CHAPTER - 2
REVIEW OF RELATED LITERATURE

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2.1. Introduction:

According to Cooper (1988) 'A literature review uses as its database reports of primary or original scholarship, and does not report new primary scholarship itself. The primary reports used in the literature may be verbal, but in the vast majority of cases reports are written documents. The types of scholarship may be empirical, theoretical, critical/analytic, or methodological in nature. Second a literature review seeks to describe, summarize, evaluate, clarify and/or integrate the content of primary reports.'

The review of relevant literature is nearly always a standard chapter of a thesis or dissertation. The review forms an important chapter in a thesis where its purpose is to provide the background to and justification for the research undertaken (Bruce 1994). Bruce, who has published widely on the topic of the literature review, has identified six elements of a literature review. These elements comprise a list; a search; a survey; a vehicle for learning; a research facilitator; and a report (Bruce 1994).

A literature review is a specific type of research study that focuses on published literature on a given topic. It is often the first step in doing original research, either scientific or otherwise. It is more than a mere summary of the literature, however, as it presents analysis, patterns, and critiques of individual sources, groups of sources, and the body of literature as a whole.

Many theories have been proposed to explain facts related to Married Working Women and the things which affect their life. Although the literature covers a wide variety of theories, this review will focus on four major variables which emerge repeatedly throughout the literature reviewed. These variables are Social Support, Hardy Personality, Role Conflict and Quality of life.

2.2. Studies related to social support:

Social Support is associated with how networking helps people cope with stressful events. Besides it can enhance psychological well-being. Social support is one of the important functions of social relationships. Social networks are linkages between people that may
provide social support and that may serve functions other than providing support (Glanz et al; 2002).

The foundations of social network research are rooted in Durkheim’s (1951) study of social conditions and suicide in the late 1800s. He discovered that those with fewer social ties or social connections and smaller social networks were more likely to commit suicide than those with a greater number of social ties and larger social networks. From this seminal work, the concept of social integration was created as other researchers began the practice of measuring the size of social networks and the number of social ties. Social integration is extent to which an individual participates in a broad range of social relationships including family, spouse/significant other, friends, formal organizations (e.g., clubs, religious groups, and jobs). The more social relationships or social ties individuals have, the more integrated they are in social networks.

Social support is a dynamic process that involves the provision of coping resources, including companionship, emotional sustenance, information, and other forms of aid (e.g., Kahn and Antonucci, 1980; Thoits, 1995; Wellman and Wortley, 1990). Because it increases self-esteem, buffers against the stresses of negative life events, and yields access to valuable instrumental resources, social support is associated with a variety of positive physical and mental health outcomes (Cobb, 1976; House, Umberson, and Landis, 1988; Lin, Ye, and Ensel, 1999; Thoits, 1995).

The concept of a social support “convoy” (Antonucci and Akiyama, 1987; Kahn and Antonucci, 1980) is useful in these respects because it conceptualizes support as operating not within dyads, but as a process that involves cooperation within a larger group. This is also consistent with research on care giving which stresses the broader environment or context in which caregivers are embedded as a factor that affects their ability to execute care giving duties and other caregiver outcomes (Dilworth-Anderson, Williams, and Cooper 1999).

The increasing interdependence of work and family domains have made family support as one of the important factor contributing to the work-life balance of women employees. The family support may come
from spouse, parents, siblings, children, extended family, and friends. The studies related to the relationship between family support and work-life balance has shown mixed results. Receiving spouse-partner support has been positively related to number of work-related outcomes, including occupational success (Bird and Bird, 1986). (Parasuraman, Greenhaus and Granrose, 1992) concluded that effects of spousal support were only significant in family and not the work domain. Bhatia and Dey (2011) also found that social support does buffering effect on daily hassles among working women.

Social support, i.e. the emotionally sustaining content of relationships, especially perceived social support, has been subject of an immense body of research that clearly establishes an important association with emotional well-being (Turner et al, 2000). The positive association of social support with well-being is supported by hundreds of studies (House et al, 1988), including those that social resources modify the emotional impact of stressors by conditioning individuals’ vulnerability to such stressors. Berkman, 1984; Cohen and Wills, 1985; House et al., 1988 and Kessler and McLeod, 1985) explored that perceived emotional support is associated direct with better physical and mental health and usually buffers the damaging mental and physical health impacts of major life events and chronic strains. Thakar and Misra (1995) explored that the dual career women reported significantly greater incidence of daily hassles. Interestingly, even with more hassled life, they displayed greater degree of life satisfaction as compared to housewives. Older dual career women from nuclear families perceived greater degree of control and perceived good social support.

Although results on the mechanisms through which social support influences health and well-being are inconclusive (Ganster, Fusilier, and Mayes, 1986; Gore, 1981; House, 1981; Kaufmann and Beehr, 1986; Kessler, Price, and Wortman, 1985; Leavy, 1983; Thoits, 1982), social support is supposed to have a positive effect on one’s health and well-being (Kaufmann and Beehr, 1989; Sarason, Sarason, and Pierce, 1990). One can receive social support from various sources from different life domains. Furthermore, a distinction can be made between the different sources of support used by men and women, i.e., work-related and non-work related sources of social support. In general, women report more
support from relatives and friends and rely less heavily on social support from their spouse than men (Belle, 1987; Ogus, Greenglass, and Burke, 1990; Olsen and Shultz, 1994; Vaux, 1985). Men report more support from their spouse (Reevy and Maslach, 2001). Taylor et al. (2000) supposed that these gender differences in social support are a consequence of the different responses to stress situations by men and women. They state that men are more likely to fight-or-flight in stress situations, whereas women are more likely to tend-and-befriend, i.e. “... in response to stress situations, women show patterns involving caring for offspring, joining social groups to reduce vulnerability, and contributing to the development of social groupings, especially those involving female networks, for the exchange of resources and responsibilities” (Taylor et al., 2000).

Spouses are usually regarded as particularly reliable sources of support, especially as the need for support grows in later life (Cantor, 1979; Cantor and Brennan, 2000; Dehle, Larsen, and Landers, 2001; Levitt, 1991).

The spouse is the most close-at-hand contact and therefore the most able to deliver support when it is called for. Spouses have unparalleled knowledge of each other’s specific support needs because of frequent mutual exposure and the (usually) open exchange of information that occurs in marital relationships. Furthermore, some forms of support (e.g., help with embarrassing problems) fall far outside of the boundaries of other, weaker relationships (Allan, 1986; Hamon and Blieszner, 1990; Rosow, 1970; Wood and Robertson, 1978).

However, research suggests that several factors condition the flow of support between spouses. The most widely studied of these is gender. Flows of support within marital relationships are asymmetrical in the sense that, on average, husbands receive more (beneficial) support from their wives than women receive from their husbands (Antonucci and Akiyama, 1987b; Cutrona, 1996; Schwarzer and Gutiérrez-Doña, 2005; Windsor and Butterworth, 2010; c.f., Neff and Karney, 2005; Turner and Marino, 1994; Verhofstadt, Buysse, and Ickes, 2007).

Relationship quality is another important factor. The amount of time spouses spend together, their happiness and satisfaction with each
other, and other aspects of relationship strength are all central to mutual supportiveness (Dehle, Larsen, and Landers, 2001).

Spouses are unique in that the informal social connections they can draw on to help each other are usually from overlapping pools of contacts. Strong relationships are frequently embedded within joint networks and the spouse is usually the one person who is the most closely tied to one’s other contacts (Kalmijn, 2003; Kalmijn and Bernasco, 2001; Kearns and Leonard, 2004).

Benjamin Cornwell (2009) suggested that when one’s spouse has more frequent contact with one’s other network members, one is more likely to: 1) view one’s spouse as a reliable source of support; 2) open up to one’s spouse about personal worries; and 3) discuss health problems and medical treatment decisions with him or her.

Support from one’s spouse—especially emotional support—is one of the most important predictors of an individual’s well-being (e.g., Thoits, 1995). Emotional spousal support refers to expressions of interest, caring and understanding, and receiving empathy from one’s spouse. Coyne and DeLongis (1986) found, among married individuals experiencing a stressful event, support from other sources does not completely compensate for lack of social support from one’s spouse. Yet, numerous studies have also found that marriage is more beneficial for husbands than wives (e.g., Kiecolt- Glaser and Newton, 2001).

Research on received support is typically assessed by asking individuals whether certain acts of support have occurred—in other words, visible or reported support receipt. By contrast, Bolger and colleagues argue that invisible support receipt may be a more positive type of support receipt. Bolger, Zuckerman, and Kessler (2000) define invisible support as occurring in two ways: (1) specific supportive expressions that “occur outside of the recipient’s awareness” and (2) behaviors or expressions that the recipient is aware of but does not register as support.

Vangelisti (2009) suggested that invisible support may not be as beneficial in everyday or positive situations as it is in negative or stressful
situations. Specifically, Vangelisti argues that support in more positive situations can communicate interest in the other person, encouragement, validation, and love.

One additional issue with regard to support visibility is whether it is equally beneficial for the provider and receiver. As stated above, receiving support may have detrimental effects because needs are not always met when support is received and the support receipt may imply the recipient is not in control of the situation and must depend on others (Helgeson, 1993; Shrout, Herman, and Bolger, 2006). On the other hand, several studies have shown that providing social support is more beneficial than receiving social support (e.g., Gleason, Iida, Bolger, and Strout, 2003). The explanations for these findings include the potential to increase self-esteem and well-being, and buffer against distress (Väänen et al., 2005), as well as allowing the individual to feel valued and needed by others (Knoll et al., 2007). Several gender differences were also found in the aforementioned studies. Väänen et al. (2005) found evidence that women benefit more from support provision, whereas men benefit more from support receipt. Additionally, Knoll et al. (2007) found that women benefit most from providing emotional support—in this study support receipt was not related to outcomes for either men or women.

Biehlle and Mickelson (2012) examined the impact of visibility of emotional support provision and receipt in the daily lives of married couples. Hierarchical linear modeling analyses indicated that reported support provision was related to less anxiety and depression and more positive mood, whereas unacknowledged support provision was related to more anxiety and depression. Moreover, reported support receipt was beneficial for an individual’s well-being, such that it was related to more positive mood and less anxiety and depression. On the other hand, invisible support receipt was only found to be related to less anxiety.

The receipt of social support has garnered a wealth of investigation and has consistently been negatively associated with WFC (work family conflict). That is, the receipt of social support has been associated with lower levels of WFC (work family conflict). Consistent with the domain specificity hypothesis (Frone, 2003; Frone et al., 1992), the majority of
empirical research has found support for a relationship between spousal support and FIW (family interference with work conflict) (Aycan and Eskin, 2005; Burke and Greenglass, 1999; Frone, Yardley, and Markel, 1997; Fu and Shaffer, 2000; Grzywacz and Marks, 2000). In Byron’s (2005) meta-analysis, a weighted average corrected correlation of -.17 was reported between family support (family and spouse) and FIW (family interference with work conflict).

A relationship has also been found between receiving spousal support and WIF work interference with family conflict (Cinamon and Rich, 2005; Matsui, Ohsawa, and Onglatco, 1995), as well as composite measures of WFC (Aryee, 1992; Erdwins et al., 2001; Kim and Ling, 2001; Parasuraman et al., 1992). Byron (2005) found a weighted average corrected correlation of -.11 between family support (family and spouse) and WIF (work interference with family conflict). Furthermore, researchers have found support for the buffering effect of spousal support on the relationship between WFC (work family conflict) and a variety of stressors, including parental role overload (Aryee, Luk, Leung, and Lo, 1999), parental demands (Matsui et al., 1995), family demands, and job stressors such as role overload, role ambiguity, and a lack of autonomy (Westman and Etzion, 2005).

Patel, Beekhan, Paruk, Ramgoon (2008) found that job satisfaction and WFC (work family conflict) negatively correlated, job satisfaction and spousal support positively correlated, and also explored that WFC (work family conflict) and spousal support negatively correlated. Aminah Ahmad (1997) described that married working women received the least social support from their supervisors, and the most from their husbands.

Early conceptualizations of social support included work by Pinneau (1975) who described tangible, appraisal/informational and emotional support, and Cobb (1976) who described esteem, network, and emotional support. A more recent and widely employed conceptualization of social support was proposed by House (1981) and involved the dimensions of emotional concern, instrumental support, informational support, and appraisal support. Similar to the description proposed by Cobb (1976), House proposed that emotional concern “involves
providing empathy, caring, love, and trust” (House, J. S. (1981). Work stress and social support. Reading, MA: Addison-Wesley, p. 24) and includes behaviors such as demonstrating affective concern. House’s dimension of instrumental support, like Pinneau’s tangible support, reflects behaviors that are provided that directly assist the person in need (e.g., helping one’s spouse with chores around the house). Consistent with Pinneau’s description of appraisal/informational support, House’s informational support involves providing useful information to another individual, such as suggestions or advice about a problem to a spouse. House further distinguished appraisal support as information provided to an individual that is useful in social comparisons (i.e. self-evaluation), somewhat similar to Cobb’s conceptualization of esteem support. However, while esteem support emphasizes that the individual is valued by others, appraisal support does not connotate only positive evaluations. Appraisal support would be evident when a spouse thanks his/her partner for doing a good job at home, but also when a spouse criticizes his/her partner for doing something wrong.

Dorio (2009) explored in his study that generally supportive of the relationship between the provision of spousal support and the receipt of spousal support, perceived family demands, family hours, and work interference with family conflict (WIF) and were consistent with expected relationships according to COR theory (Hobfoll, 1989). Results also provided support for the synchronous crossover of WIF on perceived family demands; however, results were generally unsupportive of the mediating role of the provision of spousal support in the crossover process.

Halbesleben, Zellars, Carlson, Perrewé, Rotondo, (2010) found that work-linked couples have a stronger relationship between spouse instrumental support and the reduction of emotional exhaustion; this moderated relationship was mediated by their work-family integration.

Likewise, Thomas and Ganster (1995) reported that emotional support from one’s partner in a dual earner relationship reduces the negative effects of work on family life among 398 health professionals who had children aged 16 years or younger at home. The results of this study suggested that organizations could take steps that can increase
employees' control over family responsibilities and that this control might help employees better manage conflicting demands of work and family life. According to Chee (1997) respondents did not experience much work-family conflict primarily because they received a lot of support from their spouses. The above findings contradict the study by Aryee et al. (1999). Aryee et al., examined the relationship between role stressors, inter role conflict and wellbeing and the moderating influences of spousal support and coping behaviors. The respondents were 243 Hong Kong Chinese parents from dual-earner families. Whereas Ansuman Panigrahi, Aditya Prasad Padhy, and Madhulita Panigrahi (2014) showed in their study that 3 predictors such as favourable attitude of colleagues, sharing their own problems with husband, and spending time for yoga/meditation/exercise had significant positive impact on the mental health status of married working women in India. The results of the study revealed that spousal support was unrelated to work-family conflict.
2.3. Studies related to hardy personality:

The study of personality has a long history. For example, Plato, Aristotle, Descartes, and Machiavelli, among numerous other philosophers and writers, explored human personality in their works. Many of their books reveal compelling insights into the human psyche. Modern theorists to a large extent echo the theories set forth by these earlier thinkers.

Plato (427–347 BCE) saw the human soul as the seat of personality. In his well-known dialogue, The Republic (c. 390 BCE), he said that the soul consists of three basic forces guiding human behavior: reason, emotion, and appetite. Reason is given the highest value whereas emotion and especially appetite are regarded as the “lower passions.” Plato believed the most powerful of these forces is reason, which keeps the more primitive forces of appetite and emotion at bay. Aristotle (384–322 BCE), one of Plato’s students and the teacher of Alexander the Great, referred to the seat of personality as the psyche. His description of the psyche suggests that he was the first biological psychologist. Aristotle proposed that the psyche is the product of biological processes. He also saw the psyche as including a set of faculties that he placed in a hierarchy of importance. The first faculty that Aristotle distinguished is the nutritive—the human organism’s basic drives to meet its bodily needs. This faculty can be found in plants as well as in animals and people. The next and higher faculty is the perceptual, which Aristotle defined as the aspect of mind that interprets sensory data. Animals as well as people have a perceptual faculty. The last and highest faculty is the intellectual, which Aristotle saw as unique to human beings. Descartes (1596–1650), a French philosopher, viewed human personality as the product of the interaction of divine and primal forces. He saw the essential force behind human personality as the immortal soul—pure, perfect, and intangible. Descartes set out to explain how this spiritual entity interacted with the physical body. His observation of an anatomical dissection led him to think he had resolved this mind-body problem. He noticed a small body in the apparent center of the brain known as the pineal gland or pineal body, so named by the Greco-Roman physician Claudius Galen (c. 130–c. 200 CE) because its shape reminded him of a pine cone. In contrast to Descartes, Niccolò Machiavelli (1469–1527), a Florentine diplomat and
political thinker, believed that personality is best understood in a social context. According to Machiavelli’s worldview, people are essentially selfish, greedy, ungrateful, and vengeful.

The study of personality has a broad and varied history in psychology with an abundance of theoretical traditions. The major theories include dispositional (trait) perspective, psychodynamic, humanistic, biological, behaviorist, evolutionary and social learning perspective. However, many researchers and psychologists do not explicitly identify themselves with a certain perspective and instead take an eclectic approach. Research in this area is empirically driven, such as dimensional models, based on multivariate statistics, such as factor analysis, or emphasizes theory development, such as that of the psychodynamic theory. There is also a substantial emphasis on the applied field of personality testing. In psychological education and training, the study of the nature of personality and its psychological development is usually reviewed as a prerequisite to courses in abnormal psychology or clinical psychology.

DeLongis and Holtzman (2005) described that personality and social relationships play an important role in almost every aspect of stress and coping. Daily process methods are particularly useful in elucidating how these factors might influence both responses to and outcomes of stress. And also found the effect of personality on coping and stress outcomes to vary by the situational context in which stress occurs.

There are many types of personalities, like; Big 5, 16pf personality, Type A, Type B, Type D, Hardy personality, extra. Individual have own personality and it is effect on his behavior, the way of coping with life events and on many more. In these certain types of personalities, Hardy personality is come out with one of the powerful type of personality that can cope with life stressors very nicely.

While given relatively little attention by intervention programs, research within the risk, resiliency, and trauma literatures have documented that an individual’s internal resources and their contribution to resiliency is an additional and important area to consider (Brooks, 1994). Two concepts which have recently emerged within the area of psychological resiliency and, which address the relevance of “internal
characteristics” in helping one to overcome and deal with negative life experiences, are hardiness and optimism. Emerging from the medical literature, the concept of hardiness was first identified by Kobasa as a resistance factor in the late 1970’s. Initially used to examine the relationship between health and stress (Jennings and Staggers, 1994), Kobasa’s (1979a, 1979b) preliminary findings revealed that individuals who experienced high levels of stress, but remained healthy had a different personality structure than individuals who experienced high levels of stress and became ill. Thus, the construct of hardiness was first introduced by Kobasa (1979), who defined it as a resistance resource in the encounter with stressful situations. It is considered as a pattern of personality characteristics comprising three mutually related dispositions - commitment, control, and challenge. Dimension of control is defined as a tendency to believe and act as if one can influence the life events through one’s own effort. Commitment refers to the tendency to involve oneself in the activities in life and have a genuine interest in and curiosity about the activities, things and other people, while challenge refers to the belief that changes in life are opportunities for personal growth.

The central domain of this personality structure, labeled hardiness, was subsequently defined as, “the use of ego resources necessary to appraise, interpret, and respond to health stressors” (Pollock, 1989). Following this, the term continued to be employed by theorists in their examination of the links between stress and health (Low, 1996). Although it continues to be employed most frequently in the contexts of medicine and illness (Jennings and Staggers, 1994; Pollock, 1989), researchers are beginning to conceptualize hardiness as a general health promoting factor (Bigbee, 1985), which enables individuals to remain both psychologically and physically healthy despite confrontations with stressful situations or experiences (Kobasa, Maddi, and Kahn, 1982). As will be discussed in further detail, hardiness is currently measured along three dimensions: control, commitment, and challenge (Kobasa, 1979a, 1979b).

A five-year study, by Kobasa (1982), examined the role of hardiness and its interaction with stressful life events in relation to present health status. Hardiness is shown to be indirectly related to less illness development in the presence of stressful life events, supporting the concept of hardiness as a resistance resource. Testing by Rhodevault and
Agustodttir (1984), revealed that hardy individuals report more positive self-statements than low hardy subjects do. Physiologically, high hardy individuals displayed higher levels of systolic blood pressure during the experimental period, indicating more active coping efforts. McVicar (2003) suggested that one of the reasons for the great variation of stress among nursing professionals is their diverse configurations of personality and coping.

It is found that certain types of people fall ill and have a difficult time overcoming sickness while others seem to be unaffected by illness and can buffer a stressful situation (Florian, Mikulincer, and Taubman, 1995; Hull, Van Treuren, Virnelli, 1987; Kobasa, 1979a; Kobasa, 1979b; Kobasa, Maddi, and Kahn, 1982; Li-Ping Tang and Hammontree, 1988). Selye (1979) defined the concept of stress as the nonspecific response of the body to any demand made upon it. Through experimental data, a direct link has been made between abnormal immune responses and stress. In addition to the stress disease connection, it seems personality and other mediators are the connection between stressful life events and illness or health. According to Kobasa (1979a), hardy people are buffered against stressful life situations because they engage in certain affective, cognitive, and behavioral responses. In turn, buffering the stressors leads to better overall health. Kobasa (1979a) worked with executives working under conditions of stress. Control was measured through four instruments, commitment with the Alienation Test, and challenge with 6 instruments. Kobasa suggests that a hardy personality plays the role of a buffer in the stress-illness relationship. This study was one of the first to significantly correlate the role of personality and other mediators in the connection between stressful life events and illness or health. In this study, Kobasa's results indicated that high stress/low illness executives can be distinguished from high stress/ high illness subjects. Since Kobasa's 1979a study, many other researchers have investigated the health and hardiness connection (Florian, 1995; Hull, 1987; Kobasa, 1979b; Kobasa et al. 1981; Kobasa et al. 1982; Greene and Nowack, 1995). Greene and Nowack (1995) studied coping styles in relation to hardiness and health and supported the notion that a positive association exists between stress, coping and health. Specifically, hardiness was correlated with four coping styles. In accordance with this finding, Li-
Ping Tang and Hammontree (1988) determined hardiness was significantly associated with future strain and stress. Results ultimately showed that "Hardiness will operate as a resistance resource in the stress and strain relationship and also the stress and illness relationship."

Individuals high on hardiness try to influence the outcomes of the life events, are actively engaged in them and, notwithstanding their positivity or negativity, try to learn something out of them. On the other hand, individual low on hardiness will be more likely to withdraw from some life circumstances and perceive them as more threatening (Maddi, 1999). It is suggested that hardiness acts as a protective factor in stressful situations predominantly through cognitive appraisal and coping behaviors. Namely, persons high on hardiness approach life demands actively and perceive that they can handle them successfully, view them as meaningful and useful, which results in less stressful experience (Maddi, 1990). Protective function of hardiness could be seen in its impact on the choice of the situations that one will be involved with. Namely, the effects of hardiness on cognitive appraisal and coping efforts refer only to the individual differences in the reactions to actual stressful situations. However, hardiness does not influence only the appraisal of actual stressful situations, but also the evaluation of past experience, the appraisal of costs and benefits of various behaviors, and therefore, the choice of important, meaningful and challenging situations. Thus, hardiness does not influence only the reactions to the stressful stimuli, but can also lead to qualitatively different experiences (Wiebe and Williams, 1992).

The effects of hardiness on various outcomes have been investigated mostly in the work context. In one of the first studies dealing with this topic, Maddi and Kobasa (1984) tried to identify managers that proved to be successful when working in the stressful work conditions and to differentiate them from those who manifest problems at the individual as well as job level. Hardiness was found to be a key variable that differentiates these two groups of managers. Studies dealing with the effects of hardiness on health outcomes showed that hardiness is negatively related to physical symptoms in highly stressed individuals (Kobasa, 1979), and prospectively related to the lower probability of symptom appearance. Furthermore, the main effect of hardiness on
subjective physical symptoms depends on the job stressfulness (Kobasa, Maddi, and Kahn, 1982). Since theoretical model of hardiness implicates that it may be learned, from the beginning the research had practical implications in the domains of work and organizational psychology mainly aimed at planning stress management programs (Walton, 1990). Prompted by the aforementioned studies, numerous authors tried to explain the effects of hardiness on various work-related outcomes, out of which professional burnout has generated most interest. Research indicates that hardiness is negatively related to professional burnout, and especially in the professionals working in mental care and education (Chan, 2003; Simoni and Paterson, 1997). Also, recent studies have found the relationships of hardiness with many health outcomes on the samples of healthy people in various professions as well as on persons with different illnesses. For example, hardiness is associated with lower blood pressure (Maddi, 1999), physiological responsivity that constitutes less risk of heart disease and other illnesses (Contrada, 1989; Rhodewalt and Zone, 1989), and fewer signs of psychopathology (Maddi and Kobasa, 1994). Results also indicate that hardiness helps in the maintenance and enhancement of performance, leadership, morale, and health despite the presence of significant stressful circumstances (Maddi et al., 2002). Furthermore, Dolbier et al. (2000) have found that individuals high on hardiness have significantly higher proliferative responses to antigens and mitogens than individuals lower on this trait. A study conducted on soldiers participating in peacekeeping operations showed that those higher on hardiness were able to find more meaning in their activities, which was, after their termination, connected with some benefits, as for example better personal experience and better abilities to cope with stressful situations (Britt, Adler, and Bartone, 2001). Recent research suggests that hardiness in interaction with work conditions has prospective effects on objective health outcomes. Hystad, Eid, and Brevik (2011) investigated the prospective effects of psychological hardiness, job control, and job demands on medically certified sickness absence. After controlling for age, sex, and baseline absence, hardiness predicted both the likelihood of having any sickness absence and the number of absence spells. In addition, an interaction was found among hardiness, job control, and psychological demands. When demands were high, high job control was associated with more absence among employees lower on
hardiness. Their results show that psychological demands in the work environment had a stronger negative impact on employees with low levels of hardiness under conditions of high, as opposed to low job control. Research dealing with work injuries suggests that participants higher on hardiness are less likely to fall ill and have less work injuries requiring hospitalization (Greene and Nowack, 1995). It should be noted that research shows that dimensions of hardiness are not equally important for health outcomes. Namely, dimensions of control and commitment seem to be more important than dimension of challenge (Clark and Hartman, 1996). Bar-On (2003) found that there was a moderate yet significant relationship between internal strength factors (emotional competencies and hardy personality) and psychological health.

Although much less, hardiness has also been investigated in the contexts of other work outcomes, such as attitudes towards work and organization and work-related behaviors, Studies have found that hardiness is positively related to job satisfaction (e.g. Cash and Gardner, 2011). Employees high on hardiness see their job in better light, are more committed to their organizations (Sezgin, 2009), have more responsible work behaviors and are more efficient in stressful tasks (Manning, Williams, and Wolfe, 1988). Persons higher on hardiness use adaptive coping strategies more frequently (e.g. active and problem-focused strategies), and non-adaptive strategies (e.g. avoidance) less frequently (Cash and Gardner, 2011; Simoni and Paterson, 1997). Furthermore, they have better and wider social networks which provide them with support in the situations requiring coping with work stress, and they report higher levels of social support by co-workers and supervisors (McCalister, Dolbier, Webster, Mallon, and Steinhardt, 2006).

Individuals who are hardy cope with various stressors, both personal for example life cycle, family and professional for example occupational roles and relationships, are better than those individuals who are not hardy (Simoni and Paterson, 1997). Rush et al. (1995) found negative relations between hardiness and self-reported illness as a result of stress or burnout. Chan (2003) assessed hardiness and burnout among teachers and found that hardiness has significant impact on emotional
exhaustion and personal accomplishment. McCrainie et al. (1987) found out that hardiness has beneficial major effects in reducing burnout but does not prevent high level of job stress from leading to high level of burnout. Maslach et al. (2001) found out that people who display low levels of hardiness (involvement in daily activities, a sense of control over events, and openness to change) have higher burnout scores, particularly on the exhaustion dimensions.

Azeem (2010) described that commitment, challenge; control and total personality hardiness are found to be negatively related with emotional exhaustion. Commitment and total personality hardiness are also found to be negatively related with depersonalization. Stepwise multiple regression analyses summarize that commitment and total personality hardiness are the predictors of burnout among teachers. Azar, Vasudeva and Abdollahi (2006) found that women with higher quality of life score rank also higher on hardiness, self-efficacy, and self-esteem and vice versa. A large volume of literature exists about the direct, indirect, and moderating effects that hardiness (Cox and Ferguson, 1991) has on the stressors and strain relationship. All these things indicate that persons higher on hardiness are better equipped to manage work stress.

2.4. Studies related to role conflict:

Work and family life are two important dimensions of human life that are hard to be separated. The incompatibility between these two domains is proven to increase stress and psychological strain. Thus, one of the aims of was to this research’s investigating the work-family conflict among married women college teachers.

Work-family conflict is defined as the inter-role conflict that occurs when two domains become unbalance (Greenhaus and Beutell, 1985). When conflict occurs it will gives adverse effects to both organization and individuals. Previous research have found that a person experiencing work-family conflict will lead to the increase of health risk, decrease performance in both work and life, inhibiting stress and reducing satisfaction in life (Frone, Russell, and Cooper 1992, Greenhaus and Kopelman, 1981 and Joseph et al., 2007). The inability to endure
both commitments will also form the behavior of absenteeism, increasing the intent to turnover in organization as well as reducing the organizational commitment (Frenandez, 1986 and Schultz and Henderson 1985).

Panatik, Rajab, Shah, Rahman, Yusoff and Badri (2012) explored that both work to family conflict and family to work conflict have a significant relationship with the stress dimensions and psychological strain. In specific, work-to-family conflicts have a high correlation with the criterion variables compared to family-to-work conflict. In addition, the regression results indicated that only work to family conflict influence stress levels and psychological strain.

The relationship between work-family conflict (WFC), stress and strain has been extensively explored by many researchers, especially in Western society. However, studies of WFC in Asia are still rare (Achour and Boerhannoeddin, 2011).

Previously, most of the research found that work-family conflict works in two directions which are work-to-family conflict and family-to-work conflict (Adam, 1996). For work-to-family conflict, it is a situation that occurs when conflict sourcing from the realm of work is affecting the family life. For example, stress experienced by the workers interfere the family life. Meanwhile, family-to-work conflict is a situation where the family life interfere the working life. Frone, Russell and Cooper (1992) also have identified two types of WFC; one is work-to-family conflict, shortly known as WFC, which happens when work is interfering family. And the other is family-to-work conflict, treated as FWC, happens when family is interfering work. However, previous research indicated that individuals experience work-to-family conflict more than family-to-work conflict (Frone, Yardley and Markel, 1997).

Tabassum, Jahan and Rahman (2013) revealed that family work conflict (FWC) negatively predicts job satisfaction, Work family conflict (WFC) and FWC negatively predict family satisfaction, and WFC negatively predicts life satisfaction. It was also explored that both WFE and FWE positively predict job and family satisfaction.
WFC is “a form of inter-role conflict in which the role pressures from the work and family domains are mutually non-compatible in some respect. That is, participation in the work (family) role is made more difficult by virtue of participation in the family role (Greenhaus and Beutell 1985)”. Past researchers found that high levels of both WFC and FWC are associated with decreased levels of job satisfaction and lower levels of psychological well-being (e.g. Frone, Russell and Cooper 1992; Kinnunen and Mauno 1998; Thomas and Ganster 1995; Duxbury and Higgins 1991; Thompson and Blau 1993), lower family satisfaction (Kossek and Ozeki 1998; Mesmer-Magnus and Viswesvaran 2005), and life satisfaction (Judge, Boudreau and Bretz 1994).

While researchers mostly emphasized on the negative spillover between work and family dimensions, work-family enrichment (WFE) is neglected in researches, which is the positive interface between work and family (Frone 2003; Parasuraman and Greenhaus, 2002). This is also known as work-family facilitation, positive spillover, enhancement. Greenhaus and Powell (2006) defined work-family enrichment as “the extent to which experiences in one role improve the quality of life in the other role”.

The researchers who have worked with WFE, have considered that multiple roles in one domain can enhance one’s ability to succeed in another domain, thus it is becomes beneficiary for the job holder (Barnett and Hyde 2001; Frone 2003). Wayne, Musisca and Fleeson (2004) mentioned about two directions for WFE, one is work-to-family enrichment, popularly known as WFE, and the other is family-to-work enrichment, shortly treated as FWE. According to these authors, WFE is defined as “occurring when one’s involvement in work provides skills, behaviors, or positive mood which positively influences the family” and FWE is defined as “occurring when one’s involvement in family results in positive mood, support, or a sense of accomplishment that helps him or her cope better, work harder, feel more confident, or reenergized for one’s role at work” (Wayne et al. 2004, p. 111). As WFE is a form of synergy in which resources associated with one role supplement the other
role (Voydanoff 2004), it is expected that it is advantageous for the employed individuals.

Previous researchers found WFE or FWE to be correlated with enhanced psychological and physical well-being (Grzywacz and Bass 2003). At the same time, WFE can lead to greater family and job satisfaction (Tompson and Werner 1997; Wayne, Musisca and Fleeson 2004), and greater life satisfaction (Judge, Boudreau and Bretz 1994; Van, Steenbergen, Ellemers and Mooijaart 2007).

Previous researches have posited that WFC and WFE are distinct and uncorrelated (Bakker and Geurts 2004; Voydanoff 2004). Though these two variables are important for both the employers and the employees, very few initiatives are found in terms of association of these variables with the satisfaction domain. According to past researches, women usually experience more WFC compared to men (Frone, Russell and Cooper 1992). In fact women experience lower job satisfaction (Sagas and Cunningham 2005), lower family satisfaction (Parasuraman, Greenhaus and Granrose 1992) and lower life satisfaction (Parasuraman and Simmers 2001) compared to the men.

Kossek and Ozeki (1998) have suggested that FWC is more impacted by variables within the family domain, while WFC is more influenced by work-related variables. So, for better understanding the nature of WFC, it is important to consider the bi-directional conceptualization of WFC (Frone, Russell and Cooper 1992). Many of the researchers questioned about the fact that whether WFC and FWC are correlated with each other. As conflicts in one direction are likely to be coupled with expressions of conflict in the other direction, an overlap is expected between WFC and FWC (Frone, Russell and Cooper 1992). Though positive correlations were found between these two types of conflicts (Gutek, Searle and Klepa 1991; Flye, Agars and Kottke 2003), researchers have proceeded that WFC and FWC are distinct. Through vast literature review, Mesmer-Magnus and Viswesvaran (2005) clarified the differential pattern of WFC and FWC. They mentioned in their researches, “WFC will correlate higher with job stressors and job
satisfaction than FWC, but FWC will correlate higher (than WFC) with life satisfaction and non-job stressors.”

Different researchers have demonstrated the negative consequences of WFC, which include low job performance (Frone, Yardley and Markel 1997; Kossek, Colquitt and Noe 2001), and low satisfaction levels with the job, family, and organization (Pleck, Staines and Lang 1980; Staines and O'Conner 1980; Greenhaus and Kopelman 1981; Jones and Butler 1980; Parasuraman, Towitz, Bedeian and Mossholder 1989; Aryee 1992; Netemeyer et al. 1996; Lu, Huang and Kao 2005; Eby, Casper, Lockwood, Bordeaux and Brinley, 2005). The conflict between work and family roles suggests that the structural, social, and psychological demands of work and family contribute to increasing levels of WFC by increasing demands at work and family (Frone, Russell and Cooper 1992). This stress leads to dissatisfaction with both work and family, and these two forms of distress cause general discontent and depression in social and psychological demands, such as responsibility, a variety of tasks, workload, and psychological pressure. These are associated with a higher degree of WFC, with important consequences such as, experience of work stress, work dissatisfaction, and poor functioning at work (Kinnunen and Mauno 1998; MacEwen and Barling, 1988).

Likewise, structural and social requirements of the family (number and age of children, care for children, and care for elders, marital status, and quality of family member relationships) are associated with higher levels of FWC (Hill, Yang, Hawkins and Ferris 2004; Voydanoff 2005), with important consequences such as family stress, dissatisfaction with family and fatigue, inefficiency in marital and parenting functions (Frone, Yardley and Markel 1997; Kinnunen and Mauno, 1998).

Different scholars proved that high levels of both WFC and FWC have been associated with decreased levels of job satisfaction (Adams, King and King 1996; Duxbury and Higgins 1991; Thompson and Blau 1993; Wiley 1987), and similar correlations have been reported for life satisfaction (Judge et al. 1994). Life satisfaction was conceptualized as deriving from satisfaction through having a good job and family life (Sekaran 1983). Moreover, life satisfaction is increased through
involvement in activities within the family domain and receipt of emotional support from family members (Judge et al. 1994). There is evidence that people with high level of WFC tend to be less satisfied with their job and life (Allen, Herst, Bruck and Sutton 2000; Kossek and Ozeki 1998). Researchers have found that workers facing high levels of WFC are at increased physical and mental health risk, have less satisfactory job performance, distracted at work, more incidences of work withdrawal behaviors (e.g., tardiness, absenteeism, and turnover), reduced work engagement, decreased morale, which in turn may lead to lower satisfaction with job and life, (Duxbury and Higgins 1991; Frone, Russell and Cooper 1992; Hammer, Bauer and Grandey 2003; Leiter and Durup1996; O’Driscol, Ilgen and Hildreth, 1992).

The absence of enough time and energy for family activities due to the work demands may decrease the quality of family experiences (Aryee, Fields and Luk 1999; Frone, Russell and Cooper 1992). Thus WFC can negatively relate family satisfaction because these family related strain-based pressures include different factors such as parental conflict and marital discord (Byron, 2005). Several researchers have tested the relationship between WFC and family satisfaction and found a significant negative relation between these two variables (Frone, Yardley and Markel 1997; Wayne, Musisca and Fleeson 2004).

Role conflict is associated with several other factors in various researches. Among the organizational factors, role conflict and role ambiguity have been identified as significant in the genesis of burnout (Leiter and Maslach, 1988; Schwab and Iwanicki, 1982). Melchior et al. (1997) considered that role conflict is one of the most important factors in psychiatric nursing burnout.

Jianwei Zhang and Yuxin Liu (2011) findings and implications include the effects of individual factors like demographic and personality variables, the influences of work variables like work stress, family friendly programs and impacts of family variables like family demands and spousal interactions.
The reason why family demand influences WFC is variety of stresses produced as family demand is satisfied, such as role overload related to family role involvement, role conflict, and role vagueness. This stress from family level reduces the resources that can be used in work field. Individuals distribute the resource which should have been used in one role to another, which results in FIW (Family interference work) and WIF (Work interference family). The individual, who spends a lot of time on family and takes on more exceptions as family role, will feel lack of working time and energy. High-level family demand may require individuals spend more time on family affair, which causes the related stress increases and spills over to work role, and thus increase FIW. Research showed overload of parents’ role has significantly positive correlation with WIF and FIW (Frone et al, 1997). High-FIW people have the following characteristics (Parasurman and Simmers, 2001) high involvement into family affair, much time demand from family, little support from family, disagreement with family or spouse, tensioned relationship, etc. Meta analysis on family variables shows family role conflict is significantly correlated with three types of FIW (time-based conflict, stress-based conflict and behavior-based conflict) while vagueness of family role has significant correlation with behavior-based FIW (Byron, 2005).

What family demand variables emphasized are the possible factors producing WFC, and the opposite perspective is social support to family which might relieve the conflict. A study (Grzywacz and Marks, 2000) showed that family support (such as from spouse) has significantly negative correlation with FIW. Encouragement, information and suggestion from family members all positively influence work role. Beatty also found out the main effect of spouse’s support is obvious, and it can reduce WFC (Beatty, 1996). A study on Japanese professional females showed husbands’ support cannot play as a cushion between “demand as parents” and WFC (Matsui et al, 1995). However, other study indicated spouse’s support has a buffering role (Suchet and Barling, 1986).

An empirical research (Adams et al, 1996) claimed that connubial support can be classified into emotional support and instrumental support.
Emotional support mainly consists of empathy understanding and listening between husband and wife, sincere concern and recommendations, and so on. Instrumental support mainly refers to practical helps to housework and childcare. Instrumental support from spouse can relieve the burden of family demand and grant individual much more time on working. Emotional support from spouse can improve individual’s efficacy in both family and work field. Several researches (Erdwins et al, 2001) revealed that high-level connubial support and low-level WFC are significantly correlative. The female who obtains more emotional support from her husband has low level of conflict. Meanwhile, connubial support is especially influential to the reduction of FIW apparently (Adams et al, 1996).

Besides providing social support, husband and wife are also interactive in other aspects. If a female has different perception on work role salience from that of her husband, she will experience stronger WFC from heart. If her husband pays too much attention to work, her WFC will be much stronger (Beutell and Greenhaus, 1982). If husband is traditionally as gender role, family demand is much easier to arouse wife’s WFC experience (Beutell and Greenhaus, 1983). Work role salience of husband and wife is significantly interactive to WFC. The interactive effect of job involvement of individual and his or her spouse can forecast male’s time-based WFC together. In addition, career priority of husband and wife has significantly interactive and can forecast male’s stress-based WFC together. When husband and wife both think his or her career priority is higher than the other, or lower than the other, male’s stress-based WFC is higher, while female has no this efficacy (Greenhaus et al, 1989).

In order to further research on how dual-earners confront WFC, Karambayya and Reilly (1992) applied qualitative and quantitative methods to investigate why and how people adjust their work so as to be more effectively confronted family’s demand. They realized that work adjustment of couple is positively correlative even though wife may adjust more work than husband. Furthermore, the more they are involved into family, the more work adjustment they will make, for both males and females. There are various work adjustments, including adjusting
working hours, working on weekend or at night, restrictions on business, care demand of both children and spouse. Meanwhile, those females with young children and high-income husband will adjust work more for family, but male has no this characteristic.

Nuclear family creates more stress as compared to joint family. Joint family and support from the Joint family acts as buffer against stress.

Abrol (1990) had examined the strains experienced and coping strategies used by 27 male and 27 female teachers. Results indicated that subjects reported interpersonal and psychological stress. They used social support to deal with stress.

Vashishtha and Mishra (1998) observed that social support from the family, coworkers, supervisors and other people could minimize stress among the employees.

Pandey and Srivastava (2000) had studied the female personnel working in railway, bank and teaching institutions. A sample of 96 females, 16 subjects in each professional area both from nuclear and joint family were taken. The study identified that respondents belonging to nuclear family had expressed more interpersonal work stress.

The research on the relationship between income and WFC can’t come to an agreement. Some researchers have not found any significant correlation (Frone et al, 1997), while others have discovered positive correlation between income and WIF, but that of FIW is not apparent (Frone, 2000). The reason might be that along with increasing income, work function and task increasing as well. In addition, some researchers showed opposite points to this. The study of Voydanoff and Kelly (1984) indicated that high-income people feel less shortage of time compared to low-income ones. Their presuming economic strength probably helps to satisfy them on time demand.

Dilek Yildirim, Zeynep Aycan (2007) explored that work overload and irregular work schedules were the significant predictors of work-to-
family conflict and that work-to-family conflict was associated with lower job and life satisfaction. Moderated multiple regression analyses showed that social support from the supervisor did not moderate the relationships among work demands, work-to-family conflict, and satisfaction with job and life. Exploratory analyses suggested that social support could be best conceptualized as the main effect directly influencing work-to-family conflict and job satisfaction.

Burke and Greenglass (1999) and Voydanoff (1988) found that job stressors and work demands are the strongest predictors of work-to-family conflict. Role demands play an important role in aggravating WFC. Work role characteristics associated with work demands refer primarily to pressures arising from excessive workload and time pressures. A considerable amount of research showed that work demands such as number of hours worked, workload, shift work were positively and strongly associated with WFC (Burke, 2002; Higgins et al., 2000; Higgins and Duxbury, 1992; Saltzstein et al., 2001; Voydanoff, 1988).

However, not everyone with heavy work demands experiences work-to-family conflict to the same extent. Similarly, those experiencing work-to-family conflict are not guaranteed to suffer from lower life and job satisfaction. This implies that there are factors buffering the effects of work demands and WFC on employees’ well being. Among such factors, the most important is the social support. Social support refers to interpersonal relationships and social interactions that help protect individuals from the effects of stress (Kessler et al., 1985; Nielson et al., 2001). Both the availability and the quality of social support are important social assets for individual adjustment and well-being. Social support has consistently been related to increased health and wellbeing (Cohen, 1988; House et al., 1988).

Employed women still need to juggle greatly with the demands of both work and family roles compared with the employed men (Noor 2003). Thus this struggle is creating an imbalance between these two types of roles, which is popularly known as work-family conflict (WFC).

Universities have been experiencing major changes leaving a significant impact on the role and working practices of the academics
(Barry, Chandler and Clark, 2001). Academic jobs have become more challenging in terms of effort and time. With growing institutional demands, accountability and work intensification of 50 to 60 hours per week, workload has become the norm in many universities (Jacobs and Winslow, 2004). Research on work-family conflict has found that such conflict is higher among those who work longer hours or have carry greater work demands, and reported as having higher job involvement and greater autonomy (Eby et al., 2005). Therefore, the academic staffs tend to experience conflict that related to the work-family issues.

Karimi, Jomehri, Asadzade, and Sohrabi (2012) explored that there was negative significant relationship between family-work conflict with job satisfaction, family satisfaction, and life satisfaction. Job satisfaction, family satisfaction, and life satisfaction are supposed to be influenced by work-family conflict and family-work conflict. Therefore, by decreasing the conflict between work and family it is possible to improve the job satisfaction, family satisfaction, and life satisfaction among female teachers.

2.5. Studies related to quality of life:

Quality of life is not a simple construct. Concepts of quality of life may focus on the individual or the collective; and may be subjective or objective.

Phillips (2006) provides two definitions of quality of life: “Quality of life is both an individual and collective attribute. At the individual level it includes objective and subjective elements. People’s objective quality of life requires that their basic needs are met and that they have the material resources necessary to fulfill the social requirements of citizenship. Their subjective quality of life depends on them having the autonomy to make effective choices to (1) ‘enjoy’ – enhance their subjective well-being, including hedonism, satisfaction, purpose in life and personal growth; (2) ‘flourish’ in the eudaimonic, other-regarding, Aristotelian sense of fulfilling informed as well as actual desires; and (3) participate in the full range of social activities of
citizenship. People’s collectively focused quality of life requires global environmental sustainability, both physical and social, and the following social resources within the communities and societies in which they live: civic integration, synergy and integrity; extensive weak network links and bridging ties at all levels of society; wide-ranging integrative norms and values including trust, reciprocity and other-regarding behavior; and societal norms and values relating at least to fairness and equity and possibly to some degree of social justice and egalitarianism.”

Its shorter version is:
“Quality of life requires that people’s basic and social needs are met and that they have the autonomy to choose to enjoy life, to flourish and to participate as citizens in a society with high levels of civic integration, social connectivity, trust and other integrative norms including at least fairness and equity, all within a physically and socially sustainable global environment.”

The World Health Organization Quality of Life Group defines quality of life as ‘individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns’ (World Health Organization's Quality of Life Group, 1992 and Nedjat, Montazeri, Holakouie, Mohammad and Majdzadeh, 2008).

It is believed that job is one of the most effective factors on women's quality of life (Farlinger S. 1996). In fact it is argued that a woman’s level of education and her employment status are expected to be positively related to women’s empowerment and thus affecting her quality of life (Harriet and Presser, 2000).

Researchers believe that a woman's choice to work out of the house or to be a housewife depends on her economical and social status and her desire to earn money (Jawaheri, Serajzadeh and Rahmani, 2010). Current statistical evidence from developing countries suggests that the participation and role of women in these countries has increased in the professions related to education, nursing, and service occupations (Wolin, Glynn, Colditz, Lee and Kawachi, 2007).
Studies from Turkey and Iran showed that employed women reported higher quality of life score than non-employed women in all aspects of quality of life (Saraç, Parýldar, Duman, Saygýlý, Tüzün, Yýlmaz, 2007 and Zanjani and Bayat, 2010). Considering the effect of women's health on the overall family health and with regard to lack of coordination in shared responsibility of men and women in family, and considering women's employment as a minor role alongside the major role of housekeeping, this study was designed to compare quality of life of the housewives with employed women in Zahedan, the capital city of Iranian southeastern Sistan and Baluchistan Province.

Personality factors can impact on the way in which people approach life circumstances or on the kinds of outcomes people receive, which in turn can impact favorably or unfavorably on quality of life. For example, a person who is conscientious may overcome unexpected obstacles more easily than a person who is less motivated to achieve important life tasks. Thus, a conscientious person may be more successful in establishing objective indicators of quality of life (e.g., having a successful career, wealth) and may also report high levels of subjective well-being.

Azar, Vasudeva and Abdollahi (2006) made an attempt to study on relationship between Quality of Life, Hardiness, Self-efficacy and Self-esteem amongst employed and unemployed married women in Zabol. Obtained Pearson r values revealed significant positive interrelationship between quality of life, hardiness, self-efficacy, and self-esteem in the whole sample, within the subgroups of professional and non-professional employed and unemployed women. Obtained Pearson r values revealed significant negative relationship between employment and the above variables in women. It indicates that women with higher quality of life score rank also higher on hardiness, self-efficacy, and self-esteem and vice versa.

Saravi, Navidian, Rigi and Montazeri (2012) examined comparing health-related quality of life of employed women and housewives: a cross sectional study. Quality of life differs for different people in different
situations and is related to one’s self-satisfaction with life. The results indicated that employed women scored higher than housewives in all measures except for physical functioning. The differences were found to be remarkable for vitality, mental health and role emotional. However, after controlling for age, education and family income, none of differences reached significant level. After controlling for potential confounders, the findings from this study indicated that there were no significant differences in quality of life between employed women and housewives. However, employed women scored higher in health-related quality of life, especially on the role emotional, vitality, and mental health. The findings suggest that associations exist between some aspects of health-related quality of life and employment. Indeed improving health-related quality of life among housewives seems essential.

Ismail (2004) explored that work role ambiguity, leisure involvement and family time commitment were significantly related to inter-role conflict. Contradictory to expectations, work role conflict and family conflict were negatively and significantly affiliated with inter-role conflict. The same connection involving work time commitment was not significant. As anticipated, inter-role conflict was negatively and significantly related to quality of life.

Md-Sidin, Sambasivan, Ismail, (2010) investigated to link work-family conflict, quality of work and non-work lives, quality of life and social support (supervisor and spouse supports). Result revealed that work-family conflict has relationship with quality of life; quality of work life and non-work life are “partial” mediators between work-family conflict and quality of life; and, among the various roles of social support, its role as an independent variable of quality of life gives the best results.

Quality of life has been defined and assessed in many ways. For instance, it was insinuated that quality of life indicators go beyond immediate workplace concerns, such as, overall life satisfaction; health; satisfaction with family, free time, and marriage (Quinn and Shepard, 1974 and Quinn and Staines, 1979). According to Rice, McFarlin, Hunt and Near (1985), the perceived quality of life is a set of affective beliefs directed toward the totality of one’s life (overall perceived quality of life)
or toward specific domains of life (perceived quality of work life or perceived quality of family life). Other researchers also described quality of life as subjective well-being (Diener, 1984; Diener, Emmons, Larsen and Griffin; 1985; Diener, Suh, Lucas, and Smith, 1999 and Parasuraman, Greenhaus and Granrose, 1992).

Quality of life detected a phenomenon that often alter the degree of a person’s life satisfaction; known as inter-role conflict. Researchers have documented that the incidents of inter-role conflict erode the individual’s life satisfaction (O’ Driscoll, Ilgen and Hildreth, 1992; Judge, Boudreau and Bretz, 1994 and Aryee, Fields and Luk, 1999). Other affiliations are disclosed between inter-role conflict and aspects of quality of life, such as job-, family- and marital-satisfaction (Aryee, 1992; Rice, Frone and McFarlin, 1992 and Kim and Ling, 2001); well-being, such as physical symptomatology and emotional affect (Paden and Buehler, 1995); emotional distress and emotional exhaustion (Gerstel and Gallagher, 1993; Guelzow, Bird and Koball, 1991 and Senecal, Vallerand and Guay, 2001) and mood states of individuals (Williams and Alliger, 1994). Therefore, it is anticipated that the greater the experience of inter-role conflict, the lower will be the quality of life.

Hur, (1999) explored that there was a significant negative relationship between family support and role conflict. There was a significant negative relationship between role conflict and quality of life. There was a significant positive relationship between family support and quality of life. Family support, as an intervening variable, had an impact on quality of life and role conflict.

2.6. Need of present research:

Women’s participation in the workforce has been increasing all around the world (Adler and Izraeli, 1994; Davidson and Burke, 2004), which has led to changes in the roles of women and men in society. According to the Expansionist Theory (Barnett and Hyde, 2001), gender roles are expanding: women are more active in professional work life, whereas men are more active in family life. As the consequence of this trend, maintaining a balance between work and family responsibilities has become a challenge for working people.
Women's employment outside the home generally has a positive rather than negative effect on marriage. Campbell, Campbell and Kennard (1994) studied the effects of family life on women's job performance and work attitudes. The result revealed that women with children were significantly lower in occupational commitment relative to women without children; contrary to expectation, women with younger children outperformed women with older children. Maskowska (1995) studied psychosocial determinants of stress and well-being among working women. The significance of the work-related stressors was evidently greater than that of the stressors associated with the family function, although the relationship between family functioning, stress and well-being was also significant.

Researchers define the incompatibility between the domain of work and the domain of family as work-family conflict. Conflict between these domains occurs when participation in one role is more difficult due to participation in the other role. Today, work-family conflict (work interfering with family) is more prevalent than family-work conflict (family interfering with work) though both can occur. However, regardless of the direction of causation, when one domain is discordant with another domain, the result is conflict and increased stress on the individual. Current research focuses on the causes of work-family conflict, balance of time, involvement and satisfaction, quality of life, and the outcomes between the two domains.

Studies have found no differences between men and women in work-family conflict. However, women tend to experience more family-work conflict when there is a child at home less than three years of age. Women also experience more family-work conflict when their spouse does not help with child rearing. Women may also be more likely to take time off from work to care for a sick child than their working spouse.

Work-family and family-work conflict are two phenomena affecting organizational leadership today. An understanding of what causes the conflict between the domains is the first step to resolving their incompatibility. Researchers have identified the causes of these conflicting domains and have provided explanations for these phenomena. Resolution starts with the individual and a self-assessment that focuses on
what the individual feels is important in life. Lasting resolution to the conflict between these domains comes through building and sustaining good relationships with others who operate within the conflicting domains of an individual's life.

The time divide between family and work roles for female academic staff contributes to the incongruity between the two domains. In Ohio University for instance, Jacobs (2004) posited that faculty members work an average of 50 hours per week. According to him women are expected to work hardest during the tenure-track years precisely when their biological clocks are ticking the loudest (Wilson, 2003). This is when they are expected to set out their own research agenda, which is done at the beginning of an academic career. This according to Wilson (2003) is hindered by heavy teaching loads, administrative job assignments, project supervision, teaching large undergraduate classes, assuming greater student advisory and counseling functions etc. In view of these, Enders (2000) opined that it is difficult for academic women to coordinate work at the university with family responsibilities.

Work and family are defined as two main fields in which modern people live. They satisfy human’s various demands and also the sources of people’s happiness simultaneously. In recent decades, owing to rising proportion of dual-earner families, increasing work stress and growing emphasis on quality of life, much more attentions have been paid to work-family conflict (WFC). Work-family conflict (WFC) referring to the roles conflict is generated when the stress from work and family can’t be coordinated in some aspects (Greenhaus, J. H. and Beutell, N.J, 1985). Greenhaus and Beutell (1985) classified WFC into three types, i.e. conflict based on time, conflict based on stress and conflict based on behavior. Gutek et al has found out that all types of WFC are bidirectional, including work-to-family conflict, work interference with family (WIF) and family-to-work conflict, and family interference with work (FIW). So, six dimensions are formed correspondingly (Gutek, B. A. et al, 1991). According to the researches, WFC widely influences health (bubulosity, depression), work (work satisfaction, vocation ambition) and family (family happiness) (Eby, L. T. et al, 2005). Thus,
scholars all along have made efforts to seek all various influential factors on WFC, and have achieved some research findings.

Research studies have identified several variables that influence the level of work family conflict. Variables such as the size of family, the age of children, and the number of hours worked outside the home, the level of control one has over one's work hours, flexible or inflexible work hours and the level of social support impact the experience of work family conflict. It can also found the impact of social support and various personalities like; Big 5, 16pf extra nevertheless there is a less amount of research seems on factors like; hardy personality and specially spousal support which is affecting on work family conflict and quality of life among married women college teachers. Most of these studies revived are in western context; there is a scarcity of research in this area in the Indian context.

Reviewing and summarizing the achieved literatures can not only help us to make the future research direction in the field definitely, but also establish basis for organizations and individuals to cope with work family conflict effectively and to balance work and family practically.

After all reviewing the literature and discussion the researcher made an attempt to study on social support, hardy personality, role conflict and quality of life among working married women, it can be said that it is indeed to do research on all this topics, therefore it will help to working women for reducing role conflict and will help to make their quality of life better.