied for two years as they were going through the stages of anticipating job loss, plant shut-down, job termination, unemployment, and stable re-employment. Kasl et al. found that more illness was reported during early periods than in the later periods of stabilization. Furthermore, men who were low on ego strength and described the job loss as being particularly stressful showed a slower return to normalcy.
While examining psycho-social factors in heart disease, French and Caplan (1970) found more job satisfaction, fewer experiences of job-related threat, and higher levels of self-esteem among people with greater opportunities to participate in decision-making.

Although not work-related, there are a few other studies involving self-esteem which may help explain the effects of high and low self-esteem on the worker. Lundgren (1978) found that among t-group participants, those with high stress levels were less accurate in gauging others' reactions to them and held views of themselves which were not consistent with those of other group members. They also worked to maintain optimally high levels of self-esteem despite contradictory feedback from other group members. The effects of self-esteem, perceived performance and choice of causal attributions were examined by Fitch (1970), who noticed that enhancing self-esteem influences subjects to attribute success to sources within themselves to a greater extent than they would attribute failure to internal origins.

Silverman (1964) found that high self-esteem subjects remembered more information about a task in which they succeeded than about one in which they failed. Shrauger (1970) determined that changes in self-perception were greater when feedback was consistent with the subjects' level of self-esteem. In general, task performance was poorer following failure than it was following success. Subjects with high levels of self-esteem performed better with success feedback, while subjects with low levels of self-esteem performed more poorly following failure. Schalon (1968) noted that low self-esteem subjects' ability to improve
performance was significantly impaired by stress, but this was not true for high self-esteem subjects.

In conclusion, work provides the worker with a sense of identity, an opportunity to confirm and raise the worker's level of self-esteem, and to test the limits of the worker's abilities. High self-esteem workers perform better under pressure, and have more job satisfaction when involved in decision-making processes. Low self-esteem workers tend to be overwhelmed by work pressure and take longer to return to a stable life following job loss. Other research shows that high stress may lead to inconsistent self-perceptions; success is attributed to internal sources; it is easier to remember details of a successfully completed task than those of a non-successfully completed one; and, low self-esteem subjects perform more poorly following failure while the converse is true for high self-esteem subjects.

Summary

Role ambiguity, role conflict, and role overload are three types of occupational stress which interact at work with the worker to disrupt his or her psychological homeostasis. These three kinds of stress have been found to affect 35-73% of the working population (French and Caplan, 1973). Self-esteem or self-assurance refers to the degree of effectiveness an individual has in dealing with problems. Some evidence for the presence of lowered self-esteem in role stress situations has been found by French and Caplan (1973), Margolis, Kroes, and Quinn (1974), French, Tupper, and Mueller (1965), and Caplan (1971).
The overwhelming majority of the workers examined in these studies were men. The purpose of this study, therefore, is to examine the relationship of role ambiguity, role conflict, and overload to the self-esteem of working men and women as measured by Ghiselli's self-assurance scale.
CHAPTER III

METHODOLOGY

This study investigates the relationship of role ambiguity, role conflict, and role overload to the self-esteem of working men and women as measured by Ghiselli's Self-Assurance Inventory (SAI) and the Work Situation Inventory (WSI).

Sample

The sample consists of 50 male and 48 female clients making their first visits to an Atlanta, Georgia, stress clinic. Only those men and women working outside the home and not self-employed were used, since occupational stresses to be examined occur within different levels of work organizations. Clients who come to this clinic report a variety of stress-related difficulties, most notably insomnia. To be admitted, all clients must be at least twenty-one years of age. Upon entering the clinic, they are asked to complete a medical history questionnaire, the Holmes and Rahe Schedule of Recent Experience (SRE), and the Spielburger et al. State Trait Anxiety Inventory (STAI). Clients are then interviewed by a psychologist who discusses the stresses in their lives with them. Finally, the clients are examined by a physician for physical indications of
stress, such as high blood pressure. After the medical examination, clients may be given a prescription for medication for alleviating stress.

Procedure

Subjects selected for this study on the basis of their employment had explained to them that their occupational stresses were being measured in addition to general stresses in their lives. They were asked to complete the SAI and the WSI in addition to the SRE and the STAI which they completed as part of the clinic’s normal intake procedure. Although SRE and STAI scores were obtained on all subjects, during the statistical analysis of all data for this experiment, it was decided not to use the SRE and STAI scores. The reason for this decision was that there was no practical way to use those scores for the purposes of this study.

The subjects were introduced to this study by means of an instruction sheet (Appendix A), which was attached to the SAI and the WSI.

Instruments

The SAI (Appendix B) is a sub-scale of the Self-Description Inventory (Ghiselli, 1971). The test is designed to measure what differentiates those who believe themselves to be effective from those who do not. The statements range from descriptions of very effective behavior to descriptions of very ineffective behavior.
In taking the test, the individual chooses from pairs of adjectives that word which most accurately describes himself or herself. Ghiselli reports several indices of validity that have been obtained by using subjects from business settings. The correlation between how effective personnel officers rated themselves and the SAI was .37, while another test with managers showed a .66 correlation between ratings and the inventory (Ghiselli, 1971).

The WSI (Appendix C) was devised specifically for this study. The sixteen items in the WSI were inspired by French and Caplan's study (1973) at the Kennedy Space Flight Center. The instrument contains four questions in each of the four categories of role conflict, role ambiguity, quantitative overload, and qualitative overload, all arranged in a random order. Scores in any one category can range from four to twenty-four.

Test-retest reliability was obtained on subjects employed by a large company in Atlanta. Six men and five women in the personnel department were retested after a two week interval. During the testing interval, the company was undergoing severe budgetary problems resulting in a number of layoffs. It was felt that although the subjects used for the reliability information were not identical to those used in the actual experiment, they were also undergoing some work stress. Test-retest correlations for role conflict were .86, for role ambiguity .82, for qualitative overload .53, and for quantitative overload .89.

The WSI has not yet been tested for validity.
Hypotheses

The systematic review of the relevant literature provided a framework within which the hypotheses are formulated in this study. These hypotheses predicted a negative relationship between role ambiguity, role conflict, role overload, and the level of self-esteem in workers.

The following eight hypotheses are proposed in this study:

1. There is a negative relationship between role ambiguity and self-esteem.
2. There is a negative relationship between role conflict and self-esteem.
3. There is a negative relationship between quantitative overload and self-esteem.
4. There is a negative relationship between qualitative overload and self-esteem.
5. There is a stronger negative relationship between role ambiguity and self-esteem for women than for men.
6. There is a stronger negative relationship between role conflict and self-esteem for women than for men.
7. There is a stronger negative relationship between quantitative overload and self-esteem for women than for men.
8. There is a stronger negative relationship between qualitative overload and self-esteem for women than for men.

All eight hypotheses were tested by means of correlational analysis.
CHAPTER IV
RESULTS

Results

This study investigated eight hypotheses testing the relationship of the occupational stresses of role conflict, role ambiguity, and role overload to self-esteem. The first four hypotheses postulated a negative relationship between the above occupational stresses and self-esteem for the population in general. The last four hypotheses postulated an even stronger negative relationship between occupational stresses and self-esteem for women.

To facilitate the reporting of the findings, this chapter is divided into three sections. The first section reports the correlational analysis for men and women combined. The second section contains the correlational analysis for women. The third section reports the correlational analysis for men.

Correlational Analysis for Men and Women

The means, standard deviations, and correlation coefficients for men and women are shown in Tables 1 and 2, respectively. Significance was achieved for the third hypothesis, but opposite the
Table 1
Means and Standard Deviations for the Work Situation Inventory (WSI) and the Self-Assurance Inventory (SAI)

<table>
<thead>
<tr>
<th>Occupational Stresses</th>
<th>Men</th>
<th>Women</th>
<th>Men and Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N = 50)</td>
<td>(N = 48)</td>
<td>(N = 98)</td>
</tr>
<tr>
<td>Quantitative Overload</td>
<td>13.96 4.78</td>
<td>12.44 5.27</td>
<td>13.21 5.06</td>
</tr>
<tr>
<td>Qualitative Overload</td>
<td>11.70 3.66</td>
<td>11.71 3.51</td>
<td>11.71 3.57</td>
</tr>
<tr>
<td>Role Ambiguity</td>
<td>11.12 4.46</td>
<td>10.42 4.47</td>
<td>10.78 4.48</td>
</tr>
<tr>
<td>Role Conflict</td>
<td>13.76 5.22</td>
<td>11.90 3.93</td>
<td>12.84 4.70</td>
</tr>
<tr>
<td>Self-Assurance (Self-Esteem)</td>
<td>23.50 5.00</td>
<td>23.92 4.89</td>
<td>23.70 4.93</td>
</tr>
</tbody>
</table>

Note: The Self-Assurance Scale of the Self-Description Inventory was used as a measure of self-esteem. The maximum score = 46.
Table 2
Correlations between Occupational Stresses and Self-Esteem

<table>
<thead>
<tr>
<th>Occupational Stresses</th>
<th>Self-Esteem</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men (N = 50)</td>
<td>Women (N = 48)</td>
<td>Men and Women (N = 98)</td>
</tr>
<tr>
<td>Quantitative Overload</td>
<td>.09</td>
<td>.31**</td>
<td>.19*</td>
</tr>
<tr>
<td>Qualitative Overload</td>
<td>-.07</td>
<td>.06</td>
<td>-.01</td>
</tr>
<tr>
<td>Role Ambiguity</td>
<td>-.08</td>
<td>.19</td>
<td>.05</td>
</tr>
<tr>
<td>Role Conflict</td>
<td>.01</td>
<td>.18</td>
<td>.06</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01
predicted direction \( (r = .19, p < .05) \). A small positive relationship was found between quantitative overload and self-esteem for men and women taken together as a single group. There was no significant relationship between role conflict, role ambiguity, and qualitative overload, on the one hand, and self-esteem, on the other, for the combined group of men and women.

Correlational Analysis for Women

The means, standard deviations, and correlational coefficients for women only are also displayed in Tables 1 and 2. Significance was achieved for the seventh hypothesis, but opposite the predicted direction once again \( (r = .31, p < .01) \). An even stronger positive relationship between quantitative overload and self-esteem for women by themselves than for men and women combined was found (see Figure 1). None of the remaining hypotheses showed significant correlations between role ambiguity, qualitative overload, role conflict and self-esteem.

Correlational Analysis for Men

Although no hypotheses were postulated concerning men only, correlational analyses were also performed for men to provide more information about the significance of the data. Means, standard deviations, and correlational coefficients for men are listed in Tables 1 and 2. While none of the correlations for men is significant, it becomes apparent that the finding of a stronger correlation
Figure 1

Scattergram of Self-Esteem and Quantitative Overload in Women

$r = .31; p < .01$
for women alone in the seventh hypothesis contributes to the positive relationship between quantitative overload and self-esteem for the combination of both men and women.

A final note on the self-esteem scores: it was expected that subjects' self-esteem scores would be homogeneously low if self-esteem was indeed negatively correlated with stress. The normal distribution of these scores indicates this assumption to have been unfounded.
CHAPTER V
DISCUSSION AND SUMMARY

The main concern of this study was to investigate the relationship of the occupational stresses of role ambiguity, role conflict, and role overload to self-esteem. The SAI and the WSI were administered to 50 men and 48 women who worked outside the home and were not self-employed. Correlational analyses were used to examine the predicted negative relationships of occupational stress to self-esteem.

Discussion

Previous evidence for the negative relationship between occupational stresses and self-esteem has been found by various investigators. French and Caplan (1973) found role ambiguity related to lowered self-esteem. Kahn et al. (1964) determined that several personality factors affect ability to cope with role conflict. Margolis, Kroes, and Quinn (1974) found quantitative overload related to lowered self-esteem. French, Tupper, and Mueller (1965) found both quantitative and qualitative overload related to lowered self-esteem. Caplan (1971) noted that qualitative overload related to lowered self-esteem. All of these studies used men only, with the possible exception of Margolis, Kroes,
and Quinn (1974). They used "a representative national sample" without giving any information concerning the gender of their subjects.

The purpose of this study was to provide additional support for the negative relationship between occupational stresses and self-esteem, along with new information about the correlation of these stresses with the self-esteem of women. Although a few of the correlations for men were negative, the results show that these correlations were not significant. All other correlations were positive, but only two of them were significant: there is a small positive correlation between quantitative overload and self-esteem for the combined group of both men and women, and there is a larger positive correlation between quantitative overload and self-esteem for women.

While the finding of positive correlation between quantitative overload and self-esteem was unexpected, it may correspond to some of the findings in a study by French (1974). In it, he plotted job satisfaction against person-environment fit by using a sample of managers, engineers, and scientists. The highest satisfaction is represented by a zero, that is, the middle point on a continuum ranging from "having less than he wants" to "having more than he wants." Zero equals a perfect fit between what a man has in his job environment and what he wants in his job environment. French noted that the maximum job satisfaction does not occur among men with a perfect fit but among men who have slightly more responsibility.
for others than they would like. French also found that men want more quantitative work load than they have and that high satisfaction with work causes a person to want more of it. He concluded that the stress of a small excess in responsibility for other people is balanced by a fuller use of one's abilities and participation in decision-making. It seems to correspond to previously stated definitions of self-esteem to include "fuller use of one's abilities" and "participation in decision-making" as contributory factors to high self-esteem. The positive correlation found in this study between quantitative overload and self-esteem would therefore seem to support French's findings.

Future Research

While it is surprising that quantitative overload is positively related to self-esteem, it is even more surprising that such a relationship occurs in women. Hypothesis seven predicted that "there is a stronger negative relationship between quantitative overload and self-esteem for women than for men." That prediction seemed to be plausible, yet the finding of this study refuted it. Could the reason for it be that women receive more self-esteem enhancers from their work than men do? Or is it just learning that they can successfully compete with men by handling large amounts of work that contributes to women's high self-esteem? Given the traditional sex-role stereotypes, it is possible that a higher workload--and the ability to cope with it--might make women
feel better about themselves. For those women who have recently made the transition from the home to an outside work setting, discovering that they can successfully handle large amount of work outside the home may provide an unexpected ego boost.

With regard to future research, different tests measuring self-esteem and occupational stress, longitudinal studies, and studies with a population drawn from a broader segment of society may perhaps yield the expected negative correlations. Additional studies on the effects/relationship of occupational stresses to self-esteem and women are clearly needed. Since the WSI has not yet been validated, more precise definitions of quantitative overload than those contained in this instrument may provide more information about its relationship to self-esteem. Future studies exploring quantitative overload, self-esteem, and women may want to include such factors as marital status, number of children, educational level, job level, and type and length of employment.

Limitations

Limitations in this study suggest that generalizations based on its findings must be made with caution. The limitations include the sample size, the WSI, and the correlations.

The sample size in this study is small. It is drawn from a population which is already seeking help for dealing with problems associated with stress. A sample taken directly from a work setting may be more representative of the general population. Information
collected from such a random sample concerning age, types and length of employment, marital status, and number of children would also help clarifying interpretation of the findings.

The WSI was devised specifically for this study and has not yet been validated. Other tests measuring occupational stresses may be more valid. In addition, test-retest reliability was obtained on subjects other than those used in the actual occupational stress study.

The small correlations, while significant at the .05 and .01 level, advise caution when making generalizations about the relationship of quantitative overload to self-esteem. Correlations of .31 and .19 indicate only a fairly weak relationship.

Due to the above limitations, this study should be considered exploratory in nature. In addition to the small, specialized sample size, not all the research was actually performed that had originally been planned. Although Schedule of Recent Experience and State Trait Anxiety scores were obtained, no practical way of weighting their value could be determined. Therefore, they were not used.

**Summary**

The significant findings and conclusions of this study are reported below:

1. There is a small positive correlation ($r = .19, p < .05$) between quantitative overload and self-esteem for the combined group of both men and women.
2. There is a positive correlation between quantitative overload and self-esteem for women taken as a group by themselves ($r = .31, p < .01$).

3. None of the hypotheses is significant in the predicted direction.

4. The results suggest no relationship between role conflict, role ambiguity, qualitative overload and self-esteem. They do, however, indicate a slightly positive relationship between quantitative overload and self-esteem. More research in this area seems warranted.
APPENDIX A

INSTRUCTIONS TO PEOPLE PARTICIPATING
IN OCCUPATIONAL STRESS STUDY
INSTRUCTIONS TO PEOPLE PARTICIPATING
IN OCCUPATIONAL STRESS STUDY

The purpose of this study is to examine the relationship of certain occupational stresses to your level of self-esteem. Your participation is voluntary.

Besides the standard stress tests you are asked to fill out here at the clinic, we would like to have you complete two tests which will measure work stress and self-esteem. Completing these tests should take no more than fifteen minutes. After handing back all the other materials to the receptionist, you may complete the tests while waiting for the psychologist. The information you supply will remain confidential. It will be recorded in a code which will be destroyed at the conclusion of the study. There are no right or wrong answers.

If you like, the psychologist who will be interviewing you here at the stress clinic can explain the meaning of your scores to you. Your cooperation in completing the attached instruments will help provide information about occupational stresses you may have. It may also help in understanding and dealing with work stress in general.

Your help in the study is very much appreciated.

Sincerely,

Marianne Pattan

Marianne Pattan
APPENDIX B

SELF-ASSURANCE INVENTORY
The purpose of this inventory is to obtain a picture of the level of self-assurance you believe you possess, and to see how you describe yourself. There are no right or wrong answers, so try to describe yourself as accurately and honestly as you can.

I. In each of the pairs of words below, check the one you think most describes you.

1. understanding
   - fearless
2. loyal
   - dependable
3. unaffected
   - alert
4. sharp-witted
   - deliberate
5. kind
   - jolly
6. enterprising
   - intelligent
7. progressive
   - thrifty
8. thoughtful
   - fair-minded
9. sociable
   - steady
10. pleasant
    - modest
11. responsible
    - reliable
12. dignified
    - civilized
13. imaginative
    - self-controlled
14. sympathetic
    - patient
15. stable
    - foresighted

II. In each of the pairs of words below, check the one you think least describes you.

16. shy
    - brave
17. immature
    - mature
18. unfriendly
    - friendly
19. conceited
    - humble
20. shallow
    - deep
21. unstable
    - stable
22. dreamy
    - practical
23. apathetic
    - enthusiastic
24. despondent
    - optimistic
25. weak
    - strong
26. fussy
    - tidy
27. opinionated
    - open-minded
28. shiftless
    - responsible
29. hard-hearted
    - kind
30. cynical
    - hopeful
31. undependable
    - dependable
APPENDIX C

WORK SITUATION INVENTORY
WORK SITUATION INVENTORY

Male: ____; Female: ____ Date: ______________

Please circle the response which most closely describes your work situation: Never (1); Seldom (2); Once in a while (3); Sometimes (4); Frequently (5); Always (6). Please answer all questions.

1. I feel that the amount of work I have to do lowers the quality of how well it gets done ............................................. 1 2 3 4 5 6
2. My work objectives and goals are vague ................................................................. 1 2 3 4 5 6
3. There are times when I feel I do not have the skills or knowledge to cope with the demands of my job ............................................. 1 2 3 4 5 6
4. My work is too difficult for me ..................................... 1 2 3 4 5 6
5. There is work to do left on my desk that should have been done before I go home at night .......................................... 1 2 3 4 5 6
6. My job involves duties I really do not want to do ................ 1 2 3 4 5 6
7. I find myself caught between expectations of management and the people I serve ...................................................... 1 2 3 4 5 6
8. I work on my job assignments more than 40 hours a week ............ 1 2 3 4 5 6
9. I have deadlines that are often difficult to meet because of the amount of work .................................................. 1 2 3 4 5 6
10. I receive conflicting instructions about how my job is to be done. ................. 1 2 3 4 5 6
11. I am ignorant of what others expect me to do on my job. .............. 1 2 3 4 5 6
12. The responsibilities of my job are ill-defined. ...................... 1 2 3 4 5 6
13. In general, I feel bored with my job. ................................. 1 2 3 4 5 6
14. The performance appraisal standards of my work are vague. ....... 1 2 3 4 5 6
15. My job imposes heavy responsibility on me. ...................... 1 2 3 4 5 6
16. My superiors disagree about how my job should be done. ........... 1 2 3 4 5 6
BIBLIOGRAPHY


