The Effect of Demographic Factors on Occupational Stress: A Study of Insurance Sector

–Sakshi Sharma*, Rajvir Kaur**

Abstract

The purpose of the study is to identify the difference in the perceptions of insurance employees according to their demographic profile such as age, income, length of service and hierarchical level. Structured schedules were used to gather data from 374 employees working in 19 companies of life insurance sector of Jalandhar city of Punjab (India) based on census method. The effect of demographic factors, viz., age, income, length of service and hierarchical level on various dimensions of occupational stressors and health effects of stress was examined through ANOVA. Out of 374 insurance employees of all grades included in this study, 300 were male and 53% were below the age of 29 years. The respondents belonging to the age group of above 29 years experienced more stress than other age groups and the respondents who earned monthly income above 50,000 experienced more stress compared to others. Further, the respondents with more than 5 years length of service and higher hierarchical level predicted high level of stress as compared to other groups. The study also highlights the practical implications based on the results.

Keywords: *Occupational Stress, Life Insurance Employees, Census Method, Structured Schedule.*

INTRODUCTION

Occupational stress is increasing worldwide in all organizations, professions, employees, employers, families and the society (Karimi and Alipour, 2011). Occupational stress has unwelcome results such as absenteeism, loss of productivity and ill health (Abualrub and Alzaru, 2008). Human lives are filled with many pressures and problems which

* Assistant Professor at Lovely Professional University, Punjab, India.
Email: sakirydham@gmail.com
** M. phil from Lovely Professional University, Punjab, India.

produce positive and negative results (Ademola, 2005). Melinda et al. (2010) remarked tension, irritability and inability to concentrate as common stress reactions. According to Owen (2006), stressful situations in the workplace create occupational stress which leads to negative and harmful effects on both employers and employees.

Lu (1997) defined occupational stress as the condition in which some factors or combination of factors interferes with the worker and interrupts his or her physical and psychological health. Physical ill health includes headache, migraine, abdominal pain, lethargy, backache, chest pain, fatigue, heart palpitation, sleep disturbance and muscle ache which negatively affects an individual's productivity, effectiveness and quality of work (George and Jones, 1996; Newell, 2002; World Health Organization, 2005). While psychological ill health consists of anxiety, depression, burnout, job alienation, hostility, tension, anger, nervousness, irritability and frustration experienced by an individual at the workplace (Luthans, 1992; Millward, 2005). In addition, Raeissi and Tavakoli (2002) has generalised that a small amount of stress can bring about an increase in individual's efficiency which is the positive stress known as 'eustress', while too much stress results in mental and physical ill health which is negative stress known as 'distress'.

Cooper and Marshal (1976) stated that occupational stress includes the stressors such as work overload, role ambiguity, role conflict and poor working conditions related with a particular job. Researchers concur that stress is a serious problem in many organizations (Cooper and Cartwright, 1994; Varca, 1999) which results in high organizational costs. For instance, the annual costs of employee stress, including costs of missed wages due to absenteeism, reduced productivity and health care have been estimated to be $200-300 billion in the United States, $64.8-66.1 billion in the United Kingdom and $ 232 billion in Japan (Miree, 2007).

Several occupational stressors have been documented in the occupational stress literature, e.g. role conditions, job qualities, work relations, career progress and lack of challenges (Kelly and Barrett, 2012). In other words, work related variables (occupational stressors), when interpreted by the individual, may lead to stress (Dua, 1994). For instance, role-based factors such as the lack of power, role ambiguity and role conflict (e.g. Burke, 1988); threats of advancement opportunities such as the threat of redundancy, being undervalued and unclear promotion prospects (Nelson and Burke, 2000) and the quality of the social

environment in the workplace including relationships with others (Yang et al., 2008) have been frequently identified as stressors. Further, Mojoyinola (2008) remarked that stress may be due to a number of factors such as poor working conditions, excessive work load, shift work, long hours of work, role ambiguity, role conflicts and poor relationships with the boss, colleagues or subordinate officers.

Stress is an important psychological concept that can affect health, well-being and job performance negatively (Olaleye, 2002). According to Holms (2001), the risks for individual well-being produced by occupational stress include asthma, back pain, mood changes, poor mental health, shortness of breath, anxiety, depression, decreased staff morale, increased costs, loss of motivation, increased absence related sickness, poor staff performance, etc.

LITERATURE REVIEW

In this section, the literature concerning occupational stress is reviewed briefly. Based on it, hypotheses are formulated. The literature review primarily focus on the effects of the four individual characteristics (age, income, length of service and hierarchical level) on the five dimensions of occupational stress (unhealthy relationship at work, ineffective leadership style, difference in perceptions among staff, lack of control at work, job pressure and lack of advancement opportunities) and four health effects of stress (lack of confidence and concentration, lack of positivity, disturbed mind and body aches and pains).

The demographic factors and their influence on the dimensions of occupational stress have been studied by various researchers in the past (Beena and Poduval, 1992; Akinnusi, 1994; Bhatia et al., 2008). Santamaria (2000) found no significant correlation between nurses' stress levels and demographic or professional background. However, significant correlations were detected between nurses' personality profiles and stress levels. Further, Laal and Aliramaie (2010) revealed significant differences between gender and job experience with negative response to stress, viz., the males with low job experience of less than 5 years were more annoyed due to stress. Singh and Sehgal (1995) identified that men experienced greater role erosion than women and single career husbands had higher wellbeing but working women displayed higher irritability, anxiety and depression. In addition to this, some studies revealed that female participants exhibited greater anxiety, work-related stress and

psychosocial stressors as compared to men (Arnten et al., 2008; Sharma et al., 2010).

Researches by Marwat and Khan (2010) and Chandriah et al. (2003) reported more stress levels in young age groups as compared to their counterparts. Also, Sharma et al. (2012) revealed that the respondents of age more than 30 years suffered from less role stress than the respondents of age less or equal to 30 years. However, Bhatnagar and Bose (1985) did not confirm that age gives a person the strength to cope with stressors or that advancing age makes a person more nervous. Preuss and Schaeke (1998) found no relationship between age, experience and level of perceived strain. Goldenberg and Waddlle (1990) found that age of the respondent, number of years of full-time teaching and tenure status were most often significant factors relating to the level of stress. Further, Pandey (1997) also identified the positive but non-significant relationship of age with all the stressors except role ambiguity.

Another study by Stacciarini and Tro´ccoli (2004) identified the relationship between job stress and demographic variables, viz., gender, age, religion, marital status, institution, job grade, salary, graduate studies and any concurrent job and found no significant differences in job stress based on the aforesaid demographic data, though, gender contributed significantly toward differences in psychological and physical ill health. Though, Sharma et al. (2012) revealed high stress among high income groups. In addition, Sharma et al. (2008) brought into light that role stress is more with the banking employees who earn a monthly salary of more than Rs. 20,000. The reason attributed in the study was that banks force directly or indirectly their employees to work for long hours. This forceful long working hours in the case of private sector banks was done in order to economize the cost. Furthermore, the study identified that the majority of the respondents falling in the category of below 40 years of age group were more concerned about the present enjoyment of their hard-earned money. The study also revealed that the employees with higher salary were six times more susceptible to role stress as compared to those who are earning relatively lesser salary.

According to Gillespie et al. (2001), stress level changes over time and staff members experience fluctuating levels of stress throughout the year, associated with periods of higher and then lower workload. Lai et al. (2000) found that when gender, education, age, designation and work experience in the organization are controlled, factors such as work pressures, uncertain job prospects and professionalism contributed significantly to the overall

experience of work stress of insurance agents. The study further identified that 'work demands' were the major contributor in the organizational stress and work experience (length of service) in the organization tends to enhance job satisfaction, which ultimately reduce the experience of stress. However, Janice (1996) found that teachers in UK experienced high level of stress and stress experience was irrespective of the length of teaching experience. Also, Laal and Aliramaie (2010) concluded that nursing staff with 5-9 years of working experience coped effectively with stress than those with less job experience.

Researches have also highlighted the relation between occupational stress and various hierarchical levels in the organizations. In case of academicians, Pestonjee and Azeem (2001) pointed out that lecturers have reported higher level of role stress as compared to readers and professors. In another study on university staff, Gillespie et al., (2001) found that the academic staff reported moderate to very high levels of work stress while general staff reported a low level of stress. Yet another study found that lower level employees were exposed to more performance stress than higher level employees (Biswas, 1998), while Coetzer and Rothmann (2006) witnessed high occupational stress and physical and psychological ill health for insurance sector managers and professionals than clerical employees. Moreover, Gaertner and Ruhe (1981) found that junior staff accountants experienced more stress than senior staff accountants due to role under load, role ambiguity, lack of advancement opportunities and lack of participation in decisions. Modekurti and Chattopadhyay (2008) indicated that nurses are prone to higher organizational role stress than people working in other professions considered in the study.

HYPOTHESES BUILDING

In view of the contradictory findings on demographical characteristics influencing occupational stress experienced by the employees, it becomes imperative to further study the effects of these demographic variables. Moreover, though studies are available on the insurance sector (Budhraja, 2008; Coetzer and Rothmann, 2006; Lai et al., 2000), very few focus on the life insurance sector particularly in the Punjab state. So, considering the contradictory results of the literature reviewed pertaining to demographic factors and lack of empirical research in the life insurance sector in Punjab, the present study aims at identifying the effect of demographic variables, viz., age, income, length of service and hierarchical level on occupational

stressors and health effects of stress among the life insurance employees. Thus, expecting the basic relationship of demographic variables to exist in the life insurance industry; we hypothesize that:

H1: There is significant difference among the perceptions of respondents regarding occupational stressors and health effects of stress based on different age groups.

H2: There is significant difference among the perceptions of respondents regarding occupational stressors and health effects of stress based on their income.

H3: There is significant difference among the perceptions of respondents regarding occupational stressors and health effects of stress based on length of their service.

H4: There is significant difference among the perceptions of respondents regarding occupational stressors and health effects of stress based on different hierarchical levels.

RESEARCH METHODOLOGY

Participants

The present study covers the life insurance employees (n=374) from all the nineteen insurance companies of Jalandhar city of Punjab (India), representing all grades of insurance staff. Census method was followed encircling all life insurance companies in the city, viz., AEGON Religare, Aviva Life Insurance, Bajaj Allianz, Bharati AXA Life Insurance, Birla Sun Life Insurance, DLF Pramerica, Edelwesis Tokio, Future Generali Life Insurance, HDFC Standard Life Insurance Corporate Limited, ICICI Prudential Life Insurance Company, IDBI Federal, ING Vysya, Kotak Mahindra Life Insurance, LIC, Max New York Life Insurance Corporate Limited, Met Life Insurance Company Limited, Reliance Life Insurance, SBI Life insurance Company Limited and Tata AIG Life Insurance Co. Ltd.

Measures

The scale of occupational stressors was drawn from Munz et al. (2001); Baty (2002); and Sharma et al. (2011). The occupational stressors were: relationship with supervisor, leadership style, differences in perceptions among staff, job pressure and lack of advancement opportunities. Further,

health effects of stress were assessed by scales borrowed from Shigemi et al. (2000) and Usdaw (2009). The health effects studied were: lack of confidence and concentration, lack of positivity, disturbed mind and body aches & pains. Employees were asked to respond to 32 items of structured schedule with Likert-scale responses i.e. 'strongly disagree', 'disagree', 'neutral', 'agree', 'strongly agree'. Demographic variables like age, monthly income, length of service and hierarchical level were included in the study. The relationships between these demographic variables and occupational stressors and health effects of stress were determined.

The data were analysed by using SPSS for Windows, Version 16. ANOVA (Analysis of Variance) was applied to test the hypotheses. In reporting the results of tests a significance level of .05 was used.

ANOVA was used to know the perception of respondents regarding occupational stressors and health effects of stress according to their demographic profile, viz., age, income, length of service and hierarchical level. The study included five factors of occupational stressors: relationship with supervisor (Cronbach's alpha=.812), leadership style (Cronbach's alpha=.610), difference in perceptions among staff (Cronbach's alpha=.657), job pressure (Cronbach's alpha=.600) and lack of advancement opportunities (Cronbach's alpha=.782) and four factors of health effects of stress: lack of confidence and concentration (Cronbach's alpha=.791), lack of positivity (Cronbach's alpha=.749), disturbed mind (Cronbach's alpha=.606) and body aches & pains (Cronbach's alpha=.706) were included. A minimum Cronbach's alpha value of .60 was maintained to ensure internal consistency of data (Malhotra, 2007). Demographic characteristics of participants are exhibited in Table 1.

Findings

The demographic characteristics of participants are exhibited in Table 1.

In terms of age, 53 per cent of the respondents aged below 29 years; 9 per cent were 29 years old; and 38 per cent aged above 29 years. With regard to income, only two per cent of the sample earned less than Rs.10,000; 38 per cent between Rs.10,000-20000; 34 per cent between Rs.20,000-30,000; and 15 per cent between Rs.30,000-40,000. Of the total respondents, 15 per cent had an experience of less than one year; 27 per cent had one to two years experience; 28 per cent had 2-3 years experience; 14 per cent had above five years experience. Further, 23 per cent, 30 per cent and 47 percent were working at high, middle and low level, respectively.

Table 1. Brief Demographic Profile of Insurance employees

Respondent Profile	Number	Percentage
Age		
Below 29 years	198	53%
29 years	34	9%
Above 29 years	142	38%
Monthly Income (Rs.)		
Less than 10,000	8	2%
10,000-20,000	144	38%
20,000-30,000	125	34%
30,000-40,000	57	15%
40,000-50,000	23	7%
Above 50,000	17	4%
Length of Service		
Less than 1 year	57	15%
1-2 years	100	27%
2-3 years	105	28%
3-4 years	31	8%
4-5 years	29	8%
Above 5 years	52	14%
Hierarchical level		
High level	86	23%
Middle level	114	30%
Low level	174	47%

Age

Table 2 shows significant difference of age with leadership style, difference in perceptions among staff, job pressure, lack of positivity and body aches & pains ($p < 0.05$). However, relationship with supervisor, lack of advancement opportunities, lack of confidence and concentration, and disturbed mind has no significant difference with regard to age because the significance level is more than .05. Thus, we accept H1. The mean values reveal that, the respondents of age above 29 years experience more stress than other age groups (Table 3).

Table 2. Demographic Profile-wise ANOVA Results for Insurance Employees

Dimensions of Occupational Stress	Age		Income		Length of service		Hierarchical level	
	F	Sig.	F	Sig.	F	Sig.	F	Sig.
Stressors								
Relationship with supervisor	.07	.932	.99	.428	5.07	.000	4.83	.008
Leadership style	6.16	.002	1.46	.191	2.81	.017	.25	.780
Difference in perceptions among staff	6.11	.002	3.68	.001	4.99	.000	1.45	.235
Job pressure	12.66	.000	6.58	.000	17.21	.000	2.73	.066
Lack of advancement opportunities	.30	.740	3.70	.001	9.14	.000	3.09	.047
Health Effects								
Lack of confidence and concentration	.71	.492	2.29	.034	3.25	.007	.44	.647
Lack of positivity	4.69	.010	5.12	.000	9.86	.000	3.60	.028
Disturbed mind	.89	.414	3.46	.002	2.31	.044	5.33	.005
Body aches & pains	3.77	.024	1.25	.278	2.22	.052	.19	.822

Table 3. Mean scores for Insurance Employees According to Age Group

Dimensions of Occupational Stress	Below 29 years N=198	29 years N = 34	Above 29 years N = 142
	Mean Value	Mean Value	Mean Value
Stressors			
Relationship with supervisor	3.6571	3.6118	3.6569
Leadership style	4.0425	3.8235	4.1042
Difference in perceptions among staff	2.9362	2.6029	3.1597
Job pressure	2.5221	2.2549	2.8356
Lack of advancement opportunities	3.4962	3.4338	3.5434
Health Effects			
Lack of confidence and concentration	4.0265	4.0059	4.0792
Lack of positivity	3.4171	3.2794	3.6337
Disturbed mind	3.6820	3.5882	3.5926
Body aches and pains	1.7619	1.8725	1.9861

Income

The results depict that difference in perceptions among staff, job pressure, lack of advancement opportunities, lack of confidence and concentration, lack of positivity and disturbed mind show significant difference with regard to monthly income ($p < .05$). However, relationship with supervisor, leadership style and body aches & pains have no significant difference as the significance value is more than .05 (Table 2). Therefore, the hypothesis stands accepted. Further, the mean values (Table 4) reveal that the respondents receiving monthly income above Rs. 50,000 experience more stress than those earning below Rs. 50,000.

Length of Service

Relationship with supervisor, leadership style, difference in perceptions among staff, job pressure, lack of advancement opportunities, lack of confidence and concentration, lack of positivity and disturbed mind revealed significant difference with respect to length of service, except body aches & pains, thereby accepting H3 (Table 2). The mean scores further divulge that the respondents with more than 5 years length of service predict high level of stress as compared to other groups with lesser work experience (Table 5).

Hierarchical Level

The results from ANOVA table disclose that relationship with supervisor, lack of advancement opportunities, lack of positivity and disturbed mind show significant difference regarding hierarchical level ($p < .05$). However, leadership style, difference in perceptions among staff, job pressure, lack of confidence and concentration and body aches and pains were found to be insignificant ($p > .05$). Thus, we reject the fourth hypothesis. The findings also suggest that higher level insurance employees experience more stress as compared to middle and lower levels (Table 6). However, in case of difference of perceptions and lack of confidence and concentration, middle level employees reported more stress.

DISCUSSION

The overall findings of the study conclude that there is significant difference between perceptions of respondents regarding occupational

Table 4. Mean scores for Insurance employees according to Income

Dimensions of Occupational Stress	**Below 10,000**	**10,000-20,000**	**20,000-30,000**	**30,000-40,000**	**40,000-50,000**	**Above 50,000**
	Mean value	Mean value	Mean value	Mean value	Mean value	Mean value
Stressors						
Relationship with supervisor	3.5714	3.5764	3.6608	3.6947	3.8348	3.8824
Leadership style	4.0476	4.0185	4.0667	3.9649	4.1594	4.2549
Difference in perceptions among staff	3.0000	3.0694	2.8160	2.8333	3.6522	3.2647
Job pressure	2.5714	2.4560	2.5387	2.8830	3.2754	2.8627
Lack of advancement opportunities	4.1071	3.3438	3.5600	3.4825	4.0543	3.6176
Health Effects						
Lack of confidence and concentration	4.2286	4.0153	4.0272	3.9860	4.3304	4.1647
Lack of positivity	3.7857	3.3021	3.4940	3.5702	4.1630	3.7059
Disturbed mind	4.2381	3.6134	3.6213	3.6140	4.0290	3.2745
Body aches and pains	1.5714	1.8009	1.8880	2.0585	1.6812	1.8235

Table 5. Mean Scores for Insurance Employees According to Length of Service

Dimensions of Occupational Stress	<1 year	1-2 years	2-3 years	3-4 years	4-5 years	>5 years
	Mean value	Mean value	Mean value	Mean value	Mean value	Mean value
Stressors						
Relationship with supervisor	3.7088	3.4240	3.6381	3.7097	3.7862	3.9538
Leadership style	4.1404	3.9800	3.9937	3.9677	4.1724	4.1538
Difference in perceptions among staff	2.9912	2.8450	2.9095	2.7742	3.0690	3.5288
Job pressure	2.3684	2.3600	2.5048	2.8280	3.1034	3.2244
Lack of advancement opportunities	3.6491	3.2675	3.3238	3.5242	3.7759	4.0337
Health Effects						
Lack of confidence and concentration	4.1123	3.9760	3.9676	4.0194	4.1655	4.2077
Lack of positivity	3.6360	3.1850	3.3833	3.5323	3.6379	4.0096
Disturbed mind	3.8304	3.5333	3.5524	3.7097	3.6552	3.7564
Body aches and pains	1.6901	1.8367	1.8413	2.2258	1.9540	1.8462

Table 6. Mean Scores for Insurance Employees According to Hierarchical Level

Dimensions of Occupational Stress	Higher level N=86	Middle level N=114	Lower level N=174
	Mean Value	Mean Value	Mean Value
Stressors			
Relationship with supervisor	3.8395	3.6404	3.5690
Leadership style	4.0620	4.0234	4.0536
Difference in perceptions among staff	2.8779	3.0965	2.9799
Job pressure	2.7791	2.5936	2.5556
Lack of advancement opportunities	3.6570	3.5548	3.4052
Health Effects			
Lack of confidence and concentration	4.0372	4.0772	4.0276
Lack of positivity	3.6831	3.4364	3.4253
Disturbed mind	3.8372	3.5585	3.5939
Body aches and pains	1.8992	1.8596	1.8372

stressors and health effects of stress with respect to their age, income and length of service. Though, the fourth hypothesis assuming effect of hierarchical level on the perceptions of insurance employees was not satisfied, the dimensions, viz., relationship with supervisor, lack of advancement opportunities, lack of positivity and disturbed mind were found to associate with the designation level of the employees.

Results from the first hypothesis reveal that the age of the insurance employees has a strong relation with their stress levels as well as its ill effects, wherein the respondents of age above 29 years experienced more stress than others age groups. This reflects that higher the age of life insurance employees, higher is their occupational stress. This finding is interesting to note when compared with previous researches reflecting more stress in younger employees (Sharma et al., 2012; Marwat and Khan, 2010; Chandriah et al., 2003; Gaertner and Ruhe, 1981). Marwat and Khan (2010) found that people in the young age career experience more stress because of role overload, role ambiguity and tough working conditions compared to late middle aged. Also, Chandriah et al. (2003) found negative relationship between age and occupational stress. This might be due to the fact that insurance sector being primarily a private sector lacks job security whereas employees want a secure livelihood to settle down in their life as their age rises. However, studies on occupational stress also support the result of the present study (Biswas, 1998; Preuss and Schaeke, 1998).

The findings also disclose the association of the income of the employees with their occupational stress. More specifically, the respondents who have monthly income above 50,000 were found to experience more stress and suffer more from negative health effects than others. It reflects that since an increase in income results in more sales targets and additional responsibility, the employees are bound to face more occupational stress. Supporting this result, some studies have shown that employees' of high income group experience high level of stress and suffer more from negative health effects (Sharma et al., 2012; Sharma et al., 2010). In this context, Sharma et al. (2012) revealed that the employees with higher salary experience 6 times more role stress as compared to those who are earning relatively lesser salary.

Further, the respondents with more than 5 years working experience predicted high level of stress and mental ill health as compared to others. This finding suggests that as an employee grows in work experience he witnesses more occupational stress by virtue of additional responsibilities and work pressure. Many studies have identified that employees working in

organisations from long time face higher occupational stress (Goldenberg and Waddlle, 1990; Gillespie et al., 2001; Laal and Aliramaie, 2010) and highly positive affect on lack of confidence and concentration. In support of this finding, Laal and Aliramaie (2010) observed significant difference in job experience with negative response to stress. Conversely, Lai et al. (2000) identified that work experience in the organisation tends to enhance job satisfaction which ultimately reduces the experience of stress. Thus, length of service also influences work-related stress experienced by the employees.

Another significant aspect of the findings was that higher level of occupational stress and high positive effect on psychological and physical health was reflected by higher level life insurance employees as compared to others. So, we can say that employees at higher levels of hierarchy enjoy a high status, added responsibilities and accountability, thus resulting in more occupational stress. Several researches reflect that staff of high designation suffers more from occupational stress and negative health effects (Sharma et al., 2010; Modekurti and Chattopadhyay, 2008; Pestonjee and Azeem, 2001; Janice, 1996). In line with this finding, Coetzer and Rothmann (2006) observed that insurance sector managers experience high level of stress than clerical employees. In contrast to this, Biswas (1998) examined the effects of six life style stressors i.e. performance, threat, boredom, frustration, bereavement and physical/organizational commitment and found that low level employees report significantly higher performance stress than middle and high level employees.

PRACTICAL IMPLICATIONS

The findings from this study underline the fact that the organizations must take the initiative for managing their employees' stress as their age, income, working experience and hierarchical level augments by promoting employee motivation through recognizing their excellent performance, facilitating effective leadership style and building good relationships with them. Employees feel more stress due to lack of advancement opportunities in the insurance sector, therefore organizations should provide better salary, advancement opportunities, recognition and rewards to its personnel. Also, the employees should be allowed to exercise some control over their work, in order to ensure their participation in work. To reduce and prevent occupational stress both the employees and employers must identify the stressors and understand their consequences. Thus, prior to the selection of appropriate stress management technique authorities

should be aware of the various causes and consequences of occupational stress prevalent in their respective organization. Organizations must be careful while screening, selecting and placing the employees at the right positions. Right person on the right job can prevent the occurrence of occupational stress.

Besides stress management at organizational level, there are lots of ways of managing stress at individual level and to prevent it from emerging into more serious problems. Individuals should improve their time management skills, think positively and take a healthy diet. To prevent the consequences of occupational stress on health, an individual should meditate and exercise regularly because a healthy person with a healthy mind has a better ability to cope with stress. In addition, individuals can stay away from occupational stress by relaxation, improving sleep patterns, indulging in activities related to their hobbies and listening to music. Further, to overcome the problem of stress individuals should adopt networking technique by sharing their problems with others close to them, like friends, colleagues, relatives, parents, spouse, etc. and welcoming advices from them.

LIMITATIONS AND FUTURE RESEARCH

The present research work covered only Jalandhar city and only life insurance companies of Punjab. There are various occupational stressors and consequences of occupational stress. But in this study only five dimensions of occupational stressors and four dimensions of consequences have been studied. The demographic profile of respondents included only four variables, viz., age, income, length of service and hierarchical level. For further research, area can be extended beyond Jalandhar city and can also include general insurance companies. More occupational stressors and consequences of occupational can be added. In the demographic profile gender, marital status, qualification etc. can be studied in future.

CONCLUSION

To conclude, the findings highlight that the more the age, length of service, monthly income and hierarchical level the more is the occupational stress and negative health consequences experienced by the employees of insurance sector. This reflects that as the length of service, monthly

income and hierarchical level increases with age, the organizations should enhance their focus at occupational stress managing interventions. Ensuring the management of occupational stress at the right time yields a lot of benefits for both the organizations as well as the individuals, as it stimulates the employees to make an effort for their progression, acceptance of goals, achievement of the targets, stay healthy and fulfil the objectives of the organizations. The findings of the present empirical study holds worth as these would help the employers, employees, practitioners and policy makers in the field of insurance sector to manage occupational stress and its ill effects at individual and organizational level at the right time and in a superior way.

REFERENCES

Abualrub, R. & Alzaru, I. (2008). Job Stress, Recognition, Job Performance and Intention to stay at Work among Jordanian Hospital Nurses. *Journal of Nursing Management,* 16(3), 227-236.

Ademola, A. (2005). Performance under Stress: What the Coaches should do. *A Paper Delivered at the Seminar on Mental Skill Training in Sport Organized by National Institute for Sport, Lagos.*

Akinnusi, D. M. (1994). Relationship between Personal Attributes, Stressors, Stress Reactions and Coping Styles. *Management and Labour Studies*, 19(4), 211-218.

Alves, S. (2005). A Study of Occupational Stress, Scope of Practice, and Collaboration in Nurse Anesthetists Practicing in Anesthesia Care Team Settings. *AANA journal,* 73(6), 417-419.

Arnten A.-C. A., Janson, B., & Archer, T. (2008). Influence of Affective Personality Type and Gender upon Coping Behavior, Mood, and Stress. *Individual Differences Research*, 6(3), 139-168.

Baty, B. (2002). Managing Stress at Work. *Clearwater 2010 Stress Best Practice Paper*, Retrieved from. http://www.workstress.net/downloads/clearwater%202010%20project.doc.

Beena, C. & Poduval, P. R. (1992). Gender difference in Work of Executives. *Psychological Studies Journal,* 37(2&3), 109-113.

Bhatia, A. L., Sushila, P., & Kaur, S. (2008). Gender differences in Coping Styles and Life Satisfaction of Teachers in Higher Education. *Journal of Psychological Researches*, 52(2), 99-104.

Bhatnagar, D. & Bose, K. (1985). Organizational Role Stress and Branch Managers. *Prajnan*, 14(4), 349-360.

Bianchi, E. (2004). Stress and Coping among Cardiovascular Nurses: A Survey in Brazil. *Issues in Mental Health Nursing,* 25(7), 737-745.

Biswas, S. N. & Tripathi, R. C. (1998). Organisational Culture and Contexual Culture: A Cross Cultural and Cross Organisational Study. *Prajanan: Journal of Social and Management Science,* 27(3), 247-252.

Budhraja, J. (2008). Causes of Stress among Insurance Employees: An Empirical Study. *The Icfaian Journal of Management Research*, 7(10), 7-17.

Burke, R. J. (1988). Sources of Managerial and Professional Stress in Large Organizations: Causes, Coping and Consequences of Stress at Work, New York. *NY: John Wiley & Sons.*

Chandriah, K., Agrawal, S. C., Marimuthu, P., & Manoharan, N. (2003). Occupational Stress and Job Satisfaction among Managers. *Indian Journal of Occupational and Environmental Medicine*, 7(2), 6-11.

Coetzer, W. J. & Rothmann, S. (2006). Occupational Stress of Employees in an Insurance Company. *S.Afr.J.Bus.Manage*, 37(3), 29-39.

Cooper, C. L. & Cartwright, S. (1994). Stress Management Interventions in the Workplace: Stress Counselling and Stress Audits. *British Journal of Guidance and Counselling*, 22(1), 65-73.

Cooper, C. L. & Marshal, J. (1976). Occupational Sources of Stress: A Review of the Literature Relating to Coronary Heart Disease and Mental Health. *Journal of Occupational Psychology*, 49, 11-28.

Dua, J. K. (1994). Job Stressors and their effects on Physical Health, Emotional Health and Job Satisfaction in a University. *Journal of Educational Administration*, 32(1), 59-78.

Gaertner, J. & Ruhe, J. (1981). Job-Related Stress in Public Accounting. *Journal of Accountancy*, 151(6), 68–74.

George, J. M. & Jones, J. R. (1996). Understanding and Managing Organizational Behavior. *New York: Addison-Wesley Publishing Co. Inc*

Gillespie, N. A., Walsh, M., Winefield, A. H., Dua, J., & Stough, C. (2001). Occupational Stress in Universities: Staff Perceptions of the Causes, Consequences and Moderators of Stress. *Work & Stress*, 15(1), 53-72.

Goldenberg, D. & Waddell J. (1998). Occupational Stress and Coping Strategies among Female Baccalaureate Nursing Faculty. *Journal of Advanced Nursing*, 15(5), 531-543.

Holms, S. (2001). Work-Related Stress: A Brief Review. *The Journal of the Royal Society for the Promotion of Health,* 121(4), 230-235.

Karimi, R. & Alipour, F. (2011). Reduce Job stress in Organizations: Role of Locus of Control. *International Journal of Business and Social Science*, 2(18), 232-236

Janice, T. S. (1996). Stress, Health and Leisure Satisfaction: The Case of Teachers. *International Journal of Educational Management*, 1(1), 41-48.

Kelly, T. & Barrett, M. (2012). The Leading Causes and Potential Consequences of Occupational Stress: A Study of Irish Trainee Accountants. *IAR2012.indb*.

Laal, M. & Aliramaie, N. (2010). Nursing and Coping with Stress. *International journal of collaborative Research on Internal Medicine & Public Health*, 2(5), 168-181.

Lai, G., Chan, K. B., Ko, Y. C., & Boey, K. W. (2000). Institutional Context and Stress Appraisal: The Experience of Life Insurance Agents in Singapore. *Journal of Asian & African Studies*, 35, 209-228

Litz, B. T., Orsillo, S. M., Friedman, M., Ehlich, P., & Batres, A. (1997). Posttraumatic Stress Disorder Associated with Peacekeeping Duty in Somalia for U.S. Military Personnel. *American Journal of Psychiatry*, 154, 178-184

Lu, L. (1997). The Process of Work Stress: A Dialogue between Theory and Research. *Chinese Journal of Mental Health*, 10, 19-51

Luthans, F. (1992). *Organizational Behavior*. New York: McGraw Hill.

Modekurti, M. & Chattopadhyay, R. (2008). The Relationship Between Organizational Role Stress and Life Satisfaction Levels Among Women Employees: An Empirical Study. *The IUP Journal of Management Research*, 7(5), 25-34.

Malhotra, N.K. (2007). *Marketing Research: An Applied Orientation*. Replika Press Pvt. Ltd.

Marwat, A. K. & Khan, S. (2010). The Prevalence of Job Stress among Industrial Managers: A Cross Sectional study of Managers of the Pharmaceutical Industries of Hayatabad Industrial Estate, Peshawar, Pakistan. *Interdisciplinary Journal of Contemporary Research in Business,* 2(3), 338-355.

Melinda S. M. A., Ellen J. M. A., & Jeanne, S. (2010). Understanding Stress. Retrieved from. http://www.helpguide.org.

Millward, L. (2005). *Understanding Occupational and Organizational Psychology.* Thousand Oaks, California: Sage Publications.

Miree, L. F. (2007). Financial Implications of Employees Job Stress. *Research presented at the Annual Student/Faculty Research Conference, American University of Bulgaria.*

Mojoyinola, J. K. (2008). Effects of Job Stress on Health, Personal and Work Behaviour of Nurses in Public Hospitals in Ibadan Metropolis, Nigeria. *Ethno-Med***,** 2(2), 143-148.

Munz, D.C., Kohler, J.M., & Greenberg, C.I. (2001). Effectiveness of a comprehensive worksite stress management program: Combining organisational and individual interventions. *International Journal of Stress Management*, 8, 49-62.

Newell, S. (2002). Creating the Healthy Organization: Well-Being, Diversity & Ethics at Work. *London: Thomson Learning*.

Olaleye, B. A. (2002). Psycho-Social Effects of Job Stress and Burn-out Syndrome among Nurses in State- Owned Hospitals in Oyo State. *M.S.W. Project, University of Ibadan, Nigeria.*

Owen, S. S. (2006). Occupational Stress among Correctional Supervisors. *The Prison Journal,* 86(2), 164- 181.

Pandey, A. (1997). Role Stress and Role Efficacy. *Studies in Organizational Role Stress and Coping*, Rawat Publications, Jaipur/New Delhi.

Pestonjee, D. M. & Azeem, S. M. (2001). A Study of Organizational Role Stress in Relation to Job Burnout among University Teachers. *IIMA Working Paper 2001-04-02, Research and Publication Department, Indian Institute of Management Ahmadabad.*

Preuss, G. & Schaeke, G. (1998). Firefighters Exposed to Psychomental Stress and Hazardous Work Situations. *Poster Presented at the Work, Health and Stress Conference, Berlin, Germany*.

Raeissi, P. & Tavakoli, G. H. (2002). The Impact of Occupational Stress on Mental Health and Job Performance in Hospital Managers and Matrons. *Hakim*, 4(5), 247-254.

Rothmann, S. & Coetzer, W. J. (2006). Occupational Stress of Employees in an Insurance Company. *S.Afr.J.Bus.Manage*, 37(3), 29-39.

Santamaria, N. (2000). The Relationship between Nurses' Personality and Stress Levels Reported when Caring for Interpersonally Difficult Patients. *Australian Journal of Advanced Nursing*, 18, 20-26.

Sharma, A., Verma, S., Verma, C., & Malhotra, D. (2010). Stress and Burnout as Predictors of Job Satisfaction amongst Lawyers. *European Journal of Social Sciences*, 14(3), 348-359.

Sharma, R. D., Kaur, G., & Sharma, S. (2011). Impact of Organisational Stressors on Occupational Stress in Indian Army. *IMS Manthan (The Journal of Mgt., Comp. Science & Journalism),* 6(2), 1-7.

Sharma, S., Sharma, J., & Devi, D. (2012). Role Stress among Banking Sector Employees: A Logit Approach. *The IUP Journal of Organizational Behavior*, 11(3), 41-63.

Shigemi, J., Mino, Y., & Tsuda, T. (2000). Stability of Factor Structure and Correlation with Perceived Job Stress in General Health Questionnaire: A Three-Wave Survey over One Year in Japanese Workers. *Journal of Occupational Health,* 42, 284-91.

Shirazi, A., Rasekhnia, M., & Ajdary, H. (2011). An Empirical Examination of the Relationship between Occupational Stress and Mental Health. *Interdisciplinary Journal of Contemporary Research in Business*, 3(6), 101-109.

Singh, K. A. & Sehgal, P. (1995). Men and Women in Transition: Patterns of Stress, Strain and Social Relations. *Vikalpa*, 20(1), 13-22.

Stacciarini, J. - M. R. & Tro´ccoli, T. (2004). Occupational Stress and Constructive Thinking: Health and Job Satisfaction. *Journal of Advanced Nursing*, 46(5), 480-487.

Sulaiman, T., Hassan, A., Sapian, V. M., & Abdullah, S. (2009). The Level of Stress among Students in Urban and Rural Secondary Schools in Malaysia. *European Journal of Social Sciences*, 10(2), 179-184.

Raeissi, P. & Tavakoli, G. H. (2002). The Impact of Occupational Stress on Mental Health and Job Performance in Hospital Managers and Matrons. *Hakim*, 4(5), 247-254.

Usdaw (2009). Stress Questionnaire-Usdaw. Retrieved from. www.usdaw.org.uk/idoc.ashx?docid=2c2dd7f3-1f02-4d38...1.

Varca, P. E. (1999). Work Stress and Customer Service Delivery. Journal of Services Marketing, 13(3), 229-241.

World Health Organization (2005). Mental Health and Working Life", *WHO European Ministerial Conference on Mental Health: Facing the Challenges, Building Solutions*. Retrieved from. www.euro.who.int/document/mnh/ebrief06.pdf.

Yang, L. Q., Che, H. & Spector, P. E. (2008). Job Stress and Well-Being: An Examination from the View of Person–Environment Fit. *Journal of Occupational and Organizational Psychology,* 81, 567–587.

Dr. Sakshi Sharma has worked as an Assistant Professor at Lovely Professional University, Punjab. Her areas of specialization are Human Resource Management, Occupational Stress Management, Leadership Development and Micro Economics. She is firmly dedicated to the education profession as well as research. She has pursued Ph.D. in Commerce (Human Resource Management) at the University of Jammu on the research topic "Management of Occupational Stress among Army personnel" based on the Northern Command of the Indian Army. She has been honoured with the Best Paper Award on the research paper titled "Occupational Stress & Mental Well-being among Indian Soldiers" in 2012 and has also contributed research papers in journals of good repute. Besides, she has guided M.phil scholars on the research topics, viz., "Impact of Job Satisfaction on Turnover Intentions among University Teaching Staff" and "Antecedents and Consequences of Occupational Stress in Life Insurance Sector".

Rajvir Kaur is an MBA and persued her M.phil from Lovely Professional University, Punjab in 2013 on the topic "Antecedents and Consequences of Occupational Stress in Life Insurance Sector". She is pursuing her research in the areas of HR and OB.