

CHAPTER: 1

INTRODUCTION

Mental health, Burnout and Work Adjustment as function of Personality Dimensions in
the Industrial Organization

All human beings are unique, they differ in intelligence, personality and special abilities, as well as in height, weight, beauty, and all sort of other mental and physical variables. They also differ, as consequence, in their ability to do satisfactory work in many jobs and professions which are provided in our society. Some are good at job, some are not; taking quite simple occupations, and it is usually found that the good to do twice as much as work as the bad.

Psychologist have made a genuine contribution by perfecting tests of ability and personality which are objective, and which have been found to make much better predictions than are possible in any other way.

The second great contribution that psychology has made has been the use of theories out of the laboratory, and which can be applied to selection procedures. A great deal is known as from experimental and clinical studies about such personality variables as locus of control, extrovert and introvert and neuroticism as opposed to emotional stability. The theory would suggest that people who are extroverted and people who are emotionally unstable would be more likely to be involved in traffic accidents

Are some individual personality dimensions influences on their behavior? Nearly everyone experiences burnout, mental health problem but are some individuals more prone to others?

Personality dimensions can affect behavior of individual in the organization, as each individual try to adjust their continually changing environment at work. It has physical and emotional effects on human beings and can create positive or negative feelings. As a positive influence, personality dimensions can help compel us to action; it can result in a new awareness

and an exciting new perspective. As a negative influence, it can result in feelings of distrust, rejection, anger and depression, which in turn can lead to psychosomatic problems such as headaches, back pain, rashes, insomnia, ulcers, heart disease and stroke. In adjusting to different circumstances in our lives, personality traits can help or hinder us depending on how individual react to it.

To keep pace with the rapid changes at the workplace there are increasingly demands on the organization and workers. A well adjusted employee can feel sense of satisfaction and accomplishment with psychologically well balance from work place. The personality dimensions are not positive or negative, but the way they play out particular environment can have positive or negative influence on the person as whole. If individuals personality traits are good fit to the environment, individual will be happy and productive. If individuals are not a good fit they will be stressed out and might suffer from mental health problems. Personality dimensions represent different ways of looking at individual's psychological nature.

Some positive personality dimensions are essential to reach a peak performance level of high energy, confidence and morale, where productivity is at a maximum. However, in most organizations today, burnouts have moved into overload. Positive stress is turning to distress and burnout. Absenteeism and Short Term Disability rates are up. Morale is declining. Performance and productivity are critically affected.

The latter interest is faddish, eccentric and capricious. Some personality dimensions such as Machiavellianism, self monitoring or A-type behavior frequently excite temporary interest, but are soon forgotten. Major debates in personality theory, such as the person situation debate, the issue of basic super factors describing personality or the biological/ genetics determinants of behavior, are often not considered worthy of attention. Although occupational/organizational

theorists may occasionally admit the importance of individual differences, they seem unable to deal with it appropriately. On the other hand there are those more sociological than psychological training, who tend to underplay individual differences for various political-philosophical reasons and believe that individual differences play a very small role of comparison with socio-cultural and organizational factors, in determining behavior at work.

Most lay people are type rather than trait theorists. Types are categories, syndromes, trait summaries. They are the oldest and simplest way to classify people, hence their abiding popularity, and still find a role in modern psychology. Traits refer to single dimensions made up of related components. Thus, the dimension of Negative, positive affectivity, internal, external locus of control isolated by many researcher as a fundamental and unique trait, include behavior and cognition associated with guilt, low self esteem, depression, phobia, anxiety, and psychosomatic illness. Both trait and type theories provide useful heuristic with which to describe people. However, lay people shy away from using 'negative' traits like Negative affectivity, preferring more 'positive' traits such as insightful. While lay people prefer to look for positive correlates of occupational success, many psychologists are interested in negative correlate of success.

It seems completely self evident to the lay person that people have stable personalities and that personalities and that personality variables correlated with, hence predict individual behavior. This research has attempted to review systematically the literature on personality correlates of such things as mental health, burnout, and work adjustment. The research in these areas is highly patchy: some topics have been relatively ignored, others thoroughly investigated.

1.1 What is mental health?

Mental health is defined as an individual's state of well-being, when he or she realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to his or her community (World Health Organization, 2008).

There is agreement among psychologist that there is no single definition or conceptualization of mental health (Johada 1958; Kaol, 1973; Strupp & Hadle1977; War, 1987). As construct it is define in terms of culture values (Johada, 1958) and individualistic values (Jensen & Bergin, 1988). It may be impossible to define mental absolute terms (Gechman & Weiner, 1975). Despite this lack of precise definition, several authors have pointed to the inadequacy of defining mental health as the absence of mental illness. However the term mental health is global in nature and has wide application. Most of the research in the field of the psychology, Psychiatry and sociology approaches the concept of mental health on a health illness, normality to abnormality, adjustment to maladjustment or integration to disintegration continuum. Mental health concept has both a positive and negative connotation.

Johada (1958) Karshauser (1965) Warr (1987) and cooper (1993) have proposed a more positive definition of mental health. Johda (1958) gave an adequate definition of positive conceptualization of mental health. This definition specified multiple criteria, such as:

- Attitude towards self
- Growth and self actualization
- Integration
- Autonomy
- Perception of reality and
- Environmental mastery

Basically, he emphasized the person's present mental state as a result of interaction with the situation he encountered. Johada (1958) suggested that mental health may be viewed as a constant and enduring function of personality leading to predictable consequence in behavior and feeling. According to this concept the individual may be classified as either more or less healthy.

Kornhauser (1965) defined mental health as those behaviors, perceptions, and feelings that determine a person's overall level of personal effectiveness, success, happiness and excellence of functioning as a person. According to him mental health depends above all on the development and retention of goals that are neither too high nor too low permits realistic successful maintenance of belief in one's self as worthy and an effective human being.

According to cooper (1973) "Mental health is not so much a freedom from specific frustration as it is an overall balanced relationship to the world, which permits a person to maintain a realistic, positive belief in himself and his purposeful activities, in so far as his entire job and life situation facilitate and support such a feeling of adequacy, insecurity and meaningfulness of his existence, it can be presumed that his mental health tend to be good; what is important in negative way is not single characteristic of his situation but everything is deprives the person of purpose and zest, that leaves him with negative feelings about himself, with anxieties, tensions, a sense of lost ness, emptiness and futility.

Warr (1990) has developed a model of job related affective well being and mental health to guide research. In the broad conceptual framework, Warr argues that affective well being is more than just job satisfaction and that occupational mental health in turn is more than effective well being. Warr (1990) stated that mental health, competence and aspiration are very important components of mental health and to understand mental health it becomes necessary to know what they mean.

1.2 Other aspects of mental health

In addition high and low mental health is also exhibited through behavior in transaction with the environment. Such behavior is conceptually quite distinct from the feeling involved in well being, although association between behavior and well being are likely to be observing in practice. Two major behavioral components are competence and Aspiration (Warr 1987)

Competence (e.g. Smith 1968) has been widely discussed in the psychological literature. A competent person is one who has adequate psychological resources to deal with difficulties that he experiences. Warr (1987) has drawn a distinction between context-free competence and domain specific competence, and developed two separate measurement for them

Aspiration as an important aspect of mental health has been emphasized as Herzberg (1966) who examined the impact of job features on workers psychological growth. Maslow (1973) developed similar perspective in terms of self actualization and mentally healthy person is often viewed as having an interest in, and engaging with the environment. He or she establishes goals and makes active efforts to meet challenges that are personally significant. Low levels of aspiration are exhibited in reduced involvement and activity and leads to dissatisfaction to the individual.

Nevertheless, the issue of mental health has not received the kind of attention that it deserves and has been neglected in many parts of the world. This neglect is a result of the lack of knowledge and the misunderstanding of mental health issues and the fear that the findings may reveal a mentally ill person. More sadly in India, the stigma associated with mental health is frequently encountered, often being regarded as a taboo and is seldom discussed. As Azhar (2003) stated, most patients project depression as vegetative symptoms such as fatigue, back pain, sleep disturbance, aches and pains but would not accept it as a symptom of poor mental

health. According to the researcher, this situation happens because it is not considered to be an illness in our culture but considered to indicate weak persons who are depressed and that the shameful emotion is short lived.

1.3 Mental health problems

The term mental health problem is usually associated with mental illness or mental disorders. It represents an extension of the normal phenomena. In fact, the majority of symptoms associated with mental illness find statement to lesser degree, lower intensity, or in more acceptable form or situation within normal mental functioning parameters. However, in a work place even these low degrees of mental illness or problems indirectly or directly affect the functioning in the form of low performance, absenteeism, bad interpersonal relation etc.

Many problems of mental health or neurotic symptoms can be explained as an exaggeration of the normal response to stress. Unlike psychotic patients, neurotics have intact reality testing and usually retain insight into their condition. Common features in all neurotic disorders include over sensitivity to minor environmental changes or problems with mental symptoms such as anxiety, depression, etc.

Nevertheless, from the review of literature, what is seen indicates that many authors have stressed mental health in a positive way. As an example, Peter Wilson stated in his book (Young Minds, 1996) that "Mental health is simply what it says it is such as the health of the mind, the way we feel, think, perceive and make sense of the world". In addition, Haque (2001) mentioned that "In practice, the term of mental health is used interchangeably with a lack of mental illness, positive emotional, psychological health and absence of stress". Therefore, mental health should not be seen in a negative way and the stigma associated with mental health should be eliminated and avoided in this country.

Some people call mental health 'emotional health' or 'wellbeing' and it are just as important as good physical health.

1.4 Depression

Common mental disorders consist of two types of emotional problems: depression and anxiety. Depression means feeling low, sad, fed up or miserable. It is an emotion that almost everyone suffers from at some time in their life. To some extent it can be thought of as 'normal'. But there are times when depression starts to interfere with life and then it becomes a problem. For example, everyone gets spells of feeling sad but most people manage to carry on with life and the spell goes away. Sometimes, however, the depression lasts for long periods, even more than a month. It is associated with disabling symptoms such as tiredness and difficulty concentrating. The feeling starts to affect daily life and makes it difficult to work or to look after small children at home. If depression starts to get in the way of life and lasts for a long period of time, then we can assume that the person is suffering from an illness.

Feeling down from time to time is a normal part of life. But when emptiness and despair take hold and won't go away, it may be depression. More than just the temporary "blues" the lows of depression make it tough to function and enjoy life like you once did. Hobbies and friends don't interest you like they used to; individuals are exhausted all the time; and just getting through the day can be overwhelming. When individual get depressed, things may feel hopeless, but with help and support you *can* get better. But first, every individual need to understand depression. Learning about depression—including its signs, symptoms, causes, and treatment—is the first step to overcoming the problem.

Everybody go through ups and downs in our mood. Sadness is a normal reaction to life's struggles, setbacks, and disappointments. Many people use the word "depression" to explain these kinds of feelings, but depression is much more than just sadness.

Depression is more common in work place and more like exaggeration of ordinary happiness. Depression is a natural accompaniment to chronic illness. It could hardly be otherwise. As illness eats away at the body, inevitably exacts a greater toll on the spirit. Some people describe depression as "living in a black hole" or having a feeling of impending doom. However, some depressed people don't feel sad at all—instead, they feel lifeless, empty, and apathetic.

Whatever the symptoms, depression is different from normal sadness in that it engulfs individual's day-to-day life, interfering with person's ability to work, study, eats, sleep, and have fun. The feelings of helplessness, hopelessness, and worthlessness are intense and unrelenting, with little, if any, relief.

Depression is a major risk factor for suicide. The deep despair and hopelessness that goes along with depression can make suicide feel like the only way to escape the pain. Thoughts of death or suicide are a serious symptom of depression, so take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide: it's a cry for help.

1.5 Anxiety

Anxiety is the sensation of feeling fearful and nervous. Like depression, this is normal in certain situations. For example, an actor before going on stage or a student before an examination will feel anxious and tense. Some people seem to be always anxious but still seem to cope. Like depression, anxiety becomes an illness if it lasts long (generally more than two weeks), is interfering with the person's daily life or is causing severe symptoms.

It's normal to worry and feel tense or scared when under pressure or facing a stressful situation. Anxiety is the body's natural response to danger, an automatic alarm that goes off when we feel threatened. Although it may be unpleasant, anxiety isn't always a bad thing. In fact, anxiety can help us stay alert and focused, spur us to action, and motivate us to solve problems. But when anxiety is constant or overwhelming, when it interferes with your relationships and activities—that's when you've crossed the line from normal anxiety into the territory of anxiety disorders.

Most people with a common mental disorder have a mixture of symptoms of depression and anxiety. Most never complain of feeling or thinking symptoms as their main problem but instead experience physical and behavioral symptoms. This could be for many reasons. For example, they may feel that psychological symptoms will lead to them being labeled as 'mental' cases.

1.6 Obsessive–compulsive disorders

Obsessive–compulsive disorders are conditions where a person gets repeated thoughts (obsessions) or does things repeatedly (compulsions) even though the person knows these are unnecessary or stupid. The obsessions and compulsions can become so frequent that they affect the person's concentration and lead to depression.

1.7 Somatization

Somatization is the process by which mental and emotional stresses become physical in the form of psychosomatic illnesses. Some experts believe that, as stresses play on the body, the weakest or most prone system becomes the likely target for somatization. Others believe the area affected by somatization has a direct relationship to the nature of the negative thought patterns through mind/body relationships not yet fully understood.

While psychosomatic illnesses can come and go depending on a person's ability to handle stress, somatization often becomes a built-in pattern that results in chronic aches and pains or lingering diseases without biological cause. The mind/body relationship transfers highly negative or unhealthy thinking patterns into physical illness. When somatization occurs, there is no other medical explanation for the illness.

1.8 Why need to be study mental illness?

There are many reasons why need to be concerned about mental illnesses.

- *Because they affect us all.* It is estimated that one in five of all adults will experience a mental health problem in their lifetime. This shows how common mental health problems are.

Anyone can suffer a mental health problem.

- *Because they are a major public health burden.* Studies from nearly every corner of the world show that as much as 40% of all adults attending general health care services are suffering from some kind of mental illness. Many of the people attending general or community health services seek help for vague physical health problems, which may be called 'psychosomatic' or something similar. Many of them are actually suffering from a mental health problem.

- *Because they are very disabling.* Even though the popular belief is that mental illnesses are less serious than physical illness, they do in fact produce severe disability. They can also cause death, as a result of suicide and accidents. Some people suffer from a mental illness and a physical illness; in such persons the mental illness can make the outcome of the physical illness worse.

The World Health Report from the World Health Organization in 2001 found that four out of the ten most disabling conditions in the world were mental illnesses. Depression was the most disabling disorder, ahead of anemia, malaria and all other health problems.

- *Because mental health services are very inadequate.* There is a severe shortage of psychiatrists, psychologists and other mental health professionals in most countries. These specialists spend most of their time caring for people who suffer from severe mental disorders ('psychoses'). These are quite rare, but are also the very diseases that the community associates with mental illness. Most people with the much commoner types of mental health problems, such as depression or alcohol problems, would not consult a mental health specialist. General health workers are ideally placed to treat these illnesses.

- *Because our societies are rapidly changing.* Many societies around the world are facing dramatic economic and social changes. The social fabric of the community is changing as a result of rapid development and the growth of cities, migration, widening income inequality, and rising levels of both unemployment and violence. These factors are all linked to poor mental health.

- *Because mental illness leads to stigma.* Most people with a mental health problem would never admit to it. Those with a mental illness are often discriminated against by the community and their family. They are often not treated sympathetically by health workers.

- *Because mental illness can be treated with simple, relatively inexpensive methods.* It is true that many mental illnesses cannot be 'cured'. However, many physical illnesses, such as cancers, diabetes, high blood pressure and rheumatoid arthritis, are also not curable. Yet, much can be done to improve the quality of life of those who suffer these conditions and the same applies to mental illness.

Although our knowledge of mental health issues has increased over the past few decades, employers and enterprises have lagged behind in their understanding and acceptance of the pervasiveness, treatment and impact of mental health problems on organizational life. Most

human resource management and public administration training programmers do not cover adequately the area of mental health and employment. Recognition of mental illness in the workplace is often difficult for there is often a psychological component to physical symptoms and physical ailments may be present in some mental disorders.

BURNOUT

1.9 What is Burnout?

The term burnout is popular one, and many people confuse it with organizational stress. However, as noted by Pines and Aronson (1981), burnout occurs as a result of ongoing job stress. Thus, burnout itself is one of the most important consequences of uncorrected job stress.

Ten years ago, very little was evidence about phenomenon. One of the first few articles appeared in the mid -1970s and although they were few in numbers and scattered among lesser – known publications, they generated an enthusiastic response. Interest in this topic mushroomed, and with all writing teaching and consulting on burnout, it has become something of a small industry. All of this activity can be interpreted as a sign of how important an issue burnout is. Once neglected and swept under the ring, the problem is now getting the attention it deserves, and serious attempts are being made to deal with it. It has been called the crisis of the 80's and 90's and even the disease of modern life.

In 1974, Freudenberger used the term 'burnout' to describe a situation of physical and emotional exhaustion among young social workers who were employed in substance abuse projects. He pointed at the finding that especially idealistically motivated individuals run the risk of becoming emotionally exhausted. They work too hard, too long and are involved in too many troubles. They act in this way because of their emotional engagement in their work, which is also characterized by cherishing unrealistic expectations.

There is no single definition of burnout that is accepted as standard. There is no clear consensus among consultants, clinicians, or researchers, nor is there much agreement among staff managers, or administrators. Most individuals have their own personal definition of burnout. However, the psychologists have identified certain common characteristics existing in these definitions.

- A syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do people-work of some kind
- A progressive loss of idealism, energy and purpose experienced by people in the helping professions as a result of the condition of their work
- A syndrome of inappropriate attitude toward client and self often associated with uncomfortable physical and emotional symptoms.
- A state of emotional, physical, and emotional exhaustion marked by physical depletion and chronic fatigue, feeling of helplessness and hopelessness and development of a negative self concept and negative attitudes towards work, life and other people.
- A state of exhaustion, irritability and fatigue and markedly decreases the workers effectiveness and capability.
- To deplete oneself, to exhaust one's physical and mental resources; to wear oneself out by excessively striving to reach some unrealistic expectations imposed by oneself or by the values of society.
- To wear one out doing what one has to do. An inability to cope adequately with stressors of work or personal life

- A malaise of the spirit; a loss of will, an inability to mobilize interest and capabilities
- To become debilitating weak, because of extreme demands on one's physical and mental energy
- An accumulation of intense negative feelings that is so debilitating that a person withdraws from the situation in which those feelings are generated
- A pervasive mood of anxiety giving way of depression and despair
- A process in which professional's attitudes and behavior change in negative ways in response to job strain.
- An inadequate coping mechanism used consistently by an individual to reduce stress. A condition produced by working too hard for too long in a high pressure environment
- A harmful psychological condition resulting from work related frustration, which results in lower employee productivity and morale.
- Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role in the first place.
- Burnout reduces your productivity and saps your energy, leaving you feeling increasingly helpless, hopeless, cynical, and resentful. Eventually, you may feel like you have nothing more to give.

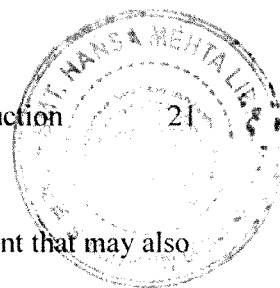
Not only do these definitions vary from each other to greater or lesser degrees but also different terms are sometimes used for similar concepts. Some definitions are limited, while

others are more wide-ranging. Some refer to purely psychological condition, while others include actual behaviors. Most of these definitions have been proposed independently without regard for others.

'Burnout is a syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment that can occur among individuals who work with people in some capacity'. They describe the three dimensions in the following way. Emotional Exhaustion refers to the feeling of having depleted all one's emotional reserves OR to the depletion of psychic energy or the draining of emotional resources. Although sometime exhaustion is physical in nature, more often a psychological burnout or emotional exhaustion is described as central to burnout- a loss of feeling concern, a loss of trust, a loss of interest, a loss of spirit. Burnout manifest in it feeling of depression, helplessness and hopelessness, Satisfaction that had previously been available to the individual through leisure, Family, Friends and work diminish, and overall life satisfaction is reduced.

Maslach (1982) defines state of emotional exhaustion as that caused by excessive demand both at psychological and emotional level made by the job. The word exhaustion is very important in understanding the burnout phenomenon.

The second dimension of the burnout is Depersonalization refers to a negative, cynical and impersonal attitude towards the people one works with. In contrast to the psychiatric connotation, depersonalization in a social psychological setting does not refer to the alienation of the Self, but to the estrangement towards the people one daily works with or for. A reduced sense of personal accomplishment refers to the feeling of incompetence in the work setting, which is accompanied by negative self evaluations concerning professional achievements. Negative or inappropriate attitude towards clients, loss of idealism and irritability, and most discussion of this



dimension emphasized its movement (in negative direction) over time a movement that may also be called a shift, change, development or accumulation. Depersonalization refers to treating people like an object and it's often reflected in the use of object labels. Excessive depersonalization is found associated with feelings of callousness and cynicism about people.

The third dimension found in these definitions is negative response towards oneself and one's personal accomplishments, also described as depression, low morale, withdrawal, reduce productivity or capability and an inability cope. Some definitions are limited to feeling of failure or sense of low self esteem; changes in actual behavior are considered an outcome of this psychological state. In other cases, these behaviors are considered part of the basic definition of the burnout feeling of low personal accomplishment refers to when an individual starts comparing him/herself with others who have achieved more and hence stop trying.

Lack of personal accomplishment is the tendency to evaluate one's own work with recipients negatively, an evaluation that is often accompanied by feelings of insufficiency (Maslach, 1993).

In short, we may conclude that burnout seems to occur among a wide array of occupations, albeit that one of its manifestations, depersonalization, is specific for human service professionals only.

1.10 Symptoms of Burnout

Maslach and Jackson (1981) describe burnout as follows: Although burnout is by word to many people, others view it as a buzzword. According to its critics, burnout is simply an old wine in a new bottle- a trendy name for a problem that has been around for long time. Others suggest that it is alienation, depression, apathy, boredom, blue-collar blues, mid life crisis, job stress that burnout now stands for.

Think of the early symptoms of burnout as warning signs or red flags that something is wrong that needs to be addressed.

Physical signs and symptoms of burnout

<ul style="list-style-type: none"> • Feeling tired and drained most of the time 	<ul style="list-style-type: none"> • Frequent headaches, back pain, muscle aches
<ul style="list-style-type: none"> • Lowered immunity, feeling sick a lot 	<ul style="list-style-type: none"> • Change in appetite or sleep habits

Emotional signs and symptoms of burnout

- Sense of failure and self-doubt
- Feeling helpless, trapped, and defeated
- Detachment, feeling alone in the world
- Loss of motivation
- Increasingly cynical and negative outlook
- Decreased satisfaction and sense of accomplishment

Behavioral signs and symptoms of burnout

- Withdrawing from responsibilities
- Isolating yourself from others
- Procrastinating, taking longer to get things done
- Using food, drugs, or alcohol to cope
- Taking out your frustrations on others
- Skipping work or coming in late and leaving early

Many theories of burnout include negative outcomes related to burnout, including job function (performance, output, etc.); health related outcomes (increases in stress hormones coronary, heart disease circulatory issues), and mental health problems (depression, etc.).

Although burnout is work-related, most responsibility for burnout currently rests on the individual worker in the United States, as well as the individual company, as it is in a company's

best interest to ensure burnout doesn't occur. Other countries, especially in Europe, have included work stress and burnout in occupational health and safety standards, and hold organizations (at least partly) responsible for preventing and treating burnout.

Tracy in her study aboard cruise ships describes this as "a general wearing out or alienation from the pressures of work" (Tracy, 2000) "Understanding burnout to be personal and private is problematic when it functions to disregard the ways burnout is largely an organizational issue caused by long hours, little down time, and continual peer, customer, and superior surveillance". (Tracy, 2000,)

1.11 Causes of Burnout

Then there are those who work hard and don't receive the gratitude they feel they deserve from their bosses. They go to work everyday, work hard, and don't feel they are rewarded properly. Raises aren't forthcoming, and promotions aren't either.

Being in the wrong career is also very stressful and can be frustrating. Many people are in the wrong career. They either tire of a career they once liked or they chose poorly in the first place. Others are in the right career but in the wrong job. Either way a change may be in order. It may involve a career change or simply a change in where you work. So, as you can see, there are many factors that cause people stress and frustration with their jobs.

Burnout doesn't happen only to those who are stressed or frustrated, though. Notice the definition says burnout usually happens as a result of stress and frustration. The stress that causes one to experience job burnout has to be terribly obvious. Work may be going along smoothly. There are no apparent problems — no issues to resolve. Individual's get along well with their boss, co-workers, and clients. Then suddenly one day they feel a little knot in their stomach when they think about going to work. Or individuals can't come up with any fresh ideas.

Individual's let their inbox fill up. They cringe when their phone rings. They just can't figure it out. Yesterday they loved they job and today they hate it. What could have caused this to happen?

Many people work long hours because they actually like their jobs. They have work that needs to get done, and they choose to spend ten hours a day doing it. Then one day they realize that many months have passed since they had a vacation, a full weekend off, or even a relaxing evening at home. There's an old saying that goes "On their death bed, no one ever said, 'I wish I had spent more time in the office."

Burnout develops in a downward-spiraling process, consisting of various stages. The onset of the process is believed to take place within the individual. A crucial role in the process is played by the professional's expectations, which are often connected with personal and universal motives. Especially unreal expectations are mentioned by Edelwich and Brodsky (1980). Schaufeli (1990) gathered from various data that 10–25% of the labor force suffers from the burnout syndrome, with peaks at 40% among workers in certain occupational groups. It also appears that occupational groups are characterized by specific burnout symptoms.

1.12 Why need to be study burnout

In the Burnout domain, most previous researchers have focused on the situational stressors influencing burnout, such as excessive workload, emotionally demanding interactions with patients for volunteer counselors, and lack of control or participation in decisions that affect the worker's environment (Maslach, Schaufeli, & Leiter, 2001; Schaufeli & Enzmann, 1998). In the present study among IT industry employee, consider a different perspective by acknowledging that the risk of burnout may differ not only across situations but also across individuals. The central aim of the present study was to explore the relationship between

personality dimensions (Locus of control, Positive affectivity and negative affectivity) and Burnout

1.13 Work Adjustment

What is work Adjustment?

Work adjustment was defined as a continuous and dynamic process by which a worker seeks to achieve and maintain correspondence with a work environment. It is indicated by individual's job satisfaction and job performance (Dawis & Lofquist, 1984). Work adjustment can be seen from the length of time or tenure on one's job. A competent individual would be in control and able to pull up new ideas as well as energy to face unexpected hurdles (London & Stumpf, 1986). Thus, such individual has the capability to adjust to any new situations. In other words, an individual who is well adjusted to the job demands and environment at the work place will be happier and serve a longer service for the organization, compared to those who feel uncomfortable with their adjustment process. A smooth work adjustment exists when there are balances between the job or work environment with one's characteristics such as planning, explorative and reflective abilities.

Work adjustment is the degree to which the employee feels comfortable with the job and tasks including all job-related variables (Black, 1988). Finally, general adjustment describes the extent to which the employee feels comfortable with non-work factors such as living conditions, including, health care service, local food, housing, transportation, entertainment etc. (Black & Stephens, 1989). Black et al. (1991) as well as Mendenhall and Wiley (1994) further distinguish between anticipatory adjustment and in-country adjustment as two phases of adjusting to an organization culture.

Work adjustment conveys a broader meaning than the adjustment of an individual to his specific job tasks. It is adjustment of an individual to his specific task. It includes the adjustment of the individual to his world of work. It includes the adjustment of the individual to the variety of environmental factors that surround him in his work, his adjustment to changes in these factors over periods of time, and his adjustment to his own characteristic thus the adjustment of the individual to his employer, his supervisor, his co-workers, as well as to the demands of the job itself, his adjustment to changing job market conditions, and his adjustment to his own aptitude, interest and temperament are all encompassed in the concept of work adjustment.

The individual should be the basic unit in the study of work adjustment. While group comparisons are enlightening, differences among individuals and differences within the individual may be more significant. These possibilities emphasize the need for studies of individual's personality dimensions.

Work adjustment pattern may differ for different occupations. The set of criteria that is relevant may differ from occupation to occupation. Work adjustment likely to be affected by such factors as the individual's age, sex, education, training, personality and adjustment outside the work situation. The same degree of satisfaction or satisfactoriness conceivably may reflect different degrees of work adjustment for different ages or sex and levels of educational attainment, etc. consideration of these correlates is necessary to an adequate understanding of work adjustment.

'Adjustment' is the degree of a person's psychological comfort with a variety of aspects of a new environment (Black, 1988; Nicholson, 1984). Scholars use the term 'employee's adjustment' to refer to a process through which an employees comes to feel comfortable with a new environment and harmonizes with it. One of the major challenges to employee's adjustment

is overcoming cultural barriers. That is to say, an employee's must accommodate his or her attitudes/behaviors to fit into the work environment in order to increase effectiveness.

1.14 Why need to study work Adjustment?

Are some personality types are more likely to be show work adjustment than others regardless of the job? What sort of people show more work adjustment in what sorts of jobs? Are highly work adjustment individuals more productive than less satisfied individuals? Is work adjustment is consequence, rather than cause of, productivity at work. Although there is plethora of studies and available measures of individual differences in the work adjustment, there is surprisingly little data on the role of individual differences in work adjustment. Various demographic factors have been researched such as age sex and occupational status, but there are very few studies that for good theoretical or methodological reason have included personality measures.

Personality Dimensions

1.15 What is Personality Dimensions?

The importance of personality dimension as a predictor for the criterion of individual's psychological behavior has been discussed by many scholars (Caligiuri, 2000a; Deller, 1997, 2000; Ones & Viswesvaran, 1997, 1999). Individuals with different personalities may react in different ways to the new environment and therefore may have different problems with mental health, burnout and work adjustment.

An individual believes at work, responds to the demands of his or her job and interacts with coworkers in ways that mirrors his or her interactions in other life domains. Personality of an individual affects employees experience in job situation.

Personality dimensions refer to enduring patterns of thought, emotion, and behavior that are not likely to change over time and explain people's behavior across different situations (Costa and McCrae, 1989; Funder, 2001). The five-factor model of personality (FFM) or "Big Five" has influenced the field of personality during the last two decades, providing a significant degree of convergence in the trait-factor analytic psychology (Robertson and Callinan, 1998). Many studies have examined the relationship of personality traits to job performance, finding significant relationships between them (e.g., Banrick and Mount, 1991; Barrick, Mount, and Judge, 2001a; Barrick, Parks, and Mount, 2005; Hurtz and Donovan, 2000; Salgado, 1999).

Personality is generally defined as individual's emotional traits, thinking, character and unique individual behavioral patterns. The word personality is derived from the Latin word 'persona' which means a mask. It refers to external individual's behavior. The earliest definition of personality was introduced by Menninger (1930), which simply means just anything that describes a person. Allport (1961) defined personality as a psychophysical system that exists in each individual to ensure one's way of thinking and behavior. Pervin (1996) defined personality as organized cognitive, emotional and behavioral components that shaped up an individual's life. Like a body, personality consists of a structure and process that described individual's genetics and experiences. It also comprises memories of past events, current as well as upcoming events.

1.16 Locus of Control

Human kinds as activator of an organization or company are influenced by many factors. One of these is locus of control concept, which developed by Rotter. It is ensured to give contribution to quality of performance on an individual person, i.e. an initial response as basic of further responses. Locus of control itself is divided in two, i.e. locus of control that to orient internally and externally.

Rotter (1966) introduced concept of locus of control to represent the degree to which individual believe they have control over the outcomes of their action. Locus of control can be either internal or external. The individual variable of “Locus of Control” has also been studied extensively in the work domain and finding indicate it importance in organizational research and theory. The concept of “Work locus of control” was developed to measure a person’s generalize control” was developed to measure a person’s generalized control belief in the organizational setting. This work related concept was initially developed by Spector (1988), who showed that it is in an important and useful personality construct for explaining behavior in the work setting.

Locus of control is a term in psychology that refers to a person's belief about what causes the good or bad results in his life, either in general or in a specific area such as health or academics. Understanding of the concept was developed by Julion B. Rotter in 1954, and has since become an important aspect of personality studies.

Locus of control refers to the extent to which individuals believe that they can control events that affect them. Individuals with a high internal locus of control believe that events result primarily from their own behavior and actions. Those with a high external locus of control believe that powerful others, fate, or chance primarily determine events.

Those with a high internal locus of control have better control of their behavior, tend to exhibit more political behaviors, and are more likely to attempt to influence other people than those with a high external locus of control. Those with a high locus of control are more likely to assume that their efforts will be successful. They are more active in seeking information and knowledge concerning their situation.

1.17 Concept of Internal/External Locus of Control

Thus, locus of control is conceptualized as referring to a one-dimensional continuum, ranging from *external* to *internal*:

External Locus of Control	Internal Locus of Control
<ul style="list-style-type: none"> • Individual believes that his/her behavior is guided by fate, luck, or other external circumstances 	<ul style="list-style-type: none"> • Individual believes that his/her behavior is guided by his/her personal decisions and efforts.

In general, it seems to be psychologically healthy to perceive that one has control over those things which one is capable of influencing.

It is sometimes assumed that as people age, they will become less internal and more external, but data here have been ambiguous. Longitudinal data collected by Gatz and Karel (cited in Johnson et al., 2004) imply that internality may increase up to middle age, and thereafter decrease. Noting the ambiguity of data in this area, Aldwin and Gilmer (2004) cite Lachman's claim that locus of control is ambiguous. Indeed, there is evidence here that changes in locus of control in later life relate more visibly to increased externality, rather than reduced internality, if the two concepts are taken to be orthogonal. Evidence cited by Schultz and Schultz (2005), for example Heckhausen and Schulz (1995) or Ryckman and Malikosi, 1975 (cited in Schultz & Schultz, 2005), suggests that locus of control increases in internality up until middle age.

This study investigates the relationship between locus of control and mental health, burnout and work adjustment. It attempts to assess whether internal locus of control relates to mental health, burnout and work adjustment of IT industry employee. By determining that internal locus of control relates to job health, burnout and work adjustment management efforts might focus on job factors such as supervision and empowerment with hopes of enhancing satisfaction. For example, an employee with an internal locus of control would prefer less direct supervision. Conversely, an employee with an external locus of control would prefer more direct supervision. Management strategies that empower individuals with an internal locus of control might increase an individual's job satisfaction because empowerment is congruent with the employee's internal locus beliefs that they have control over their own actions. The opposing strategy would be to offer limiting empowering opportunities for those employees with external locus of control beliefs. Nonetheless, once locus of control is determined to be external or internal then management strategies that best address locus of control behaviors can be developed.

Positive affectivity and Negative affectivity

1.18 Positive affectivity

Positive and Negative Affect are two independent dimensions. Positive Affect refers to the extent to which an individual experiences positive emotional states such as joy, interest, confidence and alertness. Negative Affect refers to the extent to which an individual experiences negative emotional states such as fear, sadness, anger, guilt, contempt and disgust (Snyder & Lopez, 2002)

Positive Affect (PA) reflects the extent to which a person feels enthusiastic, active, and alert. High PA is a state of high energy, full concentration, and pleasurable engagement, whereas low PA is characterized by sadness, lethargy, distress, and un-pleasurable engagement.

Watson and Clark (1984) defined positive affectivity as reflecting pervasive individual differences in positive emotionality and self concept. PA represents an affective state dimension. Tellegen (1985) has demonstrated that individuals differ in positive emotional reactivity. Trait PA roughly corresponds to the dominant personality factors of extraversion. Positive (and also negative affectivity) is generally considered to be fairly enduring trait characteristics of the individual that may influence their responses in general, and particularly their responses to questionnaires.

PA is an integral part of everyday life. PA helps to process emotional information accurately and efficiently, to solve problems, make plans and achieve in ones life. However, broaden and build theory of PA suggests that PA appears to broaden people's momentary thought - action repertoires and build their enduring personal resources.

Research shows that PA relate to different classes of variables, such as social activity and the frequency of pleasant events. PA is also strongly related to life satisfaction. The high energy and engagement, optimism, and social interest characteristic of high-PA individuals suggest that they should be more likely to be satisfied with their life. In fact, the content similarities between these affective traits and life satisfaction have led some researchers to view both PA/NA and life satisfaction as specific indicators of the broader construct of subjective well-being.

PA may influence the relationships between variables in organizational research. PA increases antinational focus and behavioral repertoire and the enhanced personal resources can be used to overcome or deal distressing situation. These resources are physical (e.g., better

health), social (e.g., social support networks), intellectual and psychological (e.g., resilience, optimism and creativity). PA provides a psychological break or respite from stress, supporting continuing efforts to replenish resources depleted by stress. Therefore, it is evident that PA is good for our health. Its buffering functions provide a useful antidote to the problem associated with negative emotions and ill health due to stress (Fredrickson, 2001). Likewise, happy people are better in coping. McCrae and Costa (1986) concluded that PA was associated with more mature coping efforts.

1.19 Negative Affectivity

Negative Affect (NA) is a general dimension of subjective distress and unpleasurable engagement that subsumes a variety of aversive mood states, including anger, contempt, disgust, guilt, fear, and nervousness. Individuals high in NA are characterized by distress, unpleasurable engagement, and nervousness. Low negative affect is characterized by a state of calmness and serenity.

Watson and Clark (1984) defined negative affectivity as a mood-dispositional dimension that reflects pervasive individual differences in negative emotionality and self-concept.

Negative affectivity represents an affective state dimension. Tellegen (1985) has demonstrated that individuals differ in negative emotional reactivity. Trait negative affectivity roughly corresponds to the dominant personality factor of anxiety/neuroticism within the Big Five personality traits. Research shows that negative affectivity relates to different classes of variables: Self-reported stress and (poor) coping, health complaints, and frequency of unpleasant events.

On the basis of their extensive review of the literature, Watson and Clark concluded that people who express high negative affectivity view themselves and a variety of aspects of the

world around them in generally negative terms. Negative affectivity may influence the relationships between variables in organizational research.

In the seminal work on negative affect arousal and white noise by Stanley S. Seidner, the findings from the study support the existence of a negative affect arousal mechanism through observations regarding the devaluation of speakers from other ethnic origins. Negative affectivity is strongly related to life satisfaction. Individuals high in negative affect will exhibit, on average, higher levels of distress, anxiety, and dissatisfaction, and tend to focus on the unpleasant aspects of themselves, the world, the future, and other people. In fact, the content similarities between these affective traits and life satisfaction have led some researchers to view both PA/NA and life satisfaction as specific indicators of the broader construct of subjective well-being.

Negative affectivity, is one of a small set of global traits that reflect one's general approach to life and summarize the tendencies of individuals (Denollet, 1993). The personality dimension of neuroticism reflects the tendency to experience emotional distress and the inability to cope effectively with stress. Highly neurotic people are extremely tense, anxious, insecure, suspecting, jealous, emotionally unstable, hostile and vulnerable (Maddi, 1980). "Although emotional distress is associated with invalid health complaints such as chest pain in the absence of coronary heart disease (CHD) (Costa and McCrae, 1987), evidence suggests that emotional distress is associated with actual CHD as well." (Friedman, 1990, Denollet, 1993).

Levin and Strokes (1989) looked at the trait of "negative affectivity" which for them is mix of anxiety, irritability, neuroticism and self depreciation. They argue: High negative affectivity individual have ongoing feelings of distress and nervousness. They tend to dwell on their mistakes, disappointments, and shortcomings and to focus more on negative aspects of the world in general. In contrast, low-NA individuals appear to be more satisfied, self secure, and

calm and to focus less on, and be more resilient in response to life's daily frustrations and irritations.

In both laboratory natural experiments they found that negative affectivity was related to lower job satisfaction. They argue that non neurotics may be denying or repressing various frustrations, disappointments and problems, or that the cognitive process of neurotics leads them to perceive the world more negatively. Whichever the case, organization would seem wise to screen our extreme neurotics and those with negative affectivity.

Considerable research indicates that two broad and largely independent dimensions dominate emotional experiences- negative affectivity (NA) and positive affectivity (PA). It is important to understand and examine both factors while studying how mood is related to various phenomena. Negative affectivity is general dimension of subjective distress. The NA factor is broad range aversive mood state including anger, disgust and depression. In contrast, positive affectivity (PA) reflects ones level of energy, excitement, and enthusiasm both mood factors can be measured either as state or as trait. (I.e. stable individual differences in general affective level). These terms, which Tellegan (1982) termed as negative affectivity (NA) and positive affectivity (PA) repress predisposition to experience the corresponding state mood factor NA closely resembles Costa and McCrac's conception of Neuroticism.

Some positive personality dimensions are essential to reach a peak performance level of high energy, confidence and morale, where productivity is at a maximum. However, in most organizations today, burnouts have moved into overload. Positive stress is turning to distress and burnout. Absenteeism and Short Term Disability rates are up. Morale is declining. Performance and productivity are critically affected.

Interestingly, although lay people individual differences in personality as most central, crucial, salient, and interesting of psychologist many missions academic psychologist, particularly industrial/organizational psychologist, tend to take opposite view. Despite the fact that I/O psychologist usually proclaims that personality testing is neither useful in selection nor for the prediction of productivity, many human resources personnel as well as negotiators nor economic columnist stress the importance of understanding individual differences. Of course the word 'personality' is use differently: lay people usually mean public reputation while psychologists usually mean structure and dynamic inner process, which are private 'personality' refers to stylistic consistencies in social behavior which are a reflection of an inner structure process.

The paucity of literature at the interface between personality and occupational psychology/organizational behavior cannot all be blamed on the ignorance of one party. Surprisingly, while personality theorist eagerly examines clinical, educational, medical and social correlates individual difference/personality dimensions, they have consistently ignored occupational/organizational correlates. Hence one finds the journals examining the links between personality and social behavior but very dedicated to personality dimensions influence on mental health, burnout and work adjustment at industrial organization