

Role Conflict and Role Strains and Its Management among Female Doctors in Meerut City

Abstract

Working woman are faced with problems in performing in different roles, such as the wife, mother, homemaker and employee roles. The major role problem a woman faces is the conflict arising from multiple roles. An attempt has been made to investigate the perception of respondents about the role conflict and role strains on their family and profession as a whole among female doctors. Empirical evidence collected from 195 female doctors in Meerut city of Uttar Pradesh shows that the woman, who choose to combine marriage with career, face almost a situation of formlessness and they hardly know how to apportion time and resource between these two major responsibilities. It is definite that in all studies it is just not one motivation which works but a constellation of motivations, some more important and some less. The impact will be more in jobs which need high level skills, education and competence.

Keywords: Role Conflict, Role Strain, Working Woman, Management, Female Doctors, Inter-Role Conflict.

Introduction

Married working women are faced with problems in performing different roles, such as the wife, mother, homemaker and employee roles. The major role problem a woman faces is the conflict arising from multiple roles. The fact that multiple roles operating simultaneously should lead to greater role conflict. The expectations surrounding any of these roles can generate interrole conflict when they involve pressures to dominate the time of the focal person and interfere with fulfilling the expectations associated with the other roles. (Kala Rani, 1976)

Time utilization studies have shown that married working women spend substantial amounts of their time performing multiple roles. Also, the role theory postulates that multiple roles can lead to interrole conflict and, in turn to symptoms of strain.

Objectives of The Study

In the light of the statement of problem, the objectives of the present study were as follows:

1. To find the Socio-economic background of the female doctors selected in the sample.
2. To identify the extent of roles strain faced by female doctors in both inside and outside the home.
3. To find out the effect of roles strain on the family of female doctors.
4. To find the factors that contributes to the Management of role conflict.

Research Design

The locale of the present study was Meerut city in the Meerut district of Uttar Pradesh. The female doctors in the Meerut city constitute the universe of the present study. For the present research 195 female doctors were randomly selected from the universe which constitutes the sample for the present study. Two types of data were collected for the present study viz primary and secondary data. The primary data was collected through interview schedules and informal observation.

Review of Literature

Review of literature is an important step in the research, which not only shows researcher proper direction by apprising him about the relevant literature of subject but also enables him to come from his narrow ideas and widens his horizons. Review of concerned literature enables him to understand scope of subject, its insight and purpose of research.

Kapur (1974) indicated that woman who choose to combine marriage with career face almost a situation of normlessness and they



Sarita

Assistant Professor,
Deptt.of Sociology,
Ramesh Chand Institute of
Management,
Tronica Gaziabad

hardly know how to apportion time and resources between these too major responsibilities. This makes them experience great conflict, tension and strain. Holahan and Gilbert (1979) also reported that woman who assumed home roles (e.g.wife, mother and a home maker) and non-home roles (e.g.employee) frequently experienced conflict between competing role demands. Conflicts were considered likely when woman perceived their home and career roles as highly desirable but mutually exclusive. Gutek et al.(1981)found that the inter role conflict is likely to increase as the demands of either the work role or family role increases. Similarly, inter-role conflict can increase as one's obligations to the family expand through marriage and the arrival of children. However, Bernet and Baruch(1985)found that role conflict and levels of overload were significantly associated with occupying the role of mother but were not significantly associated with occupying the role of paid worker or wife. In opinion of Frone et al.(1992)combination of career and family roles are often associated with conflict, overload and stress.

According to Kahm,Wolfe, Quinn, Snoek, and Rosenthal (1964) roles are the result of expectation of others about appropriate behaviour in a particular position.Role conflict is described as the psychological tension that is aroused by conflicting role pressures.Role theory suggest that conflicts occurs when individuals engage in multiple roles that are incompatible (Katz and Kahn,1978).

Vasantha Kumar (1964) has found that strain of work at home and office coupled with lack of household amenities and vanishing domestic help, have contributed to the experience of role-conflict among working women. He has confirmed the above result that the amount of time spent outside home is an important factor which is associated with role-conflict. . Blood and Wolfe (1965) have shown that the American husband's diminishing authority over his wife is due to the steadily increasing proportion of wives who work outside the home.

Leslie Hammer (2006) studied the work-family interface within the family domain, this study investigated crossover effects of two types of work-family conflict among 120 participants (60 married couples), these conflict relations with parental self-efficiency and perceived quality of parent-child interaction, and the contributions of importance to life roles on variance in these two parental outcomes. Results indicated complementary correlations between men's and women's conflicts. That is, work family conflict of one spouse was positively correlated to family work conflict of the other spouse.

Sunita Malthotra and Sapna Sachdeva (2005) carried out research to study the effect of different professions and multiplicity of social (familial) roles on the role conflict amongst working women . Study was classified into three categories namely, doctors, lecturers and nurses. These professions were selected on the basis of response taken on a checklist comprising of different profession in which women are more likely to be involved.

From the above mentioned concise survey of literature on 'woman in profession till 2006' it is clear

that I have not found any study of working woman in the field of Role conflict and role strains after 2006.

Major Findings

The major findings of the study are presented in following five sub-headings—

Socio-Economic Background of Female Doctors

The data was collected concerning the socio-economic background of the sample (female doctors) with the aim to characterize the composition of the respondents and to know out how it reflects the social heterogeneity and diffuseness of the female Doctors in Meerut. The findings of socio-economic background of female doctors are summarized below :

1. Large number of the respondents (119 out of 195) belong to the age group of 36 to 50 years and the small number of respondents (13 out of 195) belongs to the age group of above 50 years.
2. Most of the respondents i.e. 105 out of 195 belong to medical post-graduate category while smallest number of respondents that is 2 belong to the above medical post-graduate category. It shows that most of the working female doctors are at ease with their medical post-graduate degree. Department of Sociology
3. Large number of the female doctors (84 out of 195) are Gynecologists and the small number of female doctors (06 out of 195) are specialized in the field of Anesthetists.
4. Large number of the female doctors (134 out of 195) belong to the medium castes and the small number of the female doctors (05 out of 195) belong to the non caste categories.
5. Majority of the respondents are Hindus.
6. Majority of the respondents (101 out of 195) belong to the income group Rs. 25,000 to Rs. 40,000 that is an intermediate income group.
7. Majority of the respondents (148 out of 195) belong to nuclear family. As the study is concentrating upon a urban based elite group i.e. female doctors, therefore, it is obvious that the sample contained more respondents from the group of nuclear families.
8. Majority of the respondents (180 out of 195) are married.
9. Largest large number of respondents is 106 out of 195 who belongs to the upto 10 years service and the smallest small of 37 who belongs to the more than 20 years of service.
10. Large number of respondents' husbands (159 out of 195) are doctor and the small number of responders' husbands (13 out of 195) are in non medical jobs. It again indicates that female doctors find themselves at ease with medical practitioner life-partners.
11. Majority of the respondents' husbands income (88 out of 195) belong to the income group upto Rs. 25,000 to Rs. 40,000 and smallest number (22) of respondents' husbands income is upto Rs. 25,000. It shows that most of the female doctors' husbands, in our data, have intermediate level of income.

Extent of Role Conflict

Characteristics of medical work suggest that doctors are especially vulnerable to stress between

works and home. The relationship between role complexity and occupational stress, workload, job satisfaction and domestic stress and satisfaction are important factors to be examined. Increased role complexity was related to stress for female doctors. An attempt was made to identify the extent of role conflict faced by female doctors both inside and outside the home from the data. The findings are summarized below:

1. Nearly one-third of the respondents fully come upto their husband's expectations, which indicates that they are balancing the professional as well as family fronts. Nearly one-third respondents are 'partially' coming upto their husband's expectations. However, nearly one-fourth respondents are somewhat coming upto their husband's expectations.
2. Half of the respondents opined that their husbands are fully satisfied with their occupational status and other one-third are satisfied on this issue, whereas, the proportion of female doctors who opined that their husbands are dissatisfied is very low i.e., only 4.6 per cent. Most of the fully satisfied as well as satisfied female doctors are sampled in 36 to 50 years age category. Most of the fully satisfied and satisfied female doctors are sampled in upto 10 years length of service category.
3. A little less than two-third female doctors opined that they have full agreement with their husbands on the upbringing of the children and about one-fifth husbands are partially agreed upon this issue. Fully agreed and partially agreed female doctors are mostly selected in 36 to 50 years age category. Most of the fully agreed and partially agreed female doctors are sampled in upto 10 years length of service category. However, disagreed respondents are only selected in 11 to 20 years length of service category.
4. A little less than two-third female doctors opined that they have full agreement with their husbands on the running of the household and about one-fifth are partially agreed regarding the issue. Fully agreed as well as partially agreed female doctors are mostly selected in 36 to 50 years age category. While, there is no one selected from partial agreement, no agreement or not applicable in above 50 years of age category. It is also proved that fully agreed as well as partially agreed respondents are mostly selected in upto 10 years length of service category, whereas, disagreed respondents are only selected in 11 to 20 years length of service category.
5. Few i.e., 2.6 per cent respondents opined that their husbands help in cooking, however, more than half of the respondents said that their husbands help in looking after the children, a little more than one-fourth opined that their husbands help in both, in kitchen as well as looking of children. Most of those whose husbands help them in cooking as well as looking after children' are from 36 to 50 years age category. The least proportion of respondents who opined about getting their husbands' help in looking after

children as well as in cooking are selected from above 50 years age category. It is also found that all the respondents whose husbands do not help them and the respondents whose husbands help them in cooking fall in category upto 10 years length of service.

6. Only 2.6 per cent female doctors are not feeling any conflict between job and home responsibilities. Among them no one is selected in the category of above 50 years of age. However, just more than one-fourth are feeling conflict due to lack of time, among other four out of ten feels such conflict because of fatigueness and about one-third feel conflict due to job strain. Those, who feels conflict because of any reason are selected mostly in 36 to 50 years age category and less in above 50 years category. Among those, who feels conflict due to any reason are mostly selected in upto 10 years length of service category, whereas, no one who do not feel conflict is selected in the category of more than 20 years length of service.
7. More than two-third female doctors in our sample opined that job without marriage is the ideal situation, whereas, a little less than one-third opined that job with marriage is the ideal situation. In both cases female doctors above 50 years category are in minority, while most of them are in 36 to 50 years age category. In both cases female doctors are more selected in upto 10 years length of service category and minimum are sampled in more than 20 years length of service category.
8. One out of ten female doctors opined that they are highly satisfied with their marital life, and a little less than two-third are satisfied with the same. While, the proportion of dissatisfied female doctors on this issue is as less as 3.1 per cent. However, about one-fifth respondents are undecided. It is also found that most of the satisfied female doctors are from 36 to 50 years age category, while highly satisfied respondents are from below 35 years age category. Only 6.7 per cent female doctors are selected in above 50 age group and all are from satisfied category. It also proves that most of the extremely satisfied, satisfied and uncertain female doctors are from upto 10 years length of service category, while no dissatisfied respondent is selected in this length of service category.
9. Nearly one-fourth doctors have responded in 'yes' to the fulfilling of wives role even being working one, implying there by that they are fulfilling wife's role very well besides being working women. The proportion of such doctors is one out of ten who said that they are not fulfilling wife's role very well. A little more than one-third respondents believe that they are perhaps fulfilling the wife's role. 17.43% doctors have respond in 'can't say' to the issue in hand, implying there by that they don't know whether they are fulfilling wife's role well or not.
10. A very little proportion of female doctors i.e., 6.7 per cent are highly satisfied with their dual role as

housewives and working women, however, a little more than half are satisfied with such a situation. Nearly one-fourth are undecided on this issue. It is also found that most of the satisfied as well as uncertain female doctors are from 36 to 50 years age category, while highly satisfied and not applicable i.e., unmarried or widow respondents are from below 35 years age category. The lowest proportion of female doctors are selected from above 50 years age category in all levels of satisfaction than unmarried or widow respondents, who are not even single selected from this age category. It is also found that respondents are selected more in upto 10 years length of service category in each dependent group. This proves the fact that more than half of the female doctors are satisfied with themselves in performing the dual roles.

11. One-fifth female doctors in our sample opined that the attitude of in-laws towards their job is favorable, while those who opined as unfavorable attitude of their in-laws about their job are in a very little proportion that is 7.2 per cent. A little more than half of the respondents said that their in-laws are indifferent towards their job. Favorable and indifferent respondents are equally proportioned in above 50 years age category, whereas, in unfavorable and not applicable dependent group no one is selected in above 50 years age category. Most of the sampled respondents in favorable and indifferent dependent group fall in upto 10 years length of service category, whereas, in unfavorable dependent group maximum respondents are sampled in 11 to 20 years length of service category.
12. A little less than one-fourth female doctors opined that the behavior of in-laws after they return from their work is pleasant, while those who opined as unpleasant in-laws' behavior are in a very little proportion that is 6.2 per cent. A little more than one-tenth sampled respondents opined that the behavior of their in-laws is indifferent. It is found that most of the sampled respondents fall in 36 to 50 years age group in each dependent category. In unpleasant dependent group no respondent is sampled either in below 35 years age category or in above 50 years age category. It is also revealed that in pleasant dependent group most of the respondents are sampled in upto 10 years length of service category. In unpleasant group sampled respondents are equally proportioned in upto 10 years and more than 20 years length of service category. The same trend is observed in indifferent dependent group.
13. Very few i.e., 5.6 per cent female doctors do not find any conflict in performing multiple roles. Those who find conflict are proportioned in five different categories, among them very few i.e., 3.1 per cent feel it as a doctor, another few feel it as a wife, more than one-fourth feel it as a mother, very few feel it as a daughter-in-law that is 2.1 per cent and more than one-third feel it in all these roles. It is found that most of the

respondents who do not feel any conflict are sampled in 36 to 50 years age category. The respondents who feel conflict as a doctor are equally proportion in each age category. The maximum number of sampled respondents who feel conflict as a wife, as a mother or in all the roles are placed in 36 to 50 years age category. All the respondents who feel conflict as a daughter-in-law is sampled in below 35 years age category. It is also revealed that the proportion of respondents who feel conflict either in all described roles above that is a role of a doctor, of a wife, of a mother and of a daughter-in-law or in roles of a doctor and a wife is decreasing with length of service. However, this trend is not observed in other length of service categories.

Effect of Role Strain

The place of women in the economic life of a country is undergoing far-reaching changes. These changes in terms of their diversity appear to be more marked in developing economies family employment. Some feel like our which generally happens to be tradition bound. It has a great impact on the society, family and individual. Different people hold different views about the impact of female employment particularly on family and society in general. To some it has adverse effect while others believe in its healthy consequences. An attempt was made to investigate the perception of respondents about the effect of role strain on their family and profession as a whole. The findings are summarized below:

1. More than three-fourth sampled female doctors opined that they spent adequate time with their husbands, whereas proportion of female doctors who spent inadequate time is very low i.e. 3.6 per cent. The proportion of female doctors who were uncertain on this issue is also low (7.2 per cent). The data revealed that maximum number of female doctors who spend adequate time are selected in 36 to 50 years age category. The data also reveals that the proportion of female doctors who opined about spending adequate time with their husbands is decreasing with the length of service category. No one from inadequate time or not applicable dependent groups is sampled in more than 20 years length of service category.
2. Very little proportion (1.0 per cent) of female doctors have no time to spend with their family members. Among the female doctors who spend sufficient time with their family members, just less than half enjoy it with all the family members, two out every ten spend it with their husbands and in about same proportion with family members other than their husbands and children, while one out of every ten find such time to spend with their children. The data reveals that maximum number of female doctors who spent sufficient time with husbands, children and with all the family members are selected in 36 to 50 years age category. No female doctor who spend sufficient time with other family members than their husband and children are sampled in above 50 years of age category, while all the respondents who find no time to spend with family members

- are selected in 36 to 50 years age category. The proportion of female doctors who spent sufficient time with their husbands, with other family members then husbands and children and with all the family members is decreasing along with length of service, while all the respondents who have't have any time to spend with family members is selected in 36 to 50 years age category.
3. Very little proportion (1.5 per cent) of female doctors are spending 2 to 4 hours time with their husbands. Those who spend 6 to 8 hours are also in a little proportion (5.6 per cent), while proportionally overwhelming majority of them, more then three fourth, are spending as much as 4 to 6 hours time with their spouses. The data also proves that maximum number of female doctors spending and 6 to 8 hours are selected in 36 to 50 years age category, while who spend 2 to 4 hours are only selected in 36 to 50 years age category. The data is also revealing that proportion of 6 to 8 hours time spending female doctors is decreasing with the length of service. However, this trend is not observed in other categories.
 4. Very little proportion of female doctors i.e., 1.0 per cent are spending 2 to 4 hours with their children. Female doctors who spend 6 to 8 hours are also in a very little proportion i.e., 6.7 per cent, whereas, an overwhelming majority i.e eight out of every ten female doctors are spending 4 to 6 hours with the same. The data show that maximum proportion of 4 to 6 hours time spending female doctors with their children is observed in 36 to 50 years age category, while all the respondents of 2 to 4 hours time spending are selected in 36 to 50 years age category. It is also revealed that proportion of 4 to 6 hours time spending female doctors with their children is decreasing with the length of service. The same trend is not evident in other groups.
 5. More than one third female doctors are spending 2 to 4 hours time with their in-laws and family members other than husband and children. Those who spend 4 to 6 hours are in a very little proportion (3.1 per cent) and those who spend 6 to 8 hours are also in a little proportion (2.6 per cent). More than half respondents are not applicable for this purpose as they belong to nuclear family. Maximum number of female doctors who spend 2 to 4 hours a day with their in-laws and other family members are selected in 36 to 50 years age category. No female doctors who spend 4 to 6 hours or 6 to 8 hours with the same are not selected in above 50 years age category. It is also revealed that maximum number of female doctors who spend 2 to 4 hours with their in-laws and other family members are sampled in up to 10 years length of service. No female doctor who spend 4 to 6 hours is selected in more than 20 years length of service and no one who spend 6 to 8 hours a day is selected in 11 to 20 years length of service category.
 6. A little more than one-fifth female doctors made final decisions over important family issues, whereas, husbands of more than one-sixth female doctors made such decisions. Nearly half of the respondents' opined that in their family such decisions are taken by the unanimous agreement of all the family members. In rest of the cases (21.9 per cent) decisions are taken either by in-laws or by other family members. Maximum number of female doctors whose husbands made final decision, who themselves made final decisions and in maximum number of families where decisions are taken collectively are selected in 36 to 50 years age category. No female doctor's husband over 50 years of age category made decisions in this regard. Maximum number of families where decisions are taken collectively, where decisions are taken by husbands and maximum number of individual female doctors who made final decisions are selected in upto 10 years length of service category. No female doctor's husband more than 20 years of length of service category made such important family decisions.
 7. Only 2.6 per cent female doctors carry out their domestic duties all alone. Another small proportion of them (6.7 per cent) fulfill such requirements along with their husbands. A little more than one third does so with the help of their domestic servants and rest more than half carry out this duty with two supports, servants and family members other than their husbands. Most of the respondents who carry out their domestic duties either with the help of servant or with servant and other family members are selected from 36 to 50 years age category, while no one who does so all alone is selected from the same age category. All the female doctors whose husband help in their domestic work are only selected from the 36 to 50 years age category. In the respondents categories who carry out their domestic duties with the help of husband, with the help of servant, and with the help of servant as well as with other family members the proportion is decreasing along with length of service.
 8. One out of every ten female doctors opined that working women proved to be good housewife. Among the female doctors who opined that working women can not be be good housewife, a little less than three fourth said so it is due to lack of time, one out of ten due to strain of work and in a small proportion (4.1) due to feeling of fatiguenes. Proportion of female doctors who favoured working women as good housewives is decreasing with the age categories. Maximum proportion of female doctors who opined negatively either due to lack of time or due to strain of work are selected in 36 to 50 years age category, while no one is selected in this age category who denied due to feeling of fatiguenes. Proportion of female doctors who opined that working women also proved to be good housewives is decreasing with the length of

service. Same trend is observed in groups of female doctors who opined negatively either due to lack of time or due to strain of work, while no one is selected in 11 to 20 years length of service who are not favouring due to feeling of fatiguenes.

9. In the opinion of more than half female doctors they are not able to carry out their domestic mother's duties effectively. Among those who in their views are effectively carry out such duties think so as a little proportion (2.1 per cent) send children to school, another little proportion (4.6 per cent) help children in their school home work, one seventh do their routine work and another one seventh help them in more than one above described work. It is also revealed that most of the respondents who do not carry out their domestic mother's duties effectively are selected in 36 to 50 years age category. The data as a whole not showing any clear trend. It is also found that the proportion of female doctors who do not carry out their domestic mother's duties effectively decreasing with the length of service. The same decreasing trend is observed with such female doctors who help their children in their routine work or in more than one work.

Management of Role Conflict

For a working women it is very essential to make efforts towards management and resolution the conflict inherent in dual roles. In a male dominated society as we live in at present, the woman has to make greater scarifies. The management of dual roles is not an easy or smooth task. It needs not only skill but also physical and psychological acceptance for an adjustment to the changes brought about by this duality. An attempt was made to investigate the opinion of respondents with regard to the keys which could minimize the conflict inherent in dual roles and lead to its management and accommodation. The findings are summarized below :

1. Nearly one-third respondents (31.28 per cent) in the entire universe opined that it is possible to minimize role conflict by attribute to cooperative attitude of husband respectively as key for scaling down the role conflict inherent in dual role responsibilities of married working women. For nearly one-fourth (23.58 per cent) of the respondents favourable attitudes of in-laws can play significant role in minimizing role conflict experienced by married working women. Nearly one-fifth (18.97 per cent) of the respondents feel that it is essential for a working woman to be assisted by domestic helper which consequently can scale down the role conflict experienced by them. Nearly one-sixth (14.36 per cent) of the respondents believe that role conflict can be to same extent eradicated if there is the good facility of child care centres where the married working women can put in their children especially infants during their job hours. One out of every ten (11.79 per cent) of the respondents opined that it is possible to minimize role conflict by taking pride and interest in both inside and outside the home role.

2. More then one-fifth female doctors work has made them highly tolerant, in views of another just less then one-fifth work has made them tolerant. While more then half views such effect as neutral i.e. neither made them tolerant nor intolerant. Two female doctors in our sample admitted that work has made them less tolerant. Female doctors who feels no effect of work on their tolerance are mostly selected in 36 to 50 years age category. No respondent, who observed positive effect and highly positive effect, is selected in above 50 years age category, while both respondents who observed negative effect sampled in below 35 years age category. Proportion of female doctors who feels that work has made them either highly tolerant or tolerant is decreasing with the length of service. The same trend is observed among the female doctors who feel neutral effect with this regard. Respondents who observed negative effect of work are sampled in upto 10 year length of service.
3. More than one-fourth female doctors have satisfactorily managed their dual role situation and some other female doctors in a little proportion (8.7 per cent) managed the same very satisfactorily. Female doctors in another little proportion (1.5 per cent) are not able to handle their role duality according to their own satisfactory level. A little less than two-third respondents are uncertain on this issue. Most of the respondents who are satisfied or uncertain are sampled in 36 to 50 years age category, while all the respondents who feel dissatisfaction regarding their dual role are selected in 36 to 50 years age category. Proportion of female doctors who are highly satisfied, and satisfied with their management of dual role situation and proportion of uncertain female doctors is decreasing with length of service. Where as, all the respondents who feel dissatisfaction over this issue are selected in 11 to 20 years length of service.
4. Very little (1.0 per cent) female doctors are able to manage their household affairs in the presence of job fatigue almost always, one out of every ten manages such affairs frequently, just more than three fourth manages these affairs rarely. One out of every ten female doctors fails to manage their household affairs in the presence of job fatigue. Most of the female doctors who manages their household affairs rarely are selected in 36 to 50 years age category. Although most of the female doctors who fails to manage their household affairs in the presence job of fatigue also selected in 36 to 50 years age category but in a small proportion. All the two female doctors who always successes to manages such affairs selected in below 35 years of age category. Proportion of female doctors who either frequently or rarely able to manage their household affairs in such a situation is decreasing with the lenth of service. However, this trend is not observed with female doctors who never able to manage their household affairs in the presence of job fatigue.

5. More than half of the female doctors work has made them more tolerant, in views of another one fifth work has made them tolerant. While one out ten views such effect as neutral i.e. work neither made them tolerant nor intolerant. A little proportion (8.7 per cent) of female doctors in our sample opined that work has made them less tolerant, and still small proportion (1.5 per cent) of female doctors admitted that work has made them much less tolerant. Proportion of female doctors who feels that work has made them more tolerant is decreasing with the age group. While most of the female doctors who opined that work has no effect on their tolerance power and the female doctors who said that work has made them less tolerant are mostly selected in 36 to 50 years age category. Proportion of female doctors who feels that work has made them more tolerant, made them tolerant and have no effect is decreasing with the length of service, while all the respondents who opined that work has made them much less tolerant are selected in more than 20 years length of service.
6. A little proportion (4.1 per cent) of female doctors opined that cooperative attitude of in-laws and of their husbands made them able to minimize the role conflict. One out of every ten said that cooperative attitude of in-laws and of their husbands with creche facilities help them to manage role conflict, proportionally a little more than second category (12.8 per cent) opined that cooperative attitude of their husbands with servants and pride in dual roles made them able to minimize their role conflict, while a little proportion (3.6 per cent) said that cooperative attitude of in-laws and of their husbands with servant, crech facility and pride in dual roles are responsible for their conflict management. In views of more than half of the female doctors cooperative attitude of in-laws and of their husbands with servants is the key to their conflict management. A little proportion (1.0 per cent) of female doctors opined about cooperative attitude of their husbands with servants is the reason of their conflict management. Another little proportion (7.2 per cent) of them opined that cooperative attitude of in-laws and of their husbands with servants and crèche facilities help them to manage role conflict. Some other female doctors in little proportion (7.2 per cent) opined that cooperative attitude of in-laws and of their husbands with servants and pride in dual roles made them able to minimize their role conflict. Maximum proportion of female doctors who opined about the cooperative attitude of in-laws and of their husbands with servants is the key to their conflict management is sampled in 36 to 50 years age category. No clear trend is observed in other categories. Proportion of female doctor who opined about the cooperative attitude of in-laws and of their husbands with servants as the helpful situation to manage their role conflict is decreasing with the length of service. However, this trend is not observed in other categories.

Conclusion

Gainful employment for women should obviously not be under estimated. Without the participation of the women in the labour force, the emancipation of women would not be achieved. Reality for most women means living a double day. There are two ways in which the present crisis may be resolved. Firstly, by creating a social climate, reinforced by educational institutions and media, emphasizing sharing of household work by all members of the family. Secondly, women could be treated as a special group to be given favourable working conditions such as flexible working hours, transportation, housing and child care facilities.

The growing consumerism, rise in the cost of living and escalating aspirations combine to produce a craze among middle class women for employment. With the passage of time more and more women workers are likely to be in labour market in white collar jobs. The impact will be more in jobs which need high level skills, education and competence. The spirit of individualism and independence engendered by education makes the idea of being considered as an extension of her husband as repugnant to her. Such women are in search of a distinct identity for themselves.

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