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Type 'A' behavior comparative study in Jodhpur

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Abstract

A century ago, medical educator Sir William Osler argued that there was link between personalities engaged in stressful activity and the development of coronary heart disease. In the 1930s, the well-known psychiatrists Karl and William Menninger (1936) maintained that heart disease is characteristics of those with re-pressed aggressive tendencies. But such vague propositions could not be systematically and rigorously tested the 1950s, when two cardiologists, Mever Friedman and Ray Rosenman (1974) ^[17], proposed the idea of Type 'A' Behavior Pattern. In this paper is proceed to explain how Type 'A' personality reacts towards stress. Type 'A' behavior personality is facing higher level of stress, but it can be manage successfully. Management of Stress can be minimizing the stress level.

Keywords: Jodhpur, behavior comparative, stress-producing behavior, aggressiveness perfectionism

Introduction

Type 'A' behavior is stress-producing behavior, characterized by aggressiveness perfectionism, unwillingness to relinquish control, and a sense of time urgency. Type 'A' competitive, impatient and aggressive. They feel rushed and under pressure all the time and keep one eye firmly glued on the clock. They are not only prompt for appointments but often early. They eat, walk, and talk rapidly and become restless when others work slowly. They attempt to dominate group discussions. Type 'A' people find it difficult to give up control or share power.

Type 'A' Behavior Personality

The concept of Type 'A' behavior was formulated almost 40 years ago, when cardiologists noted that the majority of their heart attack patients seemed to the have following traits: Impatience, a sense of time urgency, and unrelenting urge for recognitions and power, unusual preoccupation with work, and an unusually competitive aggressive attitude. They also exhibited characteristic activity patterns, such as talking and eating rapidly frequently fidgeting and facial grimaces, clenching of the fist, tapping the feet or playing with a pencil in some rhythmic fashion, and a tendency to dominate conversations, often by interruption or finishing the sentence of others. Such individuals were subsequently shown to manufacture increased amounts of stress-related hormones known to damage heart muscle, and case serious disturbance in cardiac rhythm.

They proposed that Type 'A' people, who are in a constant struggle to do more and more work in less time, would unleash their nervous system in ways that would damage their hearts through excessive arousal of the sympathetic nervous system. Type 'A' were to said to be hasty, impatient, impulsive, hyper alert, potentially hostile, and very sense-a volatile package sometime summarized as a "workaholic" personality. This idea inspire decades of intensive research on the idea of a coronary-prone personality.

Type 'A' behavior has demonstrated to be as significant a predictor for heart attacks as high cholesterol, hypertension, smoking, and may contribute to these standard risk factors. Stress increases blood pressure, has far more powerful effect on serum cholesterol than dietary fat intake, and many people smoke because they are under stress. It has certainly has been suggested that certain Type 'A' traits, particularly increased anger, hostility, and cynicism, may be particularly likely to case heart attacks and sudden death. In addition, the ability to reduce Type 'A' tendencies by behavioral modification may lower the likelihood of future coronary events.

Corresponding Author: Dr. Sapna Vyas Jai Narain Vyas University, Department of Business Administration, Jodhpur, Rajasthan, India In term of the Greek humors discussed by Hippocrates and Galen, the struggle of a Type 'A' person likely to be on of a 'choleric', angry against the arbitrary controls of his job or life. Such a person will also have generally poor interpersonal relations. It is bitter person who is coronaryprone. But the struggle also may be the internal struggle of a 'phlegmatic', apathetic and conforming on the outside but tense and distraught on the inside. Unless examined closely, such, phlegmatic may look fine they suddenly have a heart attack.

There is now strong evidence that people lead confrontational, competitive, and driven are more likely to suffer heart disease than are people with more easy-going, laid-back lifestyle. But it is not hard work, activity or challenging job that is the key problem. Rather it is the struggle that is problem. Many people are told to slow down, take it easy, take vacations, and even to retire from their jobs. In fact, though, there is not a shred of evidence that regular hard work increases the likelihood of heart disease in healthy people.

Everyone likes to achieve a sense of mastery or competence. Such feelings or control are generally healthy. But people prone to cardiovascular problem (and other heart disease) are especially driven excessive achievement and to total mastery of their worlds. This argument developed by David Glass, one of the fist researchers to study seriously psychological element of coronary-proneness. In various studies, Glass showed that Type 'A' worked hard to succeed, refused to feel tired, and were specially likely to react with hostility when frustrated. In other words, their excessive contentiousness and competiveness can be traced to a desire to maintain control (Glass, 1980)^[16].

Characteristics of Type 'A' Personality

Type 'A' personality has almost become a household work. The relationship between Type 'A' personality and heart disease become a common knowledge, at least, among physicians and their affiliated patients. In spite of its wide publicity and media attentions, criteria of Type 'A' behavior or personality still remain vague. Even the so-called experts don't diagnose it correctly. There are two cardinal features of Type 'A' that we must remember, namely, 'time urgency or time-impatience' and 'free-floating (All pervasive and ever-present) hostility'.

One employee, an astute observer human behavior, gives following description of his boss Arthur. "Arthur takes real fast at rate of 140 words per minute or more. His voice is grating, harsh, irritating excessively loud, and just generally unpleasant. His posture is tense with abrupt jerky movement. Every few minutes, he raises his eyebrows in tic-like fashion. Likewise, every few minutes he raises or pulls back one on the both shoulders in tic-like fashion.

Arthur exhibits all of these notes physical of Type 'A' Behavior (TAB). In fact Arthur as the personification of TAB. If Arthur does not change himself, He will have cardiac disaster before the age of 65. Note that the prediction of heart disease before age of 65 for him is not a mere possibility, it is certainty.

Above we have depicted a comprehensive description of the scientifically identified physical characteristics of TAB. Let's now return two cardinal psychological characteristics of TAB, namely the time-impatience and the free-floating hostility. Here are few question that author have adapted from Dr. Friedman's assessment technique to determine

each of two characteristics. Regard these informal questions merely as pointers and not as not as standard of scientific assessment of TAB disorder.

Following questions may be asked to determine the presence of time-impatience

- Do you eat fast and leave the dinner table immediately?
 Does your partner or any close friend tell you to slow
- 2. Does your partner or any close friend tell you to slow down, become less tense, or take it easy?
- 3. Does it bother you a lot to wait in line at cashier's counter or to be seated in a restaurant?
- 4. Do you look at TV or a read the paper while eating?
- 5. Do you examine your mail or do other things while listening to someone on the telephone?
- 6. Do you often think of other matters while listening to your partner or others?
- 7. Do you believe that usually you are in hurry to get things done?

Pervasive and ever-present hostility can be assessed by the following question

- 1. Do you often find it to fall asleep or difficult to stay asleep because you are upset about something a person has done?
- 2. Do you believe that most people are not honest or are not willing to help others?
- 3. Do you become irritated when driving or swear at others?
- 4. Does you partner, when riding with you, ever tell you to cool or calm down?
- 5. Do you often have feeling that your partner is competing against you or is too critical of your inadequacies?
- 6. Do you grind your teeth or has your dentist even told you that you have done so?
- 7. Does the car-driving errors of others drivers, the indifference of store clerks, or the tardiness of mail delivery upset you significantly?

Dr. Friedman has identified two physiological and six physical signs as major indicators of TAB. According to him these eight signs are almost always diagnostic of TAB. The psychological sign are

- 1. Presence of impatience or easily induced hostility.
- 2. Constant apprehension of future disasters (which is not a symptom of an anxiety disorder or depressive disorder).

The six physical signs are

- 1. Excessive perspiration of the forehead and the upper lip.
- 2. Teeth grinding.
- 3. Indentation of the tongue due to its chronic pressure against the incisor teeth.
- 4. Tic-like retraction of the upper eye lid.
- 5. Tic-like retraction of the corners of the mouth.
- 6. Brown coloring of the skin of the lower eyelid.

Should individuals who demonstrate Type 'A' characteristics be concerned? After all, a certain amount of increased stress improves productivity. There are also good stresses. Wining a race or election may be just as stressful as losing- or move so but emotional and physiological consequences may not be the same. A passionate kiss and

contemplating what might ensue is stressful, by hardly the same experienced during root canal work. It's hard defining stress because it can represent so many different things. Further more, the same events, like a roller coaster ride, may be terrifyingly distressful to some, but pleasurable thrill to others. Nevertheless, all of laboratory and clinical research confirms that the feeling of having little control is always distressful, and that's what stress is all about. Type 'A', who are in control, take pride in what they produce, and are not hostile or prone to outbursts of anger, and may lead very healthy lives.

Therefore a variety of attempts have been made to develop ways to detect and rate what is now called coronary prone Type 'A' behavior. The most accurate method is by an interview designed to elicit characteristics traits, administered by a specially trained investigator, which videotape for careful review by experts. Self-report questionnaires of varying lengths have also been devised. The problem is Type 'A' are often unaware of their behavioral excesses, or will deny them. Family, members, co-workers, and friends are apt to provide much more reliable information. These considerations should be kept in mind with respect to the following 10-item quiz. However, individuals with high scores, particularly for the last five items, might benefit from a more thorough evaluation.

This discussion of personality in chapter point out the complex city of, and individual difference in, personality characteristics and traits such as authoritarianism, rigidity, masculinity, femininity, extroversion, supportiveness, spontaneity, tolerance or ambiguity, locus of control, anxiety, and the need for achievement have been uncovered by research as being particularly, relevant to individual stress. Most recent attention, however, has centered on the so-called "Type 'A' Personality."

Although heart research have been working on the use personality types and resulting behaviors patterns in order to predict heart attacks since the 1950s, in the late 1960 Friedman and Rosenman popularized the use of Type 'A' and opposing Type 'B' personalities in the study of stress. These were portrayed as relatively stable characteristics, and in Friedman and Rosenman extensive studies they found the Type 'A' profile correlated highly with experienced stress and dangerous physical consequences.

Profiles of Type 'A' and Type 'B' Personality

Type 'A' Profile	Type 'B' Profile Is concerned about time Is patient	
Is always moving		
Walks rapidly		
Eats rapidly	Doesn't brag	
Talks rapidly	Plays for fun, not to win	
Is impatient	Relaxes without guilt	
Does two things at once	Has no pressing deadlines Is mild- mannered Is never in a hurry	
Can't cope with leisure time		
Is obsessed with number		
Measures success by quantity		
Is aggressive		
Is competitive & constantly feels under pressure		
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Friedman and Rosenman define the Type 'A' personality as an "action-emotion complex that can be observed in any person who is aggressively involved in a chronic, incessant struggle to achieve more and more in less and less time, and if required to do so, against the opposing efforts of other things or other person." Table briefly summarized the Type 'A' and Type 'B' profiles. Obviously, Type 'A' employees (managers, salespersons, staff specialists, secretaries, or rank and file operating employee) experience considerable stress. They are the ones who.

- 1. Work long, hard hours under constant pressures and conditions for overload
- 2. Often take work home at night or weekends and are unable to relax
- 3. Constantly compete with themselves, setting high standards of productivity that they seem driven to maintain
- 4. Tend to become frustrated by the situations, to be irritated with the work efforts of others, and misunderstood by superiors.

At first, because of Rosenman and Friedman's studies, it was generally though that Type 'A' were much prone to the worst outcome of stress: Heart attacks. More recently, however, numbers of studies have been unable to confirm their finding. For example Type 'A' may release and better cope to confirm with their stress than do Type 'B'. The controversy surrounding the conflicting conclusions are discussed in the accompanying application example: Is being Type 'A' Dangerous?

Beside the debate surrounding the impact Type 'A' personality on health is the question of the success of Type 'A' versus B's. It is pretty clear that Type 'A' are typically on a "fast track" to the top. They are successful than Type 'B'. However, at the very top they do not tend to be as successful as Type 'B' who are more patient and take a broader of things. They key may be to shift from Type 'A' to Type 'B' behavior, but of course most Type 'A' are unable and unwilling to make unwilling to make the shift or to cope their characteristics.

The complexities involved behaviors are exemplified by the recent controversy surrounding between the Type 'A' personality and heart disease. Most people have heard of the Type personality-competitive, driven, and impatient—and its association with heart disease. Decades of research have supported the link.

Meyer Friedman and Ray Rosenman, California cardiologist, are noted for discovering the link. Their findings were replicated several larger studies. The most compelling evidence came for the Western Collaborative Group Study (WCGS), an eight-year study ending in 1969. Study showed that Type 'A' men had twice as many heart attacks or other forms of heart disease than anyone else.

How do researchers explain such conflicts findings? One

test is to compare measurement techniques. Both the WCGS and MRFIT used structured interviews to identify Type 'A'. The structured interview is considered is to be the most accurate assessment technique for identifying Type 'A' since it not only evaluate the content of answers but account for tone of voice, facial expressions, and gestures- important indicators of the impatience characteristics of Type 'A'.

Not only is the technique important but also how it is used. For example, Larry Scherwits, a psychologist at the University of California, San Francisco, listened to the interview taps of both WCGS and MRFIT. He noticed that the MRFIT interviewers asked questions faster that the WCGS interviewers. He believes this could have skewed the MRFIT results.

According to Scherwitz, the fast- paced interviewers come across as cold and uninterested. He believes that the hostile. Type 'A' responded by hiding their hostile feelings- making them appear to be Type 'B'. The more sensitive Type 'B', on the other hand, may have reacted more curtlyresponding like Type 'A'. Such responses may have which could have easily confounded the results.

Rosenman also point out an important flow with the MRFIT. "Type 'A' are not going to sign up for studies like this, with once-a-week follow-up and lots of paperwork. You don't get impatient, hostile people volunteering to do this". Rosenman emphasizes the important of how subjects were selected. However, he does not indicate how subjects were contacted for the WCGS. Although other areas of the studies' designs need to be considered, these two show why rigorous methodology is necessary for conclusive findings.

Whether Type 'A' personality is dangerous is still a subject of debate. Further research with attention to methodology is needed before any conclusion can be made.

Mever Friedman and Ray Rosenman (1974)^[17] proposed to idea of the Type 'A' behavior pattern.

Personality factors have been related to our tolerance of stress. This relationship is particularly apparent with Type 'A' and Type 'B' personalities and their differential susceptibility to heart diseased, which as we noted, is a major consequences of (Friedman & Rosenman 1974)^[17]. Although specific physical factors such as smoking, obesity and lack of exercise are implicated in heart disease, they may account for no more than 25% of the cases. The rest may be linked to aspects of the Type 'A' personality pattern. In contrast, Type 'B' have rarely have heart attacks before the age of 70, regardless of the nature of their job and their personal habits.

Type 'A' are thought be in continual state of tension, perpetually under stress. Even when their work environment is relatively free of stressors, they carry their own stress as fundamental part of their personality. Type 'A' also tending to be extraverted and high in self-esteem. They show a high level of job involvement and score high in the needs for achievement and power.

Type 'B' personalities may be ambitious as Type 'A', but they are few of other characteristics. Type 'B' experienced less stress at work and leisure. They may work as hard and in equally stressful environments but they suffer fewer harmful effects. These two personalities' types respond differently to prolonged stress over which they have little control. For example, Type 'A' will struggle to master a difficult situation, but if they are not successful, they will become frustrated and give up. Type 'B' in a similar situation will try to function as effectively as possible and will not give up. The early research on the Type 'A' and Type 'B' personality dimensions, conducted in the 1960s and 1970, described a clear link between Type 'A' behavior and coronary heart disease. More recent research has failed to confirm that relationships consistently. Although few psychologist are willing to state there is no relationship at all. For example, meta-analysis of 87 studies reported a modest relationship Type 'A' behaviors and heart disease but stronger relationships between, heart, disease and the emotion, anger, hostility, and depression. These researchers concluded that the coronary-prone personality is not necessarily the typical workaholic but rather someone ridden by negative emotions such as anger and anxiety (Booth-Kewley & Friedman, 1987)^[18].

Other studies discount the importance of depression and anxiety as contributors to heart disease but support the role of hostility and impatience. We noted that Type 'A' personalities are high in hostility, which they are adept at concealing from others. Thus, the relationship between heart disease and personality factors remains intact, but it may include psychological attributes other than those originally Type 'A' behaviors.

Methodology

The study is a questionnaire based survey research carried out in Jodhpur. It is exploratory as well comparative in nature. In order to measure Type 'A' behavior a structured questionnaire developed by RW Bortner was used. The instrument that measures Type 'A' behavior contains 7 items. Each item has to be responded on an 8 point scale. Around 400 printed questionnaires were randomly distributed to individuals of some occupations such as College Lecturers, Engineers, Doctors, School Teachers and blend of some other occupations. 200 filled-in questionnaires were received by researcher. Thus 50% was response rate which became the sample size for the present study. Necessary comparisons have been made discussing Type 'A' behavior in terms of Gender, Marital status, Joint family system and also Public & Private Sector Jobs. The analysis of data has been don using percentages column wise and row wise. The sample Profile of the respondents has been presented as follows.

Sample Profile

Occupation	Private Female Employees (%)	Govt. Female Employees (%)	Private Male Employees (%)	Govt. Male Employees (%)	Total (%)
Lecturers	15 (30)	05 (10)	23 (46)	02 (04)	45 (23)
Engineers	04 (08)	03 (06)	03 (06)	13 (26)	23 (11)
Doctors	00 (00)	08 (16)	00 (00)	08 (16)	16 (08)
School Teacher	06 (12)	17 (34)	00 (00)	02 (04)	25 (12)
Others	25 (50)	17 (34)	24 (48)	25 (50)	91 (46)
Total	50 (100)	50 (100)	50 (100)	50 (100)	200 (100)

Management techniques for Type 'A' personality

Stress is factor that everybody has to contend with on a daily basis both in the work and non-work spheres. Bottling up stress only makes the situations explosive at a later stage when one has reached the limit of one's capacity to endure. Since the body has only limited capacity to respond to stress, it is important for individuals to optimally manage their stress to operate as fully functioning human being. Fortunately, there are several ways in which stress can be handled so that the dysfunctional consequences of stress are dissipated. Relaxation, meditation, engaging in physical exercise and sports activities and managing in the work-tohome transitions are all helpful in combating stress. Most of these technique familiar and need no explanation. Managing the work to home transitions is, however, a technique most of us do not use to handle stress and is worth some elaboration.

Emotional intelligence is one of such too. It is the ability to use your emotions as information about what you are experiencing and then deciding to use that information in a constructive way. Emotional intelligence or, EI, helps you understand why you respond the way you do and how you can affect those responses.

The most commonly used and widely accepted model of EI was posited by Daniel Goleman. It involves a range of four competencies which are broken down into skill sets and which together form the picture of a person's level of EI.

These competencies mention below

1. Self-Awareness: Knowing how we feel in the moment and using our gut feelings to help drive decision making; having a realistic understanding of our own abilities and a strong sense of self-confidence.

- Emotional self-awareness.
- Accurate self-assessment.
- Self-confidence.

2. Self-Management: Handling our own emotions so that they don't interfere but facilitate; having the ability to delay gratification in pursuit of a goal; recovering well from emotional distress; translating our deepest, truest preferences into action in order to improve and succeed.

- Self-control.
- Trustworthiness.
- Conscientiousness.
- Adaptability.
- Achievement orientation.
- Initiative.

3. Social Awareness: Sensing others are feeling; being able to understand situations from others' perspective; cultivating relationships with a diverse range of people.

- Empathy
- Organization Awareness
- Service orientation

4. Social Skills: Handling emotions in respect to relationships with other people; able to read the intricacies of social interactions; able to interact in social situations well able to use this skill set to influence, persuade, negotiate, and lead.

- Influence.
- Leadership.
- Developing others.
- Communication.

- Change catalyst.
- Conflict management.
- Building bonds.
- Teamwork & collaboration.

References

- 1. Siegman AW, Smith TW. Anger, Hostility, and Heart.
- 2. Krantz DS, Baum A, Singer JE. Handbook of Psychology and Health, Cardiovascular Disorders and Behavior, Vol. III.
- 3. Schultz D, Schultz SE. Psychology and Work Today. $8^{th}\, \text{Ed.}$
- Johnson EH. The Deadly Emotions: The Role of Anger, Hostility & Aggression in Health and Emotional Well-Being.
- 5. Friedman HS, Schustack MW. Personality: Classic Theories & Modern Research. p. 411.
- 6. Nakano K. Application of Self-Control Procedures to Modifying Type 'A' Behavior.
- 7. Newth D. Stress and Work Life Balance: Insights for Managers. www.bookboon.com.
- 8. Bortner RW. A Short Rating Scale as a Potential Measure of Pattern A Behavior. Journal of Chronic Diseases.
- 9. Rao VSP. Human Resource Management. 2nd Ed.
- 10. Robbins PS, Judge AT, Vohra N. Organizational Behavior. 14th Ed.
- 11. Singh N. Organizational Behavior: Concept, Theory, Practices. Managing People and Organizations in the 21st Century.
- 12. www.apa.org.
- 13. www.help.org.
- 14. www.speakingtree.com.
- 15. www.stress.about.com.
- Present DH, Korelitz BI, Wisch N, Glass JL, Sachar DB, Pasternack BS. Treatment of Crohn's disease with 6-mercaptopurine: A long-term, randomized, doubleblind study. New England Journal of Medicine. 1980 May 1;302(18):981-7.
- 17. Rosenman RH, Friedman M. Neurogenic factors in pathogenesis of coronary heart disease. Medical Clinics of North America. 1974 Mar 1;58(2):269-79.
- Booth-Kewley S, Friedman HS. Psychological predictors of heart disease: A quantitative review. Psychological bulletin. 1987 May;101(3):343.