

Sources of stress at the workplace



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DEFINITION OF STRESS:

Definition – Work-Related stress is the response produced by individual when faced with work demands and pressure that individual cannot match with their knowledge and abilities and it challenges their ability to cope.

SOURCES OF STRESS AT WORK PLACE:

Stress related illness is not confined to either high or low status workers (Cooper et al, 2001). Regardless of how one job may compare to another in terms of stress, it is helpful to recognize that everyday job has potential stress agents. Researchers have identified several major sources of work stress (Cooper et al, 1988). Common to all jobs, these factors vary in degree to which they are found to be causally linked to stress in each job.

Intrinsic to Job: Cooper and Marshal (1978) proposed that most job description include task and physical factors that at some time can be sources of stress. For example, health care professionals may experience high workload, long work hours, time pressure, and inadequate free time (Wolfgang, 1988; Sutherland & Cooper, 1990), whilst money-handling and the threat of violence at work can be stressors for bus drivers (Duffy & McGoldrick, 1990)

Ivancevich and Matteson (1980) suggest that excessive noise (approximately 80 decibels) on recurring prolonged basis can cause stress. Rutenfranz et al., 1977 studied the impact of shift work and reported that shift workers complained more frequently of fatigue and gastrointestinal troubles than day workers as a result of stress due to the nature of the job. Work hours and load Long and/or unsociable work hours have clear negative psychological

and behavioral effects on people who experience them. A meta-analytic review of the literature found significant relationships between long work hours and workers' mental and physical ill health (Sparks et al., 1997). Among British Tax inspectors overload predicted high levels of anxiety and depression (Cooper and Roden, 1985). This was further supported by the National Survey in the US where Margolis et al. 1974 found that overload was related to a number of symptoms of indicators of stress.

Role : Dysfunction occurs at two different levels(Kahn et al. 1964) and can be a source of stress. The two levels are Role conflict and Role ambiguity. Rizzo et al(1970) suggest that role conflict and role ambiguity are related to job dissatisfaction and inappropriate organizational behavior Problems connected with role conflict were demonstrated in a study of dentists (Cooper et al., 1978). Where a role entails responsibility for people and their safety, there is potential for occupational stress. For example, responsibility for people's safety and lives was identified as a major source of long-term occupational stress for air traffic controllers (Crump et al., 1981) Van Sell et al(1981) and Kahn et al(1964) found that individuals who suffered more role conflict had lower job satisfaction and higher job tension. Role conflict is also related to physiological stress (French and Caplan, 1970). Kahn et al (1964) found in their study that men who suffered from role ambiguity experienced lower job satisfaction, high job related tension , greater futility , and lower self confidence. Margolis et al(1974) also found a number of significant relationships between symptoms or indicator of physical and mental ill health with role ambiguity in their representative national sample(n= 1496).

Work Life Balance: Workers under stress could find the home a refuge from a competitive and demanding work environment. However, there is a danger of tensions from the work role spilling over to the domestic environment with harmful consequences (Thompson et al., 2001). This may be aggravated in the case of dual career partners in a situation where both are experiencing occupational stress. Inability to balance competing demands of home and work successfully can be a major source of stress for many people, particularly evident when work is taken home frequently and the full holiday entitlement is not used.

Career Development

A host of issues can act as potential stress factors throughout one's working life. Lack of job security, fear of redundancy, obsolescence or retirement, and numerous performance appraisals can cause pressure and strain. In addition, the frustration of having reached one's career ceiling or having been over-promoted can result in extreme stress. Low self-esteem is experienced by the overworked individual who has been promoted too soon. Individual suffering from career stress often show job dissatisfaction, burnout, poor work performance and unsatisfactory interpersonal relationships at work (Ivancevich and Matteson, 1980).

Relationship at work

Carrying out work roles often involves developing relationships with others. Poor relationships with one's superior, colleagues, and subordinates have been related to occupational stress, which may result in psychological

strain and job dissatisfaction; good work relationships tend to have the opposite effect.

Inconsiderate behaviour on the part of supervisor appears to contribute significantly to feelings of job pressure (Buck, 1972; McLean, 1979) and close supervision and tight performance monitoring can also be stressful. Some reports suggest that bullying by managers is disturbingly common (Hotel et al., 1999)

French and Caplan (1973) found supportive relationships at work can provide valuable social support and can mediate the effects of job strain on cortisol levels, blood pressures, glucose levels, and the number of cigarettes smoked). Bernin and Theorell, 2001 further suggested that adequate social support can be critical to health and well being of an individual and to the atmosphere and success of an organisation.

It has been well recognized, however, that individual differences in general perform an important moderating function on the impact of stress. Research has examined how individual variations in abilities, values, occupational level, and personality characteristics affect the magnitude of experienced stress (Caplan, Cobb, French, Harrison, & Pineau, 1975), and some models of stress do identify gender as a critical personal or demographic characteristic that influences the nature of an individual's stress experience (Jick & Payne, 1980; Quick & Quick, 1984).

DEBATES ON EFFECT OF GENDER ON STRESS :

Research on sex differences in both the psychological literature (Deaux, 1984; Maccoby & Jacklin, 1974) and the management literature (Donnell &

Hall, 1980; Powell, 1982) has shown noticeable inability to account for significant variance through gender. Intuitively and empirically differences between men and women have indeed been observed. One such area concerns the effects of sex differences on the experience of work stress. Given the general concern with gender issues in the workplace and the recent attention to understanding stress (especially occupational stress), it is useful to review and integrate the accumulated evidence of the relationship between gender and stress and to offer directions for further study.

So far only modest attention has been given to the role of sex as a moderator of stressor-strain relationships (Black, Crabbs, & Morton, 1983; Brief, Schuler, & Van Sell, 1981; Cooper & David-son, 1982; Haw, 1982; Karasek, Lindell, & Gardell, 1981; Pines & Kafry, 1981; Tung, 1980; Van Sell, 1980). Indeed, Deaux's (1984) excellent review of the general literature on sex differences concluded that the amount of variance accounted for by main effects of sex is quite small and that the sex-role research on masculinity, femininity, and androgyny (Spence, 1979) appears to be a more fruitful approach. But Deaux argued further that the most promising avenue for future research would be to examine sex as a social category in terms of how men and women think they differ.

More and more of research is being conducted to get to a conclusion and although there are medics who feel that working women are less at risk than men (Lancet, 1980), the other studies in this field are disturbing. One of the most interesting researches was carried out by Haynes and Feinleib (1980). They collected data on the employment status and behavior of 350 housewives, 387 working women and 580 men (between the age of 45 and

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64) in the Framingham Heart Study. All the 1317 subjects in the study were followed for the development of coronary heart disease over an eight year period. The finding was that working women did not have a significantly higher incidence of coronary heart disease than housewives, and their rates were lower than for working men. But Beehr and Schuler (1980) noted in their review of stress research that gender can act as either a moderator between stressor and stress responses or as a direct predictor of stressors, stress symptoms, and/or of coping responses. Thus concluding that an individual difference factor such as gender may influence the stress process in different ways- not just as a direct predictor of the source of stress but also as a moderator affecting perception of stress, what coping skills are used, and how stress is manifest.

Van Sell's (1980) model of the coping process for women showed a significant effects of sex on sources of stress for women. To straighten out this process and understand the mechanisms by which gender can affect stress, a model of the stress process was presented which was based on McGrath (1976)-and what was known about how sex differences might influence each of the components was reviewed. The conceptualization of sex differences suggested that men and women are likely to be exposed to different stressors, and that the relationships between stressors and appraisal, appraisal and coping, and coping and strain symptoms may be moderated by gender.

The Source of Sex Differences in Stress Symptoms: The obvious questions asked by many researches are – What explains the pattern of sex differences? Why do women exhibit more of psychological distress and minor

illness , and why are men more often prone to physical symptoms and severe illness? Review of literature has given three general explanations for sex differences in stress symptoms: (1) genetic/biological, (2) structural (i. e., different stressors), and (3) social/psychological (cognitive and coping differences based on socialization).

Genetic : Support for genetic differences with no other variations by situation or psychological dynamics is minimal. Studies by Collins & Frankenhauser, 1978; Ivancevich & Matteson, 1980 leads us to the conclusion that there has been some recognition of differences in the hormonal systems of men and women that affect responses to stress. How then to account for the commonly observed greater aggressiveness and competitiveness of men? It is generally granted that male hormones results in greater readiness for aggression in males, but this observation is largely shaped by social experience and learning. As long as young boys are encouraged to play aggressively and punish girls for such behaviour , more overtly aggressive and competitive behavior will be found in men, but more because of the social factors (Greenglass, 1982). Overall, the explanatory power of genetic factors is seen as weak and inadequate to explain the sex differences in level and type of distress. Most researchers tend to reject genetic explanations (Gore & Mangione, 1983; Price, 1980; Stead, 1978).

Structuralist : The structuralist explanation is based on the differences in work situations of men and women and the resulting differences in work-related stressors affecting the two groups. Kanter (1977) argues that women's behavior is a result of the situation in the organizational system. Likewise, Parasuraman & Cleek (1982) and Herman & Gyllstrom (1977)

uphold that work-related stress is primarily a function of the work role occupied. Women are found to be as relatively disadvantaged with regard to opportunities for mobility and power. It is this structural disadvantage that is expected to cause greater distress for women.

Developing further on the points mentioned above Kanter (1977), Van Sell (1980) explain that women face sources of job stress: the absence of mentors or female support groups (Price, 1980), lower salaries (Weinstein & Zappert, 1980), career blocks (Black et al., 1983), and “masculine” job stereotypes as a result of their minority and/or powerless work status. Women tend to have less control and influence over jobs that are more tedious. As a result women at work are more distressed and at greater risk than employed men. A parallel explanation of sex differences in stress symptoms gains attention of the impact of role overload and role conflict. It is widely recognized that working women are also responsible for home and family and thus more often than men suffers from role overload and role conflict (Cleary & Mechanic, 1983; Gove & Geerken, 1977; Haynes & Feinleib, 1980; Herman & Gyllstrom, 1977). Thus being a homemaker and career woman might act as a severe strain.

According to this argument, a decrease in differentiation in the circumstances of men and women like less traditional sex roles-would be associated with fewer sex differences in emotional and physical symptoms. Research evidence does not support this idea. Rosenfield (1980) found that in relationships seen as “nontraditional” in which both partners are working, men had higher psychosomatic symptoms than their wives. Burke and Weir (1976) found that husbands of working wives were less satisfied with job and

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marriage than husbands of nonworking wives performed. However, Karasek et al. (1981) reported that the presence of a working spouse increased psychological and physical strain in working women but not in working men.

Aneshensel et al. (1981) concluded in their study regarding gender and depression that sex differences were minimal among the employed with few family roles, but generally increased as the roles became more divergent. Thus to conclude, though, the structuralist explanation helps to explain that women experience more emotional distress than men because of the extra pressure due to the dual role of women. However, this approach does not explain why men experience severe illness. The social/psychological explanation would be addressing to questions arising on this issue.

Social/Psychological : The social/psychological explanation for sex differences in stress symptoms focuses on the differential internal responses of men and women to stressful situations-that is, the cognitive appraisal of stress and the strategies for coping with felt stress. According to this view, differences in stress symptoms may in part reflect differences in how stress is perceived and what is done or not done to mitigate its impact. The evidence in support of this explanation, however remains somewhat ambiguous. Findings concerning differences in the cognitive appraisal process display major inconsistencies. For example, on the one hand, Frankenhaeuser, Rauste von Wright, Collins, von Wright, Sedvall, & Swahn (1978) found that men generally view stressful experiences more confidently than do women. Others report that women may experience more felt stress because they set higher standards for themselves (Weinstein & Zappert, 1980), expect more of their careers than do men (Pines & Kafry, 1981), and

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are more dependent for the development of a positive self-image (Rosenfield, 1980). Although these findings seem to indicate that women are socialized to appraise stressful events in a less confident manner than men, resulting in a higher incidence of stress symptoms, Kessler, Brown, and Broman (1981) found that men are less likely to interpret symptoms associated with depression and low well-being as signs of emotional problems. It is conceivable then that although male and female symptoms are similar, they are interpreted as signs of strain only by women. On the other hand, another set of studies suggests that men experience more cognitively-based pressures and stressors as a result of their socialization. Waldron (1976) argues that higher alcoholism in men is related to the greater pressures felt by men to achieve in their careers and to be independent. Similarly, Price (1980) attributes the larger proportion of Type A among men in part to the finding that boys learn that success as men is a function of succeeding at work. These studies may explain the more severe illnesses experienced by men.

The two sets of studies, although conflicting, nevertheless demonstrate that sex differences influence the experience of felt stress. However, in a comprehensive study, Folkman and Lazarus (1980) concluded that men and women differ very little in the way they appraise potentially stressful events. Karasek et al. (1981) also found that the overall mechanism associating stressors and strain symptoms is relatively similar for men and women. In light of these contradictory findings, further research is needed to determine the aspects of the cognitive appraisal process that are indeed subject to gender differences and those that are not.

Sex-role identity may be one variable needed to untangle these ambiguities. Virtually all of the research dealing with sex differences in the stress process makes the implicit assumption that sex and sex-role identity are equivalent: sex-role stereotypes match gender (i. e., sex-typing). In fact, research indicates that masculinity and femininity represent complementary, not opposite, ranges of characteristics and behavior. Furthermore, an individual of either sex may exhibit both masculine and feminine sex-role identity, depending on the situation, and it is this sex-role identity, not sex, that heightens the degree to which certain behaviors are exhibited (Powell, 1982; Spence, 1979; Spence, Helmreich, & Stapp, 1975). This conceptual distinction also may help to unravel the equivocal effects of differential socialization on coping responses. On the one hand, Pearlin and Schooler (1978) found that men more often possess better psychological attributes or employ more effective response repertoires for controlling stress, but women tend to be socialized in a way that less adequately equips them for effective coping. Etzion and Pines (1981) found that women tend to get sick and collapse as a coping strategy more often than men. However, it is unclear whether or not this strategy helps avoid the serious physical illness that is less prominent in women. In fact, studies have shown that women tend to seek help more often than men and use social support networks more effectively than men (Etzion & Pines, 1981). Women use almost all types of health-care services more often than men (Lewis & Lewis, 1977). Although help-seeking and help-getting are not identical, it might be inferred from the above that men are more prone to severe illnesses because of unattended deterioration and that their coping is more "effective" only in the short term.

Contrary evidence related to coping was re-ported by Folkman and Lazarus (1980) and Para-suraman and Cleek (1982). Folkman and Lazarus found no gender differences in the use of emotion-focused coping within similar environmental contexts. They also argued that sex differences evident in the use of problem-focused coping at work are likely a reflection of gender differences in the nature of the jobs, rather than the coping response repertoire: that is, women more often hold lower level positions in which there are fewer opportunities to engage in problem-solving processes (i. e., the structural explanation). The evidence for gender differences in social-ization as a contributing factor to differential cognitive appraisal and coping skills is far from conclusive. The inconsistencies are worthy of clarification through further research. Figure 2 gives a summary model of potential sex differences in the stress process.

Limitations of the studies : Sex and gender researchers currently are debating the relative merits of these approaches (Gore & Mangione, 1983). However, the role of sex differences in stress dynamics has been neither very clearly specified nor adequately researched. The literature is explored for patterns, and researchable hypotheses are built accordingly.

Unfortunately, as noted by Beehr and Schuler (1980), there is still relatively little empirical evidence regarding whether and how sex differences affect stress symptoms. Few studies have investigated the role of sex differences in stress dynamics. This is attributable largely to sampling problems in managerial stress studies. Most organizational samples of workers at the same level are either heavily male or heavily female and thus do not lend themselves to meaningful comparisons (Izraeli, 1979). That is, although

women represent over 40 percent of the working population, most of them hold clerical and service jobs. On the contrary, despite the increasingly visible presence of women in professional and managerial positions, management remains male-dominated. Thus, many population samples have been statistically unsuited to the investigation of sex differences, and most studies of managerial stress have grouped men and women together (Kiev & Kohn, 1979).

DEBATES ON ROLE OF INDIVIDUAL DIFFERENCES IN STRESS:

To argue that the definition of external stimuli as stressors should be independent of the responses of the individual under the study is not to deny the importance of individual differences in stress research. It is important to know the extent to which responses varies among individuals and what individual characteristics explains the variations. In 1988, Payne suggested that individual differences might be involved in the stress process in a number of different ways. Stress processes are not invariant and the causal relationships are influenced by both environmental factors (e. g Organizational structure, social support, and the physical environment), and individual differences. Major categories of individual difference which has an influence on responses to job demands and other aspects of the work environment are : demographic factors (e. g. Adelman 1987, Jenkins 1991, Ross and Mirowsky 1992); Personality variables (e. g. Evans et al, 1987 , Krimeyer 1988, Kobasa et al 1982a , Parasuraman and Cleek 1984); coping (e. g. Long 1993, Osipow and Davis 1988, Parkes 1990); work expectations, preferences, and commitment (e. g. Begley and Czajka 1993, Farkas and Tetrick 1989, Parkes et al , 19990, Pryor 1987); health related factors, such

as smoking behaviour (Parkes 1983), exercise (Kobasa et al. 1982b) and physique (Hendrix et al. 1985, Parkes 1987); and abilities and skills, including job skills and social and organizational skills (e. g. Bruning and Frew 1987).

Role of Personality : Personality is perhaps the most widely discussed personal characteristic contribution to stress at work. Few dimensions of personality have been identified as moderators of relations between work stress and health outcomes. Empirical studies suggest that locus of control, hardiness, type A behaviour, neuroticism and dispositional optimism are most relevant in the context of stress. Contradam, Leventhal, & O' Leary, 1990 ; Friedman, 1990 concluded that Personality is an important determinant of health and psychological outcomes. Although researchers do not fully understand how personality leads to these outcomes.

Type A and Type B : Price (1982) suggests that belief like equating esteem with number of achievements and a lack of belief in universal moral principal underlie the Type A behaviour pattern. Ivancevich & Matteson (1984) refers to Type A/B behavior pattern as a behavioural trait determining how one responds to environmental challenges and threats. “ Type A individuals respond in ways characterized as aggressive, achievement oriented, dynamic, hard-driving, assertive, fast paced (in eating, walking, and talking), impatient, competitive, ambitious, irritated, angry, hostile, and under time pressures” (Cooper, Kirkcaldy, & Brown, 1994; Friedman, 1967; Jamal, 1990). It must be recognised that Type A does not describe a static personality trait, nor it is a stress reaction; rather it is a style of behaviour with which some people habitually respond to circumstances that would

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arouse them. This behaviour predisposition may be a conditioning variable, likely to render work environment stressors into obvious stressful experience with severe disease enhancing consequences. Research since 1970, at many research centres, has demonstrated repeatedly that the Type A pattern can be reliably rated and is a deeply embedded, enduring trait.

Studies by Rosenman and Friedman (1959) also supported these findings and suggest that Type A personality has a 'disposition to respond with a pattern of hostility, impatience and aggressiveness when faced with demands'. A longitudinal study by Rosenman & Friedman in 1974, of 3,154 healthy men, aged 39-59, showed Type As to be more than twice as prone to CHD (coronary heart disease) as Type Bs. A large scale study by Haynes, Feinleib and Kannel (1980) replicated these findings. Type A behaviour pattern has been found to intensify health complaints such as loss of appetite, depression and headaches (Matteson & Ivancevich, 1982). Kahn & Byosiere (1992) reviewed 24 studies about potential job stressors and Type A. The evidence for a main effect of Type A on job stress is consistent, moderator effects are less commonly supported. Matteson, Ivancevich and Smith (1984) found a moderate sized positive relationship between Type A and a measure of 28 Health Complaints in a study of 355 insurance salesmen, Kelly and Houston (1985) found quite a strong relationship ($r = 0.41$) between Type A and a measure of job tension in a study of 92 middle-class women in Kansas.

Two studies have observed sex differences in the correlation between TABP and manifest needs. Bergman and Magnusson (1986) conducted a longitudinal study of Swedish males and females. Measures of various

personalities variables including “ Over ambition” and “ Over Achievement” were measured at age 13(in 1968) and adapted short version of the JAS was administered at age 27 . The time lagged correlation was significant for over ambition($r= 0. 22, p <. 05$) but not for over achievement ($r= 0. 01$) among men whereas the opposite pattern was observed amongst woman(correlation of 0. 07 for over ambition and and 0. 18 for achievement).

Exceptionally, reviews of Type A by Mathews and Hayness, 1986; Schmidt, Dembroski and Blumchen, 1986; Powell, 1987 show its relationship to CHD are not as clear -cut as is generally supposed. Keenen and McBain (1979) found no relation between Type A and self-report job tension. Burke (1984) similarly found no relationship between Type A and a range of affective measures nor his measures of psychosomatic symptomatology. Only over half the studies predicting a hard criterion of CHD such as death, or myocardial infraction (MI) actually find a significant relationship.

Powell(1987) focuses on methodological issues in the area and valid measurement of the construct was found to be one reason why results were variable. Difficulties in developing a good measure of Type A partly accounted for the fact that relation between Type A and reports of psychological strain also vary.

Type B individuals on the other hand are casual, easy-going, and never in a rush to get things done (Bortner, 1969). Type As develop experience more stressors and strains than Type Bs (Jamal, 1999; Sharpley, Dua, Reynolds, & Acosta, 1995). Hinkle (1974) observed that individuals who remained healthy under stress were characterized by an “ emotional insulation” from the

effects of life changes and a tendency to experience significant changes without a profound emotional or psychological response". Thus a personality variable that may provide stress resistance is an easy-going disposition.

Hinkel added that stress-resistant person might for example, refuse a job promotion because it would be "too much trouble" or "too tiring". Although operationally, type B is defined as the absence of the Type A pattern (i.e., an absence of achievement striving, time urgency and impatience) it is clear that Type Bs are more easy going than their counterparts. For example Rosenman and Chesney (1982) describes Type B as exhibiting "unhurried behavior" and as being "relaxed, deferent and satisfied".

Big Five : The big five personality theory proposes that individual characteristic patterns of thinking, feeling, behaving, and responding to environmental demands can be described in terms of their scores on five personality domains – extraversion (E), neuroticism (N), agreeableness (A), conscientiousness (C), and openness to experience (O) (McCrae & Costa, 2003).

Costa and McCrae refer to the Big five personality factors as "domains", so there are domains of Neuroticism, Extraversion, Openness, Conscientiousness, and Agreeableness (OCEAN). Each domain is composed of six more specific sub-factors called "facets". Broadly speaking, general factors, the Big Five are about large arenas of human behaviour. "People respond emotionally to events and information or they do not (Neuroticism). They are tolerant of new or different ideas, interpretations and behaviours, or they are not (Openness). They are careful, organized and ethical in their behaviour, or they are not (Conscientiousness). And, they are adaptive, and

affiliative in their social behaviour, or they are not (Agreeableness)”.

Extraversion, however, may seem more difficult to classify as a ground of behaviour. Sociability is frequently cited as if it is the only aspect of extraversion, but Costa and McCrae’s (1992) extraversion facets include Activity, Excitement, and Positive Emotions, and the correlation between the domains of Extraversion and Agreeableness is as low as 0.04.

Research also proceeds by studying particular samples, e. g. the relationship between high Neuroticism and blood pressure with Schwebel and Suls (1999) finding no strong association, and Brody, Veit and Rau (1996) a negative correlation of -0.38 between Neuroticism and an increase in blood pressure over a period of four years. Watson & Hubbard reported a study of 375 students to whom they administered the Cope Measure Of Coping Strategies (Carver, Scheier & Weintraub, 1989) and two measures of the Big 5. They found that the Big 5 accounted for, on average, 20% of the variance in coping strategies. This would not indicate substantial dispositional effects on stress, and other studies suggest that even this may be an overestimate (O’Brien & DeLongis, 1996).

Relation between personality traits (O-C-E-A-N) and stress : From Eysenck’s system, the focus was initially on two personality factors Neuroticism and Extraversion (Eysenck & Eysenck, 1985). Studies by Bolger; Fergusson; Magnus and Suls leads to evidences supporting that people high in Neuroticism experience more stressful events, whereas people high in Extraversion experience both more stressful and more pleasurable events . Bolger and Watson suggested that Neuroticism predisposes people to experience negative emotions and distress, regardless of level of stress ,

whereas Extraversion predisposes them to experience positive affects (Watson and Watson). Personality studies have been consistent with the finding; N is a significant predictor of depressive symptoms in Canada (Saklofske, Kelly, & Janzen, 1995), and in Australia (Jorm et al., 2000). N was also related to depression in a workplace sample of doctors from England (Newbury-Birch & Kamali, 2001). A study of the Big Five and health in old age (Jerram & Coleman, 1999) found that Neuroticism was associated with higher physician use and self-reported illness and poorer perceived health and Agreeableness and Openness were associated with better perceived health. Past research has shown that Neuroticism is typically associated with groundless illness. Feldman, Cohen, Doyle, Skoner, and Gwaltney (1999) found that Neuroticism predi