DISCUSSION
CHAPTER - 6

DISCUSSION OF RESULTS

The present study was designed to see the differences amongst three groups of women (professional employed, non-professional employed and unemployed women) on quality of life and its four dimensions (physical health, psychological health, social relationship, and environment), hardiness and its three dimensions (commitment, control, and challenge), self-efficacy, and self-esteem. To investigate the inter relationship amongst the above mentioned variables in the three work status groups comprised the secondary aims.

The results presented in the previous chapter (Tables 5 to 18) and figures (6 to 14) are discussed under the following heads.

6.1 Work Status and Quality of life

The significant F ratios for the main effect (Table 5) of work status on quality of life and three of its dimensions (physical health, social relationship, and environment) amongst professional, non-professional employed, and unemployed women clearly reveal that the three groups of women differ significantly on quality of life and three of its dimensions i.e., physical health, social relationship, and environment.

The significant F ratios for the main effect of work status on quality of life and three of its dimensions (Table 5) amongst professional, non-professional employed and unemployed women reveal that the three groups differed significantly on quality of life and three of its sub-scales (i.e., physical health, social relations and environment but did not differ significantly on psychological health). Further, the table of comparison of means (Table 8) shows that professional employed and unemployed women differed
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significantly on quality of life, physical health, and psychological health. Results of the present study support the hypotheses 1, 1.a, and 1.b. Since the t-ratios were significant at P<.10 level, the results are suggestive of the trends but not conclusive.

The present findings are in consonance with the findings of other investigators who have reported that employed women in contrast to women who were not employed have greater satisfaction with their lives (Burke and Weir, 1976; Ferree, 1976b; Manning and De Rouin, 1981; Manis, 1982; Haw, 1982; Paula et al. 1987; Pietromonaco, Manis, and Markus, 1987), have feeling of independence (Admadizadeh et al. 2003), have close relationship with their husbands (Bowman, 1954; Jephcot et al. 1962; Rossi, 1964; Molla Mohammad Rahimi, 2001), have better health (Powell, 1977; Kotler and Wingard, 1989; Arber, 1991; Waldron, 1991; Hibbard and Pope, 1992 and 1991; Rosenfeld, 1992; Rohani, 1993; Macron et al. 1994; Ross and Mirowsky, 1995; Walters et al. 1995; Hong and Seltzer, 1995; Waldron et al. 1996; Elstad, 1996; Arber, 1997; Waldron et al. 1998; Warner-Smith et al. 2002; Crittenden et al. 2002; Heemskerk, 2003; Artazcoz et al. 2004), have better marital adjustment (Nathawatt and Mathur, 1993; Noroozi, 1994), have higher happiness with marriage (Burk and Weir, 1976; Manning and De Rouin, 1981; Larson and Delson, 1989; Ahmadizadeh et al. 2003). Burke and Wier (1976) reported that working wives were more satisfied with their marriage, have better quality of life and performed more efficiently than non working wives.

Contrary to the present findings there are some investigators (Kluckhon, 1954; Verof; Feld, 1970; Kapur, 1973, Makosby, 1976b; Marks, 1977; Phadke and Kulkarni, 1977; Barnett and Baruch, 1978; Pleck, 1979; Person, 1982; Dekoninck, 1984; Walker and Bost, 1991; Galliara, 1994) who reported that working women experience more life stress, and have more physical fatigue (Yoshii and Yamazaki, 1999) than unemployed women.

Saksena et al. (1977); Holahan, and Gilbert (1979); Ayree, (1992) found employed women were more prone to marital conflict. Working women with multiple roles reveal more distress (Kessler and Mac Rae, 1982) which leads to conflict and reduces quality of life (Tryon and Tryon, 1982; Ahmad and Khanna, 1992).
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Many believed that employment has harmful effect on women’s health (Slater, 1963; Coser, 1974; Gove, 1984; Graham, 1985; Doress-worters, 1994; Braithwaite, 1996; Messias et al. 1997; Frangoulis, 1998).

However, there are other studies that failed to find significant differences on quality of life amongst employed and unemployed wives. Wright (1978) concluded that there were no consistent differences in pattern of life satisfaction between employed outside the home and full-time housewives. Allen-Kee (1980) reported no differences in satisfaction between employed and homemakers. Some investigators (Locke and Mackeprang, 1949; Nye, 1958-59; Blood and Wolfe, 1960; Ferree, 1976a; Piotrkowski and Crits-Christoph, 1981; Bhattacharjee and Bhatt, 1983; Moore et al. 1984) have failed to find significant differences on marital adjustment amongst working and non-working women (Newberry and Wissman et al. 1979, and Wright, 1978). Mukhopadhyay (1997) found that stress level measured in terms of anxiety score and health score of working and non-working women were similar. In a study on employed and unemployed mothers, Schwartzberg and Dytell (1989), and Chaudhy (1995) did not report differences on the family stress. De Joseph (1992) failed to find significant differences between the home makers, part-time employees, and full-time employees in measures of distress, including depression, trait and state anxiety, and perception of negative life events. Macran et al. (1996) and Arber (1997) found no differences in the health of part-time and full-time paid workers.

The reasons for higher quality of life amongst professional employed women than unemployed women may be because women who would feel confined and isolated as full-time homemakers may gain a sense of accomplishment from employment outside the home and they may enjoy the increased interpersonal contact. Such employment, which provides multiple roles, can be protective because success and satisfaction in one role may help to compensate for dissatisfaction in another.

More recent theories suggest that individuals may profit from enacting multiple roles (Sieber, 1974; Marks, 1977; Thoits, 1983). Performing several roles may increase individual’s privileges and resources in their social environment, assist in establishing social and economic status and security, act as a buffer for problems or failures in any
single life domain, and enhance feeling of self-worth (Sieber, 1974; Linville, 1982; Thoits, 1983).

According to review of literature, low quality of life relates to high dissatisfaction with income and general health status and high quality of life relates to high level of life satisfaction and daily activities (Campbell et al. 1976; Corten et al. 1994). According to Sullivan et al. (1992), high level of interpersonal relationship of individual leads to better quality of life. Further, when social support is greater, quality of life also is higher. Quality of life has been considered as an abstract and complex response to physical, mental and social forces which contribute to normal living (Horquist, 1982). Campbell and Converse (1970); Andrews and Withney (1976), and Najman and Levin (1981) considered quality of life as a composite measure of physical, mental, and social well-being as perceived by each individual and happiness, satisfaction, gratification involving life concerns like health, marriage, family, education, opportunities, financial situation, creativity and so on. So it refers to the overall satisfaction as well as the satisfaction in component areas.

Another plausible reason for higher quality of life amongst professional employed women could be that due to better financial resources and dual income, there is lesser conflict on financial matters. Dual-earner couples have the capacity to cope with and solve their problems and resolve their conflicts amicably and intelligently. In spite of their occasional disagreements and frictions, they have capacity to arrive at mutual agreement on the initial hiccups of their life which in turn leads to harmony. Moreover, in case of occasional discord, the brooding over it will not be too prolonged as the woman has to go out for work and she is likely to have catharsis or forget about it after hours of work in her job.

Many of the studies quoted above have compared employed and unemployed women, yielding contradictory results. There is ample evidence by now that professional women having different characteristics, antecedent variables and work under more rewarding conditions than non-professionals. The reason for professional employed women being higher on quality of life and two of its dimensions i.e., Physical health and Psychological health is that professional employed women have personality characteristics that are helpful in playing their roles (Bachtold and Werner, 1973). For
instance, in the present study professional employed women were found to be significantly higher on hardiness which is a buffer for stress and anxiety, ensuring better physical and mental health for professional employed women.

Moreover, higher status and recognition is accorded to professional employed women in the society which explains their being higher on quality of life. There is evidence that occupational classification has a positive correlation with health status (Smith et al. 1990; Macran et al. 1996). They have more autonomy (Carter, 2001), higher worthiness, less discrimination at work place, lesser role conflict, more adequate help for household chores, more positive attitude of family and spouse towards her jobs (Chaudhry, 1995). All these positive factors in case of professional employed women go a long way in explaining professional women being higher on quality of life. Perhaps because of adequate support and help for child care, they experience less of role overload, conflict and guilt of being away from home. Moreover, professional women despite some role overload are skillful in time management as compared to the unemployed women. And whatever little overload of work combining marriage and career are compensated by rewards in the form of social status, economic independence, and break from monotony of household work, voice in decision making, self-growth and identity, opportunities for advancement. All these contribute significantly towards physical and mental well-being.

As is evident from Table 8, professional employed women did not differ significantly on two of the subscales of quality of life, i.e., social relationship and environment. Thus, the findings of the present study did not support hypotheses 1.c and 1.d. And this explains relatively less strong significance of differences (P<0.10) between professional employed women and unemployed women.

Lack of significant differences on social relationship can be explained as follows. Professional employed women do have opportunities for personal relationships and social support within their work group and contact outside professions. But because of their commitment to work and dual role they have time constraint for social interaction. On the other hand, unemployed women try to overcome drudgery and monotony of household work by investing in human relations and friendships and also gain support.

Comparison of means (Table 8) showed that professional employed women were found to be significantly higher on quality of life, physical health, psychological health,
social relationship, and environment than non-professional women. Results are in line with the hypotheses 5, 5.a, 5.b, 5.c, and 5.d.

According to Smith et al. (1990); Smith et al. (1990b); Macran et al. (1996), occupational classification has a positive correlation with health status.

The present findings are in consonance with the findings of Sekaran (1992) who found non-professionals have, as expected significantly lower level of job satisfaction, life satisfaction and mental health, the three quality of life variables. Shukla and Saxena (1988) found professional employed women have greater satisfactions with both housework and paid work professional than non-professional women. According to Yogev (1982), employment among low-socioeconomic status wives has been associated with lower marital satisfaction (Feld, 1963). Macran et al. (1996) also pointed out that certain groups of women may be particularly vulnerable to the experience of ill-health, such as those in unskilled occupations, the unemployed, lone mothers and/or those residing in low-income housing. Bharat (1999) found that as compared to non-professionals, professional women emphasized the ability of Indian women to strike a balance between their family and work spheres. Enjazab et al. (2003) found moderate stress amongst midwifery who worked as teachers than midwifery who worked in the hospital. According to Loyttyniemi, Virtanen, and Rantalaiho (2004), if women have unskilled employment, it is clear that their working conditions will deteriorate, the insecurity of their jobs will increase, and their standard of living will remain low.

There are studies revealing contrary results (Staines et al. 1978; Gore and Mangione, 1983; White et al. 1986). Poloma (1972) identified factors of role conflict for the married professional women. Singh (1972) found that role conflict is quite low among clerks and telephone operators as compared to college teachers, school teachers and women in independent professions. Grosser (1985) found that the professionally employed and better educated women experienced slightly more role conflict than did the non-professional employed and less educated respondents.

According to Gjerdingen et al. (2000), heavy workload may adversely affect women's health, especially in the presence of certain role characteristics (e.g., having a clerical, managerial, professional, or executive position, or caring for young children). Goozee (1986) found the women in non-traditional careers experience greater role-
conflict, more severe forms of stress and they pay greater psychological or emotional price as a result of their career choices than the women in traditional careers.

One of the plausible explanations of present result could be that psychologically androgynous couples (those where both the spouses possess the masculine and feminine characteristics) are more adaptable and engage in situational effective behavior than traditional couples (those spouses having masculine male and feminine female characteristics) (Bem, 1974). Professional employed women have been found to be more androgynous than non-professionals.

Professionals who are more career oriented may have different concept and attitude towards their work, and even life in general, than those who are non-professional job holders. This can be expected, since career denotes a job sequence, a high commitment to the work life in terms of time and energy, and professional training and development. A non-professional job, in contrast, does not usually demand these qualities from its incumbents. Thus, the non-professional’s attitudes toward job, and even life, could be different. Non-professionals are significantly different in all the variables impacting multiple role-stressors. It is logical to expect that more career-oriented professionals are likely to derive significantly higher levels of satisfaction at the workplace than non-professionals. And if one follows the spillover theory that postulates that those who experience higher level of job satisfaction will also experience higher level of life satisfaction (Iris and Barrett, 1972), it can be expected that professionals will experience higher level of job and life satisfactions (quality of life) and mental health.

Researchers have indicated that work conditions such as exposure to health hazards, work place, work control and job rewards may be important determinants of women’s well-being and quality of life (Hall, 1993; Walters et al. 1996). One has to reckon with the fact that working conditions are different for professional and non-professional employed women, thus explaining the significant differences between the two groups on quality of life.

It is important to mention here the sample of professional employed women in the present study did not have women in managerial position where there are maximum role demands and likelihood of role strain with flexibility of work hours, higher socio-
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While comparing professional and non-professional employed women, Chaudhry (1995) reported that large number of professional employed women (a) belonged to higher income groups, (b) worked fully by choice, (c) had more adequate help for household chores and child care, (d) less discrimination at workplace, (e) more positive attitude of spouse and family. All these are moderating factors in determining role strain and quality of life. Non-professional employed women were found to be higher on role conflict and role overload. Both role overload and role conflict are associated with poorer physical health and psychological health (Thoits, 1983; Cook and Rousseau, 1984). Role strain increased if women are dissatisfied with child care arrangement (Van Meter and Angronow, 1982).

Riley and Keith (2003) segregated employed women by occupational status and found professional working women reporting fewer symptoms of depression and anxiety than homemakers, clerks, blue collar wives. Non-professional employed women are more depressed than professional employed women even when their disadvantaged working conditions are controlled. Perhaps balancing the two roles is easier for professional employed women.

Another explanation for professional employed women being higher on quality of life and all its dimensions as compared to non-professional employed women is that most of the professional employed women in the present study belonged to traditional professions. There is evidence that women in non-traditional professions have more marital discord and less peer support (Gooze, 1986; Burlew and Johnson, 1992) and also more discrimination. In non-traditional professions, women has to work much harder to prove her worth. Due to majority of the colleagues being females in traditional occupations, there is likely to be better support, as females don’t require gender sensitization to some pressing family demands and obligations.

Comparisons of means (Table 8) showed that non-professional employed women were found to be significantly lower on quality of life, social relationship, and environment than unemployed women. Results are not in line with the hypotheses 9, 9.c, and 9.d.
An important variable that may affect marital and personal adjustment in dual-worker families is sex-role attitudes. Most of the non-professional employed women have traditional sex-role attitudes to their work and life. There are at least two reasons that traditional sex-role attitudes may be associated with lowered marital satisfaction among dual-worker couples. First, according to Yogev (1982), congruence between individuals’ attitudes and their actual behavior should be associated with greater marital satisfaction. For men and women with traditional sex-role attitudes, the dual-worker situation may represent a greater conflict with their own values and beliefs. Alternatively, individuals with profeminist beliefs and values should find the dual-worker situation more congruent with their beliefs and therefore show more positive mood and greater marital satisfaction. Secondly, it has been suggested that sex-role attitudes affect marital adjustment by influencing the division of labour in the household. Perucci et al. (1978) found that the division of labor in dual-worker families most often depended on the sex-role ideologies of the individuals involved. Both these reasons confirm that traditional sex-role attitudes would be associated with lower marital satisfaction and more negative mood, thus affecting quality of life adversely.

Non-professional employed women did not differ significantly on physical health and psychological health than unemployed women. Thus, the results do not substantiate the hypotheses 9.a, and 9.b.

This is similar to the findings by Macran et al. (1996) who found certain groups of women may be particularly vulnerable to the experience of ill-health, such as those in unskilled occupations, the unemployed, lone mothers and/or those residing in low-income housing. Because non-professional women have less satisfaction with life and jobs and therefore are lower on mental health than professional women (Sekaran, 1988). The reason for higher quality of life among unemployed women than non-professional employed women is because of the fact that non-professional women sometimes have to work for more hours with less income and amenities. According to Jennings, Mazaik, and Mc Kinlay (1984), Repetti, Matthews, and Waldron (1989), Waldron and Jacobs (1989), healthy women are more likely to become employed. But when job role quality declined, levels of psychological stress increased.
Non-professional employed women have been found to be significantly lower on quality of life and two of its dimensions (social relationship and environment) than unemployed women. Some plausible reasons are that non-professional employed women have long working hours, lesser financial resources, and negative attitudes of family, less adequate help. The working conditions too are not very conductive, with lesser autonomy, low rewards and discrimination at work place. In this backdrop, non-professional women experience role overload and also low role satisfaction enough to make her stressed. Being bogged down with the demands of family and work, she finds it hard to maintain work-family balance. Perhaps, it is due to this reason that as compared to the unemployed women, they have lesser time for social relationship, maintaining friendship and spending time in recreational activities. Since large number of unemployed women belonged to equally high income level, they had more leisure time and could be higher on various parameters of environment (better access to health facilities, recreational activities etc) a dimension of quality of life.

The obtained results are in line with some of the earlier studies. Arber et al. (1985) found that homemakers under 40 years of age reported significantly better health than women employed in low status jobs. Women need to balance between personal needs, aspirations and responsibilities towards others. The social expectation that women should be available to others regardless of her own needs and commitment, the non-professional are at a disadvantage than the unemployed women, as social and institutional support to women of this class is limited (Graham, 1985; Doress-Worters, 1994).

Chaudhry (1995) found that 38% of the employed mothers in the study were not happy with their work outside home and feel guilty neglecting children and family. Non-professional women have been found to have less satisfaction in their role and social relationship and also hold more traditional sex role attitudes. This leads to more anxiety in women (Rohani, 1993), which is likely to affect their lives more adversely.

Beck (1987) stated that fatigue and anxiety reduce the quality of life of an individual, and it is one of the most important health outcomes of illness. Williams (1995) suggested negative correlation between depression and kind of jobs and level of education. It means, higher the job level lesser the depression. It seems that many of the
earlier studies failing to find significant differences between employed and unemployed women on quality of life, well-being, depression (Wright, 1978; Newberry et al. 1979; De Joseph, 1992; Kim, 1998) may be due to the fact that amongst employed, both professional and non-professional women were included. Similarly some of the studies reporting on employed women higher on well-being, life satisfaction and quality of life (Haw, 1982; Manis, 1982; Repetti et al. 1989; Waldron and Jacobs, 1989) may be covering more of professional women with high status roles.

Many of the role conditions of non-professional women contribute to stress amongst them such as heavy work load demands, little control over work, job ambiguity and conflicts, job security, poor relation with co-worker and supervisors, restricted role, repetitive work and at times unsafe environment. All these stresses may jeopardize quality of life. Such job related stresses are not experienced by unemployed women. Some researchers have proposed that housework offers greater autonomy over paid work (Oakley, 1974; Bird and Ross, 1993). Housework gives homemakers the opportunity to organize activities and set their own schedules (Kibria et al. 1990) which can reduce distress and thus improve quality of life.

It is pertinent to point here that according to a study by Chaudhry (1995), large number of non-professional women worked not by their choice. Ganley (2002, 2003) stated women who are able to obtain paid work, but choose not to, could be expected to have better mental health than those who are involuntarily unemployed, who are “discouraged jobseekers”, or who lack the confidence and skills to even attempt to seek work. So may be the sample of non-professional women in the study may be working due to economic compulsions and not for their self-growth, thus not driving satisfaction at of job. This would certainly affect quality of life adversely.

Paid employment is associated with good physical health for middle class women but not for working class women (Elliot and Huppert, 1991).

Non-professional employed women have more traditional sex role attitudes and would experience more role conflict (Choe, 1991), whereas unemployed will be free from such conflicts and can be fully devoted to the homemakers’ roles and getting reward and appreciation. Non-professional are lower on social support and findings of Hibbard and
Pope (1992) suggest that social support may be one aspect of employment that is protective of health.

Barnett and Baruch (1985) originally demonstrated that quality of women's work role was a significant predictor of her role overload, whereas mere occupancy of the work role was not. The sample of non-professional employed women in the present study consisted of secretaries and clerks working in the offices or banks. Such jobs are relatively less rewarding, with a little scope of role expansion and personal growth. Moreover monotony of such jobs may be as bad as the drudgery of the household chores. Most of the Non-professional women with lesser resources have to bear the double burden of jobs and managing the household work without much support.

6.2 Work Status and Hardiness

The significant F ratios for the main effect (Table 6) of work status on hardiness and two of its dimensions i.e., control and challenge reveal that the three groups of women (professional, non-professional employed, and unemployed women) differ significantly on hardiness and two of its dimensions.

A glance at the table of comparisons of means (Table 8 and Fig 5), indicated that professional employed women were significantly higher on hardiness, commitment, control, and challenge than unemployed women. Thus the findings of the present study support hypotheses 2, 2.a, 2.b, and 2.c.

There are few studies on hardiness specifically comparing employed and unemployed women. But review of literature suggests a significant relationship between depression–happiness and pessimistic explanatory style. The strongest predictor of depression–happiness is cognitive hardiness (Sharpley and Yardley, 1999; Mc Call, 2005). Individuals high on hardiness, experience less anxiety and worry than individuals low in hardiness (Peterson et al. 1982).

High hardy people utilize more problem-focused and support seeking measures when dealing with stress, in contrast to low hardy people who tend to use avoidance and
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Control is measured by the absence of powerlessness that an individual feels (Bigbee, 1985). The second dimension, commitment, is reflected in the ability to feel actively involved with others and a belief in the truth, value, and importance of one’s self and one’s experience (Wagnild and Young, 1991; Tartasky, 1993; Huang, 1995). The third dimension, challenge, reflects the belief that change is not a threat to personal security, but an opportunity for personal development and growth (Maddi and Kobasa, 1984; Bigbee, 1985; Pollock, 1989; Wagnild and Young, 1991; Tartasky, 1993; Huang, 1995).

Many of the findings indicated that multiple roles confirm benefits to women’s mental health (e.g., Gurn, Veroff and Feld, 1960; Gove and Tudor 1973; Albernethy, 1976; Kessler and Mc Rao, 1982; Linville, 1982; Thoits, 1983; Coleman and Antonucci, 1983; Kandel et al. 1985; Broadhead, 1985; Cleary and Mechanic, 1985; Aneshensel, 1986; Parry, 1987; Arber, 1990; Waldron 1991, Lennon, 1992; Malik, 1993; Romito, 1994; Sogaard, 1994; Messias et al. 1997; Davies and Mc Alpine, 1998; Monahan, 1999; Flatau et al. 2000; Park, 2000; Murray, 2003). The results of this work also show that women with multiple roles have better mental health.

Other researchers have found less depression among working women than non-working women (Kandel et al. 1985, Krauze and Markides, 1985; Parry, 1987; Mc Bride, 1988; Rashidi, 1995; Griffin et al. 2002). This is in agreement with the results obtained by the investigator.

Some researches have found less anxiety among working women than non-working women (Parry, 1987; Mukhopadhyay et al. 1997; Edwins, 1998; Rani and Yadan, 2000; Griffin et al. 2002; Iqbal et al. 2004; Bhushan, 2005).

Gurn, Veroff, and Ferd. (1960); Pearlin, (1975); Rosenfield, (1980); Thoits, (1983); Resking and Coverman, (1985); Cleary and Machanic, (1985); Parry, (1987); Avison, (1995), Saurel et al. (2000); Griffin et al. (2002); Tang et al. (2002); Avison, (2004) found less psychological disturbance among employed women than unemployed
women. Jephcott et al. (1962); Morrell et al. and Taylor (1994); Cheung and Cynthia (2002), found less psychological distress among employed women than unemployed women.

However, there are other investigators who have found contradictory results. Their results showed depression and stress to be significantly more prevalent among employed than unemployed immigrant women (e.g. Cook and Rousseau, 1984; Crosby, 1991; Arkin, 1995; Zuzank et al. 1996; Remennick, 1999) obtained results suggesting that employed mothers are frequently vulnerable to stress. Noh et al. (1992) found depression to be significantly more prevalent among employed than unemployed immigrant women. Molla Mohammad Rahimi (2001) in a study among Iranian women stated that working women revealed more anxiety than non-working women because of the combining dual roles of the working women.

Contrary to the present findings there are some investigators who found employed women and full-time homemakers having similar levels of psychological distress (Bird and Ross, 1993; Lennon, 1994; Halvorse, 1998). Brown and Gary (1988) found no significant difference in levels of depression amongst African American homemakers and African American employed women. Riley and Keith (2001) indicated that homemakers and employed women do not differ significantly on symptoms of distress.

Hardiness alters two appraisal components: it reduces the appraisal of threat and increases one’s expectations that coping efforts will be successful (Tartasky, 1993). Hardiness has also been shown to be associated with the individual’s use of active, problem-focused coping strategies for dealing with stressful events (Gentry and Kobasa, 1984; Kobasa, 1982). These two mechanisms are, in turn, hypothesized to reduce the amount of psychological distress one experiences and to contribute to the long-term psychological well-being of an individual.

The reason for higher hardiness amongst professional employed than unemployed women because of combining paid employment and family roles clearly depend on characteristics of the individual, her family and her job situation. In general, however, occupying more than one role appears to buffer women from the stress within each role (Crosby, 1991). Role accumulation hypothesis has received significant
empirical support (Barnett, 1991; Thoits1983) suggesting that in general, multiple role involvement is psychologically beneficial for women (Hong and Seltzer 1995).

Employed mothers viewed themselves more positively and experienced fewer psychosomatic and physical symptoms than mothers who do not work for pay. Gurn, Veroff and Feld (1960), Thoits (1983) reported that having multiple roles indicates that people who had more social roles, experience less psychological distress and mental illness. According to Mclaughlin et al. (1988); Amatea and Fong (1991); Joyce, 1994), women who have multiple roles have lower level of stress and more satisfied with their marriage.

Employed women have excessive demands on their time and attention. After taking up a job, they do not relinquish responsibilities on the home front and enjoy better mental health more than the unemployed women (Repetti et al. 1989; Malik, 1993).

Kennett et al. (1989) argued that hardy persons are hypothesized to display commitment or involvement in daily activities, perceived control over life events, and tendency to view unexpected change or potential threat as a positive challenge rather than as an aversive event. Non-hardy persons in contrast, are hypothesized to display alienation (lack of commitment), external locus of control, and tendency to view change as undesirable.

High hardy women appear to be placing increased importance on goals in the work domain. This change has not detracted from the importance women give to the home and family domain, nor diminished the expected conflicts among roles. Women appear to be alert to challenges early in their planning at least one intervention strategy, however, has been reported to enhance this awareness.

Women with many roles may actually have more stressful lives, but they may reduce stress by redefining what they consider to be stressful or by changing their expectations and coping up strategies.

Cross-sectional studies also found that the mental health of employed women who occupy family roles is less reactive to the quality of their job experiences when these women were compared with employed women who do not occupy these roles. Studies
have consistently shown that the more roles a woman occupy, the better her mental and physical health (Thoits, 1983; Verbrugge, 1987; Robin and Ickovics, 1990; Barnett and Marshall, 1991). One explanation for this finding comes from the “role expansion” perspective (Sieber, 1974; Thoits, 1983; Verbrugge, 1987; Marks, 1997), which focuses on the rewards associated with multiple roles. Although acknowledging that multiple roles may expose incumbents to additional stresses, theorists argue that “alternative resources provided by multiple roles out weigh these stresses and help dampen their emotional effects” (Bolger et al. 1990). Moreover, how much satisfied a person is with the roles is significant. Professional women have been found to have higher job satisfaction than non-professional women. So multiple roles may have different impact on professional employed women than on non-professional employed women.

Traditional role theories suggested that the competing demands of different social tasks produce role strain or conflict (Goode, 1960; Slater, 1963; Sarbin and Allen, 1964). These theories imply that people have limited energy and resources and may become overburdened by too many roles relationships. Psychological distress is bound to emerge when people fail to reduce role tension or over load by selecting strategies. From this perspective, women who try to maintain several roles would be expected to experience negative and stressful feelings. The homemakers held more conservative values and a more traditional view of women’s roles than did women who work outside the home. Home makers held relatively positive perceptions of their current situation. Specifically, they reported a more supportive family life and less dissatisfaction in general than did women who work outside the home.

Some of these studies carried out 20 to 30 years back reporting lower mental health, adjustment, depression, psychological disturbance, and more anxiety among employed women than unemployed women, may not hold good in the changed scenario of contemporary societies.

If one looks at different dimensions of hardiness, it explains as to why professional employed women are higher on hardiness than unemployed women. Professional employed women are higher on internal locus of control and have non-traditional gender role attitudes than unemployed women. Challenge as a dimension of
hardiness is based on the belief that change rather than stability is normative mode of life, anticipated as an opportunity for personal growth (Oar and Westman, 1990). This explains as to why professional employed women are higher on dimension of challenge, unemployed women are significantly lower on control than professional employed women and probably that is why they accept the traditional role of homemaker and are low on belief that they can control or influence events in their lives. Most of the traditional women accepted status quo, and believed in destiny, and felt powerless and left decision of combining marriage and career to their spouse and family, these are all characteristics of a person low on hardiness. Commitment is another dimension of hardiness reflected in the value and importance of ones’ self and ones’ experiences (Wagnild and Young, 1991; Huang, 1995). Individuals high on this dimension are committed to various aspects of their lives including interpersonal relationships, family, and self (Low, 1996) and also fundamental sense of worth. Unemployed women with traditional sex role attitudes have been found to be more other oriented than professional employed women who are more self-oriented believing in self-growth also. This clarifies professional employed women being higher on commitment than unemployed women.

A glance at the Table of comparison of means (Table 8) indicated that professional employed women are significantly higher on hardiness and one of its dimensions, control than non-professional employed women. These results are in line with the hypotheses 6 and 6.b. The significant level came out to be P<.10, which indicates that results are not conclusive but suggestive of the trend and need further probe.

A study by Enjozah et al. (2003) in Iran showed that employment has negative effect on mental health of women, especially in non-professional women. Professional women have greater satisfaction with both house work and paid work (Shukla and Saxena, 1988). They reveal less depression than non-professional women (Rashidi, 1995; Nasiri and Behlol, 1995; Riley and Keith, 2003). Non-professional women are higher on role conflict than their counterparts (Chaudhry, 1995). Non-professional working women have less of husband’s and family support and only few can afford professional help, and thus have to work for long hours daily. They always have a feeling of guilt and incapability that leads towards more mental health problems (Pugliesi, 1988). Professional women enjoy their jobs and have more feeling of worthiness (Park, 2000).
Contradictory to the present findings, other investigators found different results. They assessed that professional employed women experience slightly more role conflict than the non-professional employed women (Staines et al. 1978; Mangione, 1983; Grosser, 1985; Gore and White et al. 1986).

However, there are other investigators who found no significant differences in prevalence of major depressive disorder, missed work, and use of mental health services among secretaries and other women employed full-time (Garrison and Eaton, 1992). Chaudhary (1995) found that professional and non-professional working women did not differ significantly on life stress.

From the point of view of mental health, career is an instrument to promote self-esteem, self-achievement and self-actualization (Park, 2000). Today, typical middle class women are inclined to work not only for their family’s economic well-being but also for self-achievement, social position, satisfaction and the power that a paid job provides (Reskin and Spadavic, 1994).

The traditional role of homemakers was extensively played by wives in both the professional and non-professional categories. In addition to the work role, multiple roles stress exerts much less influence on the job satisfaction of the professional women as compared to non-professional women. The fact that Sekaran (1986) found no significant differences in the two groups suggests that the distress caused by similar stresses for the two groups, could be different. It is quite possible that the professional women who consider their careers as very integral to their lives have learned not to let the stresses of multiple roles impact them negatively.

Professional women might have conditioned themselves to handle stresses in a way that would not interfere with their job satisfaction. This could also be achieved by using several coping strategies, such as hiring more domestic help and use of day care centers. Managing to get support is one of the characteristics of a hardy individual. So professional women being higher on hardiness are able to demand and arrange better support system. To enable them to handle some of the stresses caused by taking a multiple roles as housewife, parent, etc, the professional women can also be expected to have financial resources to avail themselves of these facilities than the non-professional
women. May be that it because of being lower on hardiness, non-professional women are under represented in the most highly paid professional managerial, clerical and sales jobs, and over represented in lower paid operative and service jobs.

It is understandable as to why professional employed women are higher on control than non-professional employed women. Control is measured by absence of powerlessness that an individual feels (Bigbee, 1985). It refers to the belief that one can control or influence occurrences in one's life, that personal efforts can modify stressors so as to reduce them into a more manageable state (Bigbee, 1985; Maddi and Kobasa, 1984; Pollock, 1989; Tartasky, 1993; Huang, 1995). Studies also have reported professional employed women to be higher on internal locus of control than non-professional women. Professional women have more autonomy with their jobs and can excess control. It is understandable as to why professional employed women are higher on control than non-professional employed women. Control is measured by absence of powerlessness that an individual feels (Bigbee, 1985)

Professional and non-professional employed women did not differ significantly on commitment and challenge. The results are not in line with the hypotheses 6.a and 6.c.

Commitment is reflected in one’s capacity to become involved, rather than feeling estranged. From an existential point of view, this dimension represents a fundamental sense of one’s worth, purpose, and accountability, which protects against weakness while under adversity (Bigbee, 1985; Pollock, 1989; Sullivan, 1993).

The third dimension, challenge, reflects the belief that change is not a threat to personal security, but an opportunity for personal development and growth (Kobasa, 1984; Bigbee, 1985; Maddi and Pollock, 1989; Huang, 1995; Wagnild and Young, 1991; Tartasky, 1993). Indicated by the absence of a need for security, it represents the individual’s positive attitude toward change and the belief that one can profit from failure as well as success (Brooks, 1994).

The fact that they take up gainful employment, both professional and non-professional are high on commitment, entailing sense of purpose and accountability. They are also high on challenge and have positive attitude towards change.
A glance at the Table of comparison of means (Table 8) indicated that non-professional employed women did not differ significantly from unemployed women on hardiness, commitment, control, and challenge. These results do not support the hypotheses 10, 10.a, 10.b, and 10.c.

A plausible reason could be that there are other factors that contribute to a woman’s work orientation. In addition, researchers have attempted to identify these factors such as vocational maturity (Nevill and Schlecker, 1988), self-efficacy (Stickel and Bonett, 1991), personality and religious orientation (Morgan and Scanzoni, 1987).

Aldwin and Stokes (1988) stated that many negative life events can have positive outcomes for people experiencing them. It might be because people who have a trait called hardness do not fall ill as a result of stress (Kobasa, 1979). Such individuals have been said to possess a sense of commitment and a feeling of control in their lives, and accept stressful events as challenges. When a woman is doing a job, she might develop more self-confidence, more economic independence, more interaction with people outside home, and a feeling of some control over the world. Exposure to the outside world might make them more analytical and make them learn more to prepare themselves for stressful life events and thus subside the state of arousal and maintain their general well-being.

However, the nature of the relationship between multiple roles and health is exceedingly complex. Social scientists contend that the number of roles alone does not account for the beneficial impact of multiple roles involvement for women. Rather, such as the quality of roles (Barnett and Baruch, 1985), available financial resources (Home, 1998), children and spouse characteristics (Barnett, 1991), job characteristics (Bond and Bunce, 2003), social support (Barnett, 1991; Riefman, Biernat and Lang, 1991; Thakar and Misra, 1995), influence the effect of multiple roles involvement in working mothers.

The lack of significant differences between non-professional and unemployed women could be due to several factors. As is already pointed out that hardness is a preventive factor for depression and mediating variable to adjustment (Mitchell et al. 1995). As it is clear from the comparison of non-professional and unemployed women on other variables, the two groups do not differ significantly as compared to professional and
unemployed women, being significantly different in all the variables under study. Considering the lower status of non-professional women and lack of recognition and rewards, they are likely to feel as powerless as unemployed women (control dimension). According to Bigbee (1985), Pollock (1989) and Sullivan (1993), commitment dimension relates to importance of one's self, fundamental sense of one's worth, and purpose, which is perhaps not very different in non-professional women from unemployed women. Hardiness is a personality construct that helps individuals deal with stressful life events and such individuals use successful coping strategies. Some of the unemployed women too are good at coping with stress and have adaptive personality traits. Perhaps that is the reason many studies have reported no significant differences on adjustment, symptoms of stress or psychological well-being (Bhattacharjee and Bhatt, 1983; Riley and Keith, 2001; Cannuscio et al., 2004).

The obtained results on quality of life also suggest that non-professional and unemployed women are not significantly different on physical health and psychological health. It is perhaps because of no difference on hardiness which buffers stress. Several studies have compared subjective work conditions of employed women and full time homemakers. Bird and Ross (1993) and Lennon (1994) suggested that employed and full time homemakers have similar levels of psychological distress owing to their differential exposure to positive and negative dimensions of working conditions.

### 6.3 Work Status and Self-Efficacy

The significant F ratio for the main effect (Table 7) of work status on self-efficacy reveals that the three groups of women (professional, non-professional employed, and unemployed women) differ significantly on self-efficacy.

Perusal of table of comparison of means (Table 8) showed that professional employed women were significantly higher on self-efficacy than unemployed women. Results of the present study support the hypothesis 3.
The present findings are in consonance with the findings of Messias et al. (1997). According to them occupying multiple roles is thought to increase women’s chances to learn, to develop self-efficacy and self-esteem, to build social network and open access to informational, instrumental and emotional support, and to buffer life’s stresses and strains. Playing multiple roles also provides cognitive cushioning and alternative sources of self-esteem and gratification when things go poorly in one’s life domain.

According to available evidence in literature, psychological well-being is a strong predictor of self-efficacy. Self-efficacy can be viewed as a catalyst for an increase in well-being. Individuals with high self-efficacy beliefs also report strong feelings of well-being and high self-esteem in general. Potentially stressful situation produces less subjective stress in highly self-efficient individuals. However, self-efficacy acts as a buffer against stress (Flammer, 1990; Bandura, 1997). According to Bandura (1998), women who have a strong sense of efficacy to manage the multiple demands of family work and are able to get their husbands’ support and assistance for childcare, experience a positive sense of well-being. But those who are beset by self-doubts in their ability to combine the dual roles suffer physical and emotional strain. Bandura (1997) and Flammer (1990) found that individuals with high self-efficacy beliefs also report strong feelings of well-being and high self-esteem in general.

Benjamin and Stewart (1989) proposed the usefulness of the self-efficacy construct in understanding the factors affecting welfare, dependency and the connection between receipt of public assistance and participation in the workforce. These researchers suggested that the mastery of behavior needed for labor market success including obtaining educational credentials has direct effect on one’s self-efficacy which in turn influences future chances about participation. Whitson’s (1993) stated that women are naturally inclined to work with people rather than things and therefore would have higher self-efficacy towards occupations dealing with people. In a study by Eden and Aviram (1993), self-efficacy levels were found to be associated positively with looking for work and with re-employment. According to Flammer (2001), People with higher perceived self-efficacy to fulfill job functions consider a wide range of career options.
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Employed professionals are likely to feel more in control of situations and less helpless as compared with unemployed. So, one can conjecture that women exposed to stimulating environment, encouraged for higher professions, provided opportunities for learning, tend to develop self-efficacy which further enhances chances of their taking to professions. Faelli and Careless (1999) reported that unemployed women immigrants in Australia manifested lower confidence in both their interpersonal and job seeking skills. This partially explains their not being employed, reflecting lower efficacy.

According to Bandura (1994), career choice and development is one example of the power of self-efficacy beliefs to affect the course of life paths through choice related processes. The higher the level of women’s perceived self-efficacy, wider the career options they seriously consider, the greater their interest in them and better they prepare themselves educationally for occupational pursuits and greater is their success. This explains why professional women are higher on self-efficacy than the other two groups. Self-efficacy and career indecision making have been found to be linked by Lee (1995). Because of being lower on self-efficacy, Many of the unemployed women have classical approach – approach conflict and don’t take up jobs.

There are many studies that found holding both family and employment roles tie individuals into two major social networks which can act as alternative sources of social and psychological gratification (Gove and Tudor, 1973; Taylor and Spencer, 1988; Thoits, 1992)

There are several studies that reported higher psychological well-being amongst employed women in comparison to unemployed women (e.g., Bernard, 1971; Astin et al., 1971; Bernard, 1972; Gove and Tudor, 1973; Pearl, 1975; Radloff, 1975; Burke and Weir, 1976; Gove and Geerken, 1977; Lashuk and Kurian, 1977; Welsh and Booth, 1977; Brown and Harris, 1978; Roy, 1978; Newberry, Wessman, and Myers, 1979; Walker and Walker, 1980; Rozenfield, 1980; Northcutt, 1980; Stewart and Salt, 1981; Cochrane and Stopes-Roe, 1981; Aneshensel, Frerichs, and Clark, 1981; Kessler and McRae, 1982; Warr and Parry, 1982a,b; Roberts, Roberts, and Stevenson, 1982; McGee, William, Ikashani, and Silva, 1983; Coleman and Antonoci, 1983; Shehan, 1984; Krause, 1984; Parry 1986; Pietromonaco et al. 1986; Parry, 1987, Lee, 1987; Henwood

In contrast to the above, there are studies which confirmed that employed women are lower on psychological well-being (e.g., Walker and Best, 1991; Macran et al. 1996). Whether or not employment outside home is beneficial to women’s well-being depends on the work conditions, quality of organization, the person’s subjective perception, and satisfaction with the job.

However there are other studies which found less or no difference in psychological well-being between employed and unemployed women (e.g., Campbell et al. 1976; Wright, 1978; Erlin, 1980; Menaghan, 1989; Klein, 1998).

Nevill and Schlecker (1988) found that women in traditionally female occupations had higher self-efficacy. It may be pointed out that most of the professional employed women in the present study belonged to traditionally female occupation for which they have the skills and training leading to high self-efficacy.

Professional employed women being higher on self-efficacy than the other two groups can be explained in terms of the definition and concept of self-efficacy. Self-efficacy has been defined as an individual’s belief about his performance capabilities, ability to achieve goals, capacity to produce important effects, capacity to meet challenges and not perceiving himself as helpless. Their self-efficacy beliefs tend to affect career choices, motivation, perception of outcomes and coping behavior. All these characteristics are required for a woman to prepare for a professional career and combining marriage and career. She has to withstand the pressures of the society goading her to be happy with the traditional role of homemaker. Low self-efficacy serves as a barrier to career development of women. It depends on their motivation to achieve. Perceived self-efficacy is a robust contributor to carrier development.

Unemployed women low on self-efficacy has low persistence for challenges and perceive themselves to be helpless. They are deeply sad about not having control but are not motivated to take initiative or to invest efforts and have perseverance. They are
cognitively blind for any alternative or better view of the state of world and devalue themselves.

Some of the earlier studies on professional women evince that they hailed from families with parents from prestigious professional as role models, high on an achievement motivation, and non-traditional gender roles, encouraging early independence training to girls. All these family variables can raise self-efficacy in women. Bandura (1986) too has identified main sources which influence the development of self-efficacy i.e., mastery experiences, vicarious experience, social persuasions. May be professional women in the present study are higher on self-efficacy because of the difference in the family background factors as compared to the other two groups. Self-efficacy has been found to be intimately associated with capacity to change one's situation and has been used as a predictor of behavior, usually job seeking behavior, (Wenzel, 1993). Since self-efficacy provides foundat.on for human motivation and personal accomplishment (Pajares, 2002), for this reason professional employed women are higher on self-efficacy.

There is emerging consensus that work fulfillment, autonomy and symbolic rewards (recognition and appreciation of worker's efforts) can enhance well being and self-efficacy. On all the above mentioned characteristics, professional employed women have an edge over their counterparts (unemployed and non-professional employed women).

The main reason for lower self-efficacy, psychological well-being and higher anxiety in unemployed women could be due to their relatively poorer financial and social status, lower power, lower education and their involvement in limited number of roles. Women in our society have more household responsibilit.ies, face domestic conflict, abuse and enjoy lower privileges, rights, social and economic freedom than professional employed women. They face multi pronged problems stemming from socio-cultural values and traditions, illiteracy and political instability than professional employed women. Housework is typically associated with unpaid obligatory work. This along with lack of benefits and positive knowledge may contribute to a decrease in perceived self-efficacy and mental well-being and increase in anxiety, stress and depression. All these stresses may cause low control at home, which usually results in high anxiety in
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unemployed women. Managing many roles may generate a sense of competence and worth. Thus, women who have several roles may have more positive feelings toward themselves. If women are engaged in many meaningful activities, it induces self-efficacy beliefs and general well-being, and it is likely to lead to satisfaction in other areas of life too.

Another reason for higher self-efficacy among professional employed women than unemployed women is that the activity of a woman in the home as well as the work she does for wages, keeps her active and continually in contact with the outside world and social changes. Such women would learn how to enhance their self-efficacy and well-being in difficult situations such as keeping the house spotless, food "hot", the children’s homework done every day, husband to get his favorite dish, etc. Having enjoyed the benefits of employment, a working woman cannot afford the luxury of indulging in a hampered general well-being (Khanna and Verghese, 1978). Poloma and Garland (1971), Rapoport and Rapoport (1976), and Benin and Nistedt (1985) supported that career women who are also wives and mothers must find ways to balance work and family roles. Thus the dilemma of different roles needs to be resolved (Eshleman, 1985). Hence, she tries to be sturdy and copes with or without help somehow. She finds ways to balance work and family roles and hence has better general self-efficacy and well-being. Baron (1987) too reported that despite many challenges, most professional women were confident that both roles can be managed well. They are good at time management and coping strategies. They have been found to be higher in hardiness than the unemployed. So with their being higher in commitment, control and challenge, they are in better position to strike balance between multiple roles, playing each role efficiently.

In contrast, the life of a non-working woman, on the other hand, might become dull and lack the charm. Researchers such as Rossi (1968) have stressed that traditional female-centered family role arrangements are detrimental to women's well-being. Wimbish (1986) and Allatt et al. (1987) also stated, “Female domestic control contains the paradox that is often at the cost of the woman’s own personal time, space and resources”. A non-working woman would be staying at home throughout the day, taking care of needs of other family members, which may become very monotonous. They may lose their individual identity, which would further lower their general well-being and
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self-efficacy. Housewives have been found to report feeling unappreciated for work done in the home (Vanek, 1978), bored with household chores and lonely for the company of adults (Aneshensel, and Pearlin, 1987). Besides, family members have been found to make more demands on unemployed women than employed women (Gove and Geerken, 1977). In some families there may be too much interference from the elders or other family members. Such experiences can tax an unemployed wife’s self-efficacy.

Another reason for higher self-efficacy amongst professional employed women than unemployed women could be due to better quality of life. In this study professional employed women were found to be significantly higher on quality of life than unemployed women. The low quality of life groups experience more anxiety and poorer well-being. According to Adler and Mattews (1994), quality of life determines life stress and health. Due to this reason, professional employed women are higher on health and self-efficacy than unemployed women. In this study, professional employed women were also found to be significantly higher on hardiness than unemployed women. According to Kobasa, Maddi, and Kahn (1982), hardy individuals turn stressful experiences into opportunities for personal growth. It is clear that professional women confront more stresses than unemployed women because of combining career and marriage. But they can turn these stresses to growth and be high on self-efficacy. Hardiness reduces the impact of stressful life events by increasing the use of successful coping strategies (Kobasa and Puccetti, 1983). It means that professional women can cope better with stresses than unemployed women because, they have to find new ways for coping and solving their problems arising from combining career and marriage. It leads to higher self-efficacy than unemployed women.

Vinayak (1999) found significant positive correlation between general well-being and dimensions of stress. This result was not significant for non-working women but was in the same direction. The reason for these findings is that when a woman is doing a job, she might develop more self-confidence, more economic independence, more interaction with people outside home, and a feeling of some control over her life and the outer world. Exposure to the outside (job) world might make them more analytical, and make them learn to prepare themselves for stressful life events, and thus subside the state of arousal and maintain their self-efficacy and general well-being.
Professional employed women have more autonomy, higher worthiness, less discrimination at work place, lesser role conflicts, more positive attitude of family and husband towards her job (Chaudhry, 1995), they are higher on self-esteem (Bernard, 1972; Winefield and Tiggemann, 1990; Messias et al. 1997; Mary and Good, 2005), higher on well-being (Pearlin, 1975; Radloff, 1975; Flammer, 1990; Bartley et al. 1992; Roxburgh, 1997; Rao, 2003), have strong ability, committed interests and sound psychological health (Donelson and Gullahorn, 1977), have high level of education. All of these positive characteristics make them higher on self-efficacy than unemployed women.

Table 8 showed that professional and non professional employed women differed significantly on self-efficacy. Professional employed women were higher on self-efficacy than non-professional employed women. The result is in consonance with hypothesis 7.

This finding is similar to the results obtained by Park (2000). He revealed that Korean professional working women have higher gratification and than do housewives. Worker women or women belonging to low socio-economic level and having non-professional career had less support from husband, and did not have any person for helping them and had to work long hours daily and had less efficacy. Park (2000) stated that these professional women enjoyed more in their job and had feeling of worthiness. Geigner and Crow (2004) reported that women who select non-traditional female jobs exhibit certain characteristics that are not present in women who select traditional female jobs. The characteristics such as their perceived gender-role, demographic factors, their occupational activity and self-efficacy are different from their more traditional counter parts.

Thoit’s (1983) research suggests that having many roles may have a positive impact on well-being. In her longitudinal study, psychological distress increased when an individual lost a role and reduced when the same individual gained a role.

However, there are other researchers who found that traditional employed women experience greater role conflict and more severe forms of stress (Stringer and Duncan, 1985; Goozee, 1986; Burlew and Johnson, 1992; Whiston, 1993). Since professional employed women are higher on self-efficacy in their job, it is associated with less conflict between work and family as found by Edwards (1998). This explains as to why non-
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Professional employed women are higher on role conflict, further adversely affecting their general well-being.

Although, the results of other studies showed no differences in occupational self-efficacy between women pursuing non-traditional female occupations and those pursuing traditionally female occupations, it also highlights the fact that a small percentage of women pursue and enter non-traditional careers. This fact has been identified by Bowen, Desimone, and Mc Kay (1995), Merriam and Caffarella (1991), National Network for Women’s Employment (1994).

A plausible reason for higher self-efficacy amongst professional employed women than non-professional employed women is that, there are a variety of environmental and social factors which have been proposed as mediators of the relationship between employment and self-efficacy. Among the factors that control the role of paid work leading to greater well-being are occupational involvement and quality of work relationships (Warr and Parry, 1982) and how much responsibility a woman’s partner accepts for household and child care tasks (Kessler and Me Rao, 1982). Professional employed women as compared to non-professional women have more support from spouses, have better quality of work, relationships and also have better learning for skills required in the profession. All these have positive impact on self-efficacy of professional women.

Bharat (1999) found that as compared to non-professional, professional women emphasized the ability of Indian women to strike a balance between their family and work spheres. It means professional women can cope better with multiple roles and have higher self-efficacy than non-professional women.

One important factor in determining the relationship between paid work and self-efficacy and paid work and well-being, is level of employment. Professional employed women are higher on social status and have better support from society and less discrimination at work place (Chaudhry, 1995) and they have better work facilities than non-professional employed women. This can ensure better self-efficacy amongst Professional employed women.

Professional employed women as being more career-oriented, held more positive feelings about themselves and were found to be more satisfied with their lives when they
were employed full time than when they were employed part time or not employed. For career-oriented women, full time employment was the situation that most clearly satisfied their goals and aspirations about the role of paid work in their lives. For non-professional women who were not career oriented, being employed and especially being employed full time was not construed as important for self-definition. As a result, employment did not appear particularly beneficial for self-efficacy or life satisfaction for women who were not career oriented.

Women, who select non-traditional female jobs, exhibit certain characteristics that are not present in women who have selected more traditional female job. Such factors as their perceived gender-role, their demographic profile, their occupational activity and self-efficacy are different than their more traditional counterparts.

Table 8 showed that unemployed and non-professional employed women did not differ significantly on self-efficacy. The result does not support hypothesis 11.

The nature of the relationship between multiple roles and health is exceedingly complex. Social scientists contend that the number of roles alone does not account for the beneficial impact of multiple role involvement for women. Rather, factors such as the quality of roles (Barnett and Baruch, 1985), available financial resources (Home, 1998), children and spouse characteristics (Barnett, 1991), job characteristics (Bond and Bunce 2003), social support (Barnett, 1991; Riefman, Biernat and Lang, 1991; Thakar and Misra, 1999), influence the effects of multiple roles involvement for working mothers.

One of the possible explanations could be that in both the groups of women, it is obvious that employment is not equally valued by all individuals, yet this has been overlooked. The positive consequences of employment that have been repeatedly identified in large-scale studies of women’s employment are likely to be obtained only by those, who regard their paid work role as a significant source of self-fulfillment.

Lennon (1994) found similar results. He investigated the role of work conditions in mediating the effect of employment status on married women’s psychological well-being. Employed wives and full-time homemakers were compared on characteristics of their daily work activities and the consequences of these work conditions for psychological well-being. Using data from a national survey of employed wives and homemakers, he found that full-time housework involves more autonomy, more
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interruptions, greater physical effort, more routine, fewer time pressures and less responsibility for matters outside one's control than paid work. Differences in work activities of employed wives and homemakers also have direct implications for well-being. Two of the dimensions examined the extent to which the worker is responsible for things outside her control, and the amount of routine entailed are associated with greater depressive symptoms among women, regardless of work status. It appears that, as compared to employed wives, full-time homemakers benefit from having less responsibility for things outside their control. Employed wives appear to benefit from routine work than homemakers. As a result of the different configurations of their work characteristics, employed wives and homemakers experience on an average similar levels of depressive symptoms.

Haw (1995) examined one hundred and sixteen working-class housewives. Part-time and full-time employees were compared on a range of well-being measures in three different life stages. A group of factory employees was contrasted with a “mixed occupation” group for a comparison of type of employment. The general contention that the association between employment and well-being would vary with position in the life cycle was confirmed for distress, physical illness and some of the satisfaction measures. Only one measure (personal competence) suggested that employment had a positive influence on well-being irrespective of life stage. Young employees working for longer hours and older housewives were both defined as “cases” by the General Health Questionnaire (GHQ-12). This finding lends support to the present findings. Investigator found non-professional and unemployed women did not differ significantly on challenge. It means that for these women career could not increase their self-efficacy and their well-being.

Another reason for finding no differences between non-professional employed and unemployed women on self-efficacy may be because of, non-professional women in this study did not differ significantly on hardiness than unemployed women. Hardiness according to Kobasa and Puccetti (1983), and self-efficacy according to Flammer (1990), act as buffer against stress. Both groups feel similar level of psychological distress (Bird and Ross, 1993; Lennon, 1994). It can be concluded that they did not differ significantly on self-efficacy also. For non-professional employed women career is not a significant
source of self-fulfillment. Because most of them work for fulfillment of their physical needs such as financial needs. They are low on social status and level of employment and feel more discrimination at work place. They have less of husband or family support and less positive attitude to their jobs and family. They have less opportunities to learn for coping with changing patterns because of lower level of education and more work overload. When a person is going through a phase of stressful life events and role conflicts, one is bound to have certain ill effect of these experiences. It can affect the general well-being, quality of life and self-efficacy of an individual. There may be emotional, cognitive or psychological disruption. When people are asked how they feel under stress, they usually respond with terms like anxious, irritable, anxiety, depressed or guilty. Women and their self-efficacy is multi-dimensional theme and have to be viewed from a wide range of perspective. Self-efficacy is linked to self-confidence, self-esteem, self-respect and right attitude to face life. For all these reasons, career per se may not increase the self-efficacy of non-professional women.

Since large number of non-professional women work not by choice as compared to the professional employed women, (Chaudhry, 1995) this reflects their lower motivation and confidence for jobs which in turn is indicator of low self-efficacy. The non-professional women may not be very different from unemployed women in their antecedent variables particularly family variables- an important source of self-efficacy.

6.4 Work Status and Self-Esteem

The significant F ratio for the main effect (Table 7) of work status on self-esteem reveals that the three groups of women (professional, non-professional employed, and unemployed women) differ significantly on self-esteem.

Table of comparison of means (Table 8) showed that professional employed women were found to be significantly higher on self-esteem than unemployed women. Results of the present study support the hypotheses 4.

These results are in consonance with the findings of several other researchers who found higher self-esteem among employed women than unemployed women (e.g., Feld,
Contrary to the above results, Suh (1994) found employed women had lower score on self-esteem than unemployed women. There are a few researchers who found that different social tasks produce role strain or conflict amongst employed women (Morton, 1957; Good, 1960; Slater, 1963; Sarbin, and Allen, 1968).

However, there are other studies which reported no differences between career women and home oriented women in regard to their self-esteem (e.g., Allen-kee, 1980; Hartley, 1980; Tabatabaei, 1999c).

Many of the earlier studies have reported women to be lower on self-esteem than men. It was mainly due to the inferior position accorded to women, male chauvinism, her home maker role devalued, not recognized and rewarded, lower autonomy, lack of power and economic independence. All this led to negative feedback resulting into worthlessness, purposelessness, loneliness dependence and lack of confidence. The consequence of this was low self-esteem amongst women. In the traditional patriarchal societies, the self-image of women was based on the feedback from the society that they are weaker sex, dependent, shy, timid and lacking confidence etc. Gniligan (1982) has called this process “hitting the wall which is made of blocks containing all the messages young women receive from the society about their bodies, minds and their worth. Through this process they begin to realize that world functions in terms of power dynamics and that women do not possess power”. According to Evaluation Model of Buss (1978), important life events of success and failure and rejection etc lead to positive or negative self-esteem.

Shiness (1980) emphasized that the women liberation movement has been a force, promoting rapid change in female self-image and concepts of gender roles, and the priority women's obligation in marriage to please the husband is on the decrease. The
sense of priority to children and devotion to them seems dulled. The desire to have children is weaker. The need for personal accomplishment seems greater. The choice of career over relationships with a man is gaining importance. First the extended family and now the nuclear family is fragmenting. Intense affection ties to the husband and children are diminishing. Women are becoming more self-oriented through work in the corporate structure. Clearly, women have a changing self-image. There are many social forces creating change in both men and women. Above all, women’s consciousness has been raised, in terms of expectations and the sense of entitlement. New life styles and changes in life of dual career families have been appearing in greater numbers. Studies of dual-career couples and families, although suggesting a degree of change in the women’s role, nonetheless indicate that the changes are not yet very significant and stable, an equally vast majority yet to come out of the shackles of age old conditioning and traditions.

One of the main reasons for higher self-esteem among professional employed women is that women who hold multiple roles may be better at coping or less susceptible to psychological distress, and women who have fewer roles may be more psychologically vulnerable and drop or lose roles. Holding more roles is associated with higher self-esteem and job satisfaction (Paula et al. 1986). There are many processes that contribute to the beneficial effects of multiple roles such as additional income, social support from family, co-workers and supervisors, opportunity to experience success and develop self-confidence. Other reason that having multiple roles may contribute to self-esteem is that performing a variety of tasks and interacting with more role partners, increases one’s sense of competence and facilitates the development of a richer and more complex view of self. A well-elaborated view of self, in turn, may enhance well-being and mental health (Linville, 1982; Pietromonaco, 1987). Alternatively, women who have higher self-esteem are likely to acquire or preserve a large number of roles. Women with many roles may actually have more stressful lives, but they may reduce stress by redefining what they consider to be stressful or by changing their expectations.

High self-esteem may increase likelihood of women seeking outside employment. It is reasonable to state that work provides needed income for women and it imparts a sense of regularity, purpose, identity. It creates a scope for social network, and interactions for personal, social, cultural and psychological development of women. In
addition to this, more experience of work can also facilitate accessibility to socio-economic benefits and advantages for employed women which lead them to have higher self-esteem than their unemployed counterparts. In contrast, long term unemployment has negative consequences like lack of job and salary, loss of status in the family and community, poorer socio-economic status and family poverty. These negative conditions can decrease the sense of self-identity, self-confidence, self-worth and self-esteem among unemployed women.

Lower stress among the employed may reflect the benefits of this role for enhancing self-regard, mastery, social support and a sense of meaning or purpose in life activities. Greater self-esteem and personal efficacy can, in turn, help respondents to avoid stress or to more effectively cope with life demands. Employment can also provide structure and predictability, allowing single mothers to organize and manage their days more productively. Moreover, employed mothers may have greater access to social support resources. Thus, employment may provide a larger, more diverse social network and better avenues for managing financial difficulties and the demands of parenting and childcare. The employment role may also reduce perceptions of isolation and inaccessibility associated with only homemaker role amongst the unemployed.

Higher self-esteem among professional working women as compared to unemployed could be due to the fact that these women would something positive (such as higher status and economic independence) in an opportunity to work outside the home. A feeling of contributing to the welfare of their families as well as society might enhance their self-esteem. Taylor and Spencer (1988) found that working mothers acknowledge the joys of combined employment and family responsibilities. When a woman goes out to work, she shakes off the feeling of subordination (Stein, 1978). Work provides a woman with more self-esteem and to some extent satisfies her need for recognition freedom, power, independence, and the need for social contacts. And sometimes, job might operate as a safety valve through which frustrations which could be expressed in the family are avoided or diverted (Moen, 1982; Ross, Mirowsky, and Huber, 1983; Krouse, 1984; Pistrang, 1984). In a way, working outside the home provides a set of social ties for women (Baruch et al. 1987). Beside, women are quite communicative and want to
discuss their problems with others (Gupta, 1998). This opportunity would be there more in case of working rather than non-working women leading to their better self-esteem.

Fuller and Schaller (1990) reported self-esteem as a positive feeling of a person in association with his physical, mental, and social identity. Many studies found that employed women are higher on mental health than unemployed women (Albemertthy, 1976; Kessler and Mc Rao, 1982; Arber, 1990; Romito, 1994; Davies and Mc Alpine, 1998; Flatau et al. 2000; Murray, 2003), have better health than unemployed women (Arber, 1991; Walters et al. 1995; Waldron et al. 1998; Crittenden et al. 2002; Heemskerk, 2003; Artazcoz et al. 2004).

Waters and Moore (2002) examined 201 men and women who participated in a cross-sectional study that assessed self-esteem, financial deprivation, number of alternate roles, and use of social support. Financial deprivation, number of alternate roles, and social support, each had a main effect on self-esteem. In addition, these variables interacted with gender to affect self-esteem. Specially, financial deprivation had a greater negative association with self-esteem in men as compared to women. In contrast, alternate roles and social support had a strong positive relationship to self-esteem in women than in men.

If one were to look at the concept of self-esteem, it is reflected in “global evaluation reflecting one view of our accomplishments and capabilities, values, one bodies, others’ responses to us and events, occasions, our possessions” (Tesser, 2000). Professional employed women enjoy more respect for their accomplishments, skills, economic independence, achieved position. Coupled with this, achievement and success in their prestigious professions, enhances their self-esteem. Moreover, it is women with already high self-esteem, who would have the confidence to think of combining profession and marriage. Baumeister et al. (1989) commented that people with higher self-esteem are concerned primarily with self-enhancement. Whereas, those with low self-esteem are concerned with low self-protection. Thus, people with high self-esteem look for areas in which they can excel and stand out and face challenges. People with high self-esteem are also more adept at defending their self-esteem from external threats. People with low self-esteem set modest goals to avoid failure. This leads us to surmise that reason for shunning careers amongst unemployed women could be their already low
self-esteem. So it is possible that women who decide to have profession are already higher on self-esteem and it is further enhanced once they pursue prestigious professions.

According to Leavy and Downs (1995), positive self-esteem relates to power of decision making, creativity, self-worthiness. On all these parameters, professional employed women are generally higher which explains their being high on self-esteem as compared to unemployed women. For high self-esteem, experience of success, fulfillment, achievement, and responding to challenges effectively is important and generally professional employed women have these characteristics. Muller (1992) found that personal development courses for unemployed women raised their self-esteem. Professional employed women undergo training and also have vast exposure and opportunities for personal development and that is why they are higher on self-esteem.

It may be summed up here that professional employed women are more career oriented, committed, leading meaningful lives, enjoying high social status, autonomy, material and psychological rewards, all leading to high self-esteem amongst them in contrast to the unemployed women.

Professionals were found to be higher on self-esteem than non-professional employed women (Table 8). The obtained results substantiate hypothesis 8. The present results lend support to findings by confirmed by Poloma (1972), Yogev (1983), Kazemi Haghighi (2002), and Park (2000). They stated that professional employed women see themselves as able to integrate their roles effectively as career persons with their roles as wives and mothers. They have a very positive feeling about themselves and most of them managed role strain through compromise and compartmentalization as compared to non-professional employed women.

The reason for higher self-esteem among professional employed women than non-professional employed women may be because of the fact that employment is associated with enhanced self-esteem and life satisfaction only when it is regarded as a career or significant life work. For those women who did not think of the paid work role as a long-term life goal, employment was not linked to higher self-esteem or life satisfaction. Satisfaction with job and salience of the occupational role has been found to be higher in professional working women and this explains their being higher on self-esteem than non-professional employed women.
Another reason is that the Iranian women with multiple roles especially in non-professional jobs face more stress, because of lower income and support. They have less family support, social acceptance and less governmental support. Thus, employment status alone can not enhance the self-esteem of non-professional employed women.

The sample was collected from city of Zabol which is traditional in set up as compared to metro city like Tehran. Sharing of household work by spouses is not the norm. So the non-professionals are over burdened with dual roles and carry guilt for not performing their roles well, leading to low self-esteem.

Moreover, professional employed women being more committed to professional obligations tend to portray an image resulting into perhaps lesser expectations from the family due to their commitment and role demand at work place. Higher status, prestige and challenging work perhaps leads to more satisfaction and feeling of worth and sense of achievement as compared to non-professional women, which in turn relieves them from role conflict and role overload. Professional employed women have been found to be working more by choice than non-professional employed women (Chaudhry, 1995). Orden and Bradburn (1968-69), Kapur (1970-72), Safilos-Rothschild (1970), Fuchs (1971), Moore et al. (1984) reported that women who work fully by choice have happier marriage because both partners recognize, enjoy and perhaps commit themselves to marriage in which both will be relatively free and independent. In contrast, women working merely not by choice or are working because of the economic need, lower marital satisfaction was found amongst them. It leads to lower self-esteem.

Professional employed women report less discrimination at work place and higher number of non-professional employed women report discrimination to some extent at work place. Kapur (1960, 1970-72, 1973) stated that women, be it clerks, or executives or high officials in the offices, are viewed as women and women alone. This kind of attitude not only frustrates these women but at times annoys and irritates them as well. Perceived discrimination at work place leads to unhappiness and role strain which can result into lower self-esteem. Moreover, may be that professional working women with their status and training are more confident and sure of themselves. They may also be better equipped to cope up with problems of discrimination, thus, not letting their marital adjustment, well-being, and self-esteem affected adversely.
Lastly one may surmise that professional employed women due to different exposure, better training and socialization may be more adept and effective in coping up strategies giving fillip to their self-esteem.

More important than employment is the satisfaction with roles. Professional subjects have been reported to have greater satisfaction with both housework and paid work (Shukla and Saxena, 1988; Chaudhary, 1995; Park, 2000). How far one values the job / role and enjoys, it is very important for self-esteem. The statements “I am just a clerk” or “Just a housewife” does reflect low self-esteem: such women have. One would not hear doctor/teacher saying, “I am just a doctor/teacher”.

Role of paid worker is a source of self-esteem; self-identity, social rewards, but is also a source of stress for women under conditions of role conflict and role overload. Low self-esteem is there when self-regard and social position is devalued (Chodorow, 1974). Bala and Lakshmi (1992) too found that self-concept varied with types of employment, highest being amongst teachers. Mary and Good (2005) suggested that employment brings self-esteem and independence. However, low paid jobs contribute to oppression rather than independence.

Braboy et al. (2001) too reported that less prestigious occupation is associated with poor self-esteem. Chen (2001) found that women with higher education and less traditional sex role attitudes are more likely to have family decision making power and it enhances self-esteem. Since there is ample evidence that professional employed women are more androgynous and less traditional in sex role attitudes as compared to non-professional employed women, this explains higher self-esteem amongst professional employed women.

Lennon and Rosenfield (1992) revealed that employed women with high job autonomy have fewer symptoms of distress. It is reasonable to expect that professionals as compared to non-professional employed women have more autonomy both at work and at home. So professional employed women would have proclivity for higher self-esteem. Moreover, professional employed women manage domestic responsibilities more smoothly and efficiently than non-professional employed women because of higher pay and more autonomy to seek help for household chores and child care. Yoge (1983) too found that professional employed women are able to integrate different roles better.
than non-professional employed women and see them more satisfied with their job, home management. Playing one’s roles effectively being happy and satisfied are important sources of self-esteem.

When quality of employment is low then having multiple roles is not a blessing but a potential risk for mental symptoms (Warr and Parry, 1982). Gjerdingen et al. (2000) said that heavy work loads may affect women’s health, particularly if there is perceived inequity in the way partners share household work. Studies have revealed that non-professional employed women have more inequities and lesser support for household chores as compared to professional employed women. This will certainly affect adversely the roles played by non-professional employed women both at home and work, leading to low self-esteem.

So the multiple roles are rewarding (recognition, financial gain and self-esteem) for professional employed women and accumulation hypothesis by Barnett (1991) explains this. Whereas, scarcity hypothesis is relevant for non-professional employed women, where multiple roles are accompanied by distress and role strain.

Table 8 showed that unemployed and non-professional employed women did not differ significantly on self-esteem. The results do not substantiate hypothesis 12.

The obtained results are in line with some of the previous findings (Hartley, 1980; Tabatatabaei, 1999c) who failed to find any significant differences both employed and unemployed women on self-esteem.

According to Pietromonaco, Manis, and Markus (1987), full-time employment does not enhance self-esteem and well-being for women who are not career-oriented but does for career oriented women. Thus, the effect of multiple roles may differ among employed women depending on their career orientation. If women consider career as a source for fulfillment of self, employment can increase their self-esteem. Most of the non-professionals are not career-oriented because they work not by choice or for self-growth, their reason for being employed is earning money and most of them occupy stressful and low level jobs. This may be the reason that career can not increase their self-esteem and they are at the same level as unemployed women regarding self-esteem.

Moreover, there is evidence that people with low self-esteem do not take up challenging jobs due to fear of failure. May be non-professionals were already low on
self-esteem and that is why they did not think of professional jobs. One’s self-esteem determines job search behavior.

Self-esteem refers to individual’s perception of his own self-worth, his feeling of self-respect, and self-confidence and the extent to which the individual holds positive or negative views about himself (Brockner, 1988). According to Loytty, Virta, and Rantalaiho (2004), if women have unskilled jobs, it is clear that their working conditions will not be conducive, will not have job security due to low paid jobs, and their standard of living will remain low. Non-professional women because of being low on social status, level of education, social and family support feel more insecure at work. This may be another reason that job can not increase their self-esteem.

A study commissioned by Immigrant Women’s Speak Out (1993) also pointed out that full-time paid occupation accounted for most depressed sample. Poorly paid work with low status is mentally actually equal to having no work. Paula et al. (1987) found that employment was associated with higher self-esteem only for women who thought paid role as a significant and meaningful part of their lives. For women who were not career oriented, full time employment was not related to positive feelings. Perhaps that is the reason, larger number of non-professional employed women than professional employed women tends to leave jobs for the sake of family once the financial position improves.

As already explained, the jobs for non-professional employed women do not give them rewards (commensurate with the number of working hours), autonomy, status, power of decision making, gender equality, opportunities for advancement and enhancement of skills. This results into dissatisfaction and stress due to overload. Each time they neglect work for family or family for work, they are guilty and have to face embarrassment resulting into lower self-esteem. They may be comparing themselves unfavorably with full time homemakers dedicated to the family and getting appreciation and on the other hand with professionals enjoying high socio-economic status, support, recognition and power.

The benefits of non-professional employed women being away from of home, break of monotony and meeting different people, getting a pay packet are cancelled out by stressful jobs with not enough rewards lack of escape for drudgery of household work
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and stress due to role overload and feeling of guilt. On the contrary unemployed women may be enjoying more leisure, more autonomy in their small world of family and the satisfaction out of home-maker role.

There are two implicit but important assumptions about homemaking which emerge from research on women and work: homemaking is of less importance than paid work to employed women and homemaking is a purely negative aspect of employed women’s lives. Both of these ideas have been criticized by some recent studies. Feree (1987) suggests that assuming the primacy of paid employment over family (i.e., housework and childcare) has an implicit class bias because it is based on a “dual-career” family model which reflects the reality of a minority of women’s lives. She concludes that the dual-career model has difficulty dealing with women’s apparent commitment to their family work (Feree, 1987). This difficulty is more among non-professional women because they face more stress than professional employed women for combining career and marriage. These conflicts lower their self-esteem.

Recent studies also suggest that rather than being purely burdensome, homemaking like many other activities is more accurately conceptualized as being composed of both negative and positive dimensions (DeVault, 1987). A study of housework by Schooler, Miller, Miller, and Richtand (1984) showed that for all women, including fulltime homemakers and those employed outside the home, housework activities that were characterized by substantive complexity were positively related to psychological functioning in terms of ideational flexibility and self-directness.

In a review of West German scholarship on housework in the lives of working-class women, Feree (1985, 1987) also suggests that prevailing images of housework as purely burdensome may be overly simplistic or exaggerated. She proposes that like other forms of work, housework involves its own set of both costs and rewards.

The obtained lack of significant differences between unemployed and non-professional employed women on self-esteem can further be explained in terms of results of the present study on quality of life (expect for two dimensions) hardiness and self-efficacy. On none of variables there were significant differences between the two groups. Since hardiness and self-efficacy have positive relationship with self-esteem, it is understandable that the two groups did not differ on self-esteem. Moreover, the two
groups did not differ much on the income and educational level, which are important sources of self-esteem. So this further explains lack of differences in the two groups on self-esteem. In the present study, professional employed women were found to be significantly higher on self-efficacy than non-professionals and unemployed women. Since self-efficacy forms the basis of self-esteem, it is clear as to why the latter two groups are lower on self-esteem.

The profile (Fig. 6) of the three groups i.e., professional and non-professional employed and unemployed women regarding the four variables under study shows clearly the marked differences between professional and non-professional employed women and between professional employed women and unemployed women on quality of life, hardiness, self-efficacy, and self-esteem. On the other hand, the difference is not significant between non-professional employed and unemployed women on hardiness, self-efficacy, and self-esteem. Surprisingly enough contrary to the expectations, unemployed women are higher on quality of life and two of its dimensions i.e., social relationship and environment.

This clearly shows that work per se is not significant, but the nature of employment is important. There is ample evidence that income and educational level play a significant role, particularly for the variables of quality of life, self-efficacy and self-esteem. Because of avoiding unwieldy work, it was not possible for the present investigator to control or study the impact of education and income on the aforesaid variables. But Tables 9 to 14 and Figures 7 to 14 reflecting the percentages of subject at different educational and income levels throw high on the obtained results.

The obtained percentages (Table 9) showed that 52% of the professional employed women belonged to higher income group, 36.57% belonged to middle income group, and only 11.43% belonged to lower income group. It means more than 88% of professional employed women belonged to higher and middle income groups. The obtained percentages (Table 10) showed that 49.33% of the non-professional employed women belonged to lower income group, 40% belonged to middle income group, and only 10.67% belonged to higher income group. It means more than 89% of non-professional employed women belonged to middle and lower income groups. Table 11 shows that 50.4% of the unemployed women belonged to lower income group, 31.2%
belonged to middle income group, and only 18.4% belonged to higher income group. It means more than 81% of unemployed women belonged to middle and lower income groups.

The obtained percentages (Tables 12) regarding educational level showed that 16% of the professional employed women had education up to 10+2 (level 1), 40% had academic diploma (level 2), 33.15% were graduates (level 3), and 10.28% were post graduates (level 4). It means more than 73% of the professional employed women belonged to academic diploma level (level 2) and graduation level (level 3). The obtained percentages (Tables 13) showed that 73.333% of the non-professional employed women graduated up to 10+2 (level 1), 12% had academic diploma (level 2), and 14.67% were graduates (level 3). It means more than 73% of the non-professional employed women belonged to 10+2 level (level 1) and only 26.67% had academic diploma level (level 2) or graduation (level 3). Table 14 showed that 86% of the unemployed women had education up to 10+2 (level 1), 11.2% had academic diploma (level 2), 2% were graduates (level 3), and 0.8 were post graduates (level 4). It means 86% of the unemployed women had educated up to 10+2 (level 1) and only 14.2% had academic diploma (level 2) and graduation (level 3).

To sum up it is clear that majority of the professional women in the sample belonged to higher income and educational level as compared non-professional employed and unemployed women. Majority of both the non-professional employed and unemployed women belonged to lower income and educational level. This explains lack of significant difference between non-professional employed and unemployed women. With low educational level non-professional employed women find it hard to achieve work family balance. Because of low income level, multiple roles become stressful leading to exhaustion, fatigue, role conflict, and role strain. Role conflict affects mental/physical health adversely. Non-professional employed women have lesser resources and amenities for support in child care and household chores. It is because of their low income. Neglecting family or not being able to do justice to job does lead to low self-esteem and feeling of worthlessness, anxiety. On the other hand, professional employed women are at an advantageous position because of higher income and educational level. Their work achievements get recognition leading to higher satisfaction with job. Being
higher on hardiness and also income level, they are able to garner more support and develop better coping mechanisms to evade role strain or conflict. They are more adept to meet the needs in both the roles.

These results explain why professional employed women in this study were found to be significantly higher on most variables under study than non-professional employed and unemployed women. It also explains why the non-professional employed women in this study did not differ significantly on most variables expect quality of life under study than the unemployed women. Because income and education are important factors for socio-economic status (SES)) and many of researchers have found strong association between socio-economic status (SES) and a variety of health outcomes (i.e., Arber and Lahelma, 1993a; Adler and Matthews, 1994; Macran et al. 1994; Hahn et al. 1995; Moss et al. 1995; Walters et al. 1995; Chen, Ng, and Wilkins, 1996.

Matthews et al. (2001) found that as women’s education and income levels rise, there is decline in distress levels. Bromberger and Matthews (1994), Williams (1995), McDonough et al. (2002) suggested the negative significant relationship between depression and kind of job and level of education.

One of the most important predictors of the poor health of women is low educational level and low household income (McDonough et al. 1999; Backlund et al. 1999; McDonough et al. 2002). Ross and Mirowsky (1992) reported that greater the correlation a women’s earnings make to the family’s income well-being the more beneficial employment is to her health.

Koskenvuo et al. (1980); McLanahan (1983); Berkman (1984); House et al. (1988), Anson (1989), and Wolfson et al. (1991) found positive associations between income, education, social class, and social relationships with health status.

Home (1998) concluded that her results suggest that higher income and distance education decrease distress through allowing women greater resources and flexibility.

According to Masson and Duberstein (1992) low-income women report less satisfaction with their child care than do women from higher income groups, hence they may experience even greater anxiety and role conflict over leaving their child while at work.
Warner-Smith et al. (2002) and Remennick (1999) showed positive associations between women's physical and mental health of their own and their partner's income. Koskenvuo et al. (1980); Berkman (1984); House et al. (1988); Repetti, Matthews and Waldrom, (1989); Anson (1989); Wolfson et al. (1991); Lahelma (2004), and O’Campo et al. (2004) found positive associations between income with health.

Chaudhry (1995) found professional and non-working women belonging to higher income group were significantly higher on marital adjustment than those belonging to middle income group. She also found that working women from higher income group were significantly lower on role conflict than those belonging to middle income group.

According to Rabbani (1999), the most common contributory factors which may lead to mental distress in non-working women are low family income, dispute among spouses, verbal abuse by in-laws and too many children.

Barnes et al. (1999), Waldron and Jacob (1989), Home (1998) suggested that financial health modules be integrated into stresses management and other health enhancement programs for married, employed women.

Warner-Smith and et al. (2002) Using data from the Australian Longitudinal Study on Women’s Health, found that women’s self-assessed health is associated not only with their own income, but also with that of their partner. For women both relatively low incomes, there is an improvement in both physical and mental health with increases in the amount of income contributed by their partner. However, married women’s optimum good health also appears to be linked to their earning a potentially sufficient amount in their own right. They found that being happy with the distribution of domestic work is associated with better mental and physical health and is linked to income equality between partners.

Warr and Parry (1987) concluded that education level is an important mediating factor in the relationships between work, family and women’s mental health.

Murray et al. (2003) found that among the working women, past experience with unemployment and level of education had significant correlations with their mental well-being.

A statistically significant association was also observed when working and non-working women were compared for their educational status. It was observed that majority
of non-working women 84.6% who reported significant of anxiety were having less than 10 years of education (Iqbal, 2004).

However, there are other studies that obtained contradictory results. The results of recent Canadian research suggests that women from higher SES groups are more likely than those from lower groups to participate in cervical and breast cancer screening. Edwards and Boulet (1997) in their study of Ontario women found higher levels of self-reported stress among women in more advantaged than those in disadvantaged material circumstances. Similar findings were reported by Walters’s et al. (1995) using data from the 1990 Health Promotion Survey. Vinayak, (1999) found that middle class women were more anxious than the lower class women.

Erlandsson and Eklund (2004) suggested that working women and having a university diploma were found to be risk factors for experiencing more hassles. Experiencing less control constituted a risk of low self-rated health and with an addition high level of hassles impact on the experience of well being. Artazcoz et al. (2004) suggested that female workers had a better health status than housewives, although this pattern was more consistent for women of low educational level.

However, there are other studies that found income has no significant effect on health. Chaudhry (1995) found non-professional women belonging to middle and higher income groups did not differ significantly on marital adjustment. She also found no significant difference among non-working women belonging to middle and higher income group on life stress.

Women’s socioeconomic status and access to social support inside and outside of the family can also mediate role performance. Middle and upper class women, who enjoy greater financial freedom and higher education status, may handle their multiple roles more successfully. They also get more professional support in elder care, day care centers, home attendant, and other social services aimed at alleviation of the family burden (including eventual placement) are more accessible to and utilized by educated working women.

It can be assumed that women belonging to higher income and education group are more satisfied, less conflict-ridden and happier because of their higher standard of living, comfort, status and ample chance of need fulfillment leading in turn to better
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quality of life, and mental health and increasing their self-efficacy and self-esteem. Income can fulfill various physical, recreational and other related needs.

Not that money can buy happiness or peace, but certainly dearth or scarcity of resources can add fuel to the fire and multiply problems if because of lack of money basic needs are not fulfilled.

One of the important reasons for positive effect of education on variables under study may be due to the reason, educated women have different outlook life than women with low education level. Earlier, Dooley and Praise (1997) also found that non-college students, faced a higher risk of being unemployed or having unstable jobs specially those who had low level of self-esteem in high school. They reported that those groups tended to have lower incomes and this affected the quality of their lives, their health and their self-esteem. Dooley concluded that young people are at risk for a number of social problems that can carry high school costs, including substance abuse, robbery, suicide and early pregnancy”.

Goode (1986), Ahmadizadeh et al. (2003) suggested marital satisfaction is greater among those who are older and have higher level of education at the time of the marriage. Education also may be associated with health through its connection to health behaviors. The higher the level of education, the more likely one is to engage in a range of health-enhancing self-maintenance activities (Lynch et al. 1997 and Ross 1995).

The reason for the unemployed women being higher on quality of life than non-professional employed women is perhaps due to already given explanations. A glance at the figures 2 to 9 indicates that unemployed women have an edge over the non-professional employed women regarding income level. So, unemployed women have better quality of life especially in the area of social relationship and environment because of more leisure and virtually no role conflict or guilt which non-professional employed women experience. Unemployed women perhaps enjoy their homemaker role with reasonably good economic resources and also get rewards in the form of appreciation and recognition for the family. Moreover, they may seek satisfaction by being masters of their in little domain the home.

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The obtained percentages (Tables 9) showed that 52% of the professional employed women belonged to higher income group, 36.572% belonged to middle income group, and only 11.428% belonged to lower income group. It means more than 88% of professional employed women belonged to higher and middle income groups. The obtained percentages (Tables 10) showed that 49.334% of the non-professional employed women belonged to lower income group, 40% belonged to middle income group, and only 10.666% belonged to higher income group. It means more than 89% of non-professional employed women belonged to middle and lower income groups. A glance at Table 11 reveals that 50.4% of the unemployed women belonged to lower income group, 31.2% belonged to middle income group, and only 18.4% belonged to higher income group. It means more than 81% of unemployed women belonged to middle and lower income groups.

The obtained percentages (Tables 12) regarding educational level showed that 16% of the professional employed women had education up to 10+2 (level 1), 40% had academic diploma (level 2), 33.15% were graduates (level 3), and 10.28% were post graduates (level 4). It means more than 73% of the professional employed women
belonged to academic diploma level (level 2) and graduation level (level 3). The obtained
percentages (Tables 13) showed that 73.333% of the non-professional employed women
had graduation up to 10+2 (level 1), 12% had academic diploma (level 2), and 14.67%
were graduates (level 3). It means more than 73% of the non-professional employed
women belonged to 10+2 level (level 1) and only 26.67% had academic diploma level
(level 2) or graduation (level 3). Table 14 showed that 86% of the unemployed women
had education up to 10+2 (level 1), 11.2% had academic diploma (level 2), 2% were
graduates (level 3), and 0.8 were post graduates (level 4). It means 86% of the
unemployed women had educated up to 10+2 (level 1) and only 14.2% had academic
diploma (level 2) and graduation (level 3).

To sum up, it is clear that majority of the professional women in the sample
belonged to higher income and educational level as compared to non-professional
employed and unemployed women. Majority of both the non-professional employed and
unemployed women belonged to lower income and educational level. This explains lack
of significant difference between non-professional employed and unemployed women.
With low educational level non-professional employed women find it hard to achieve
work-family balance. Because of low income level, multiple roles become stressful
leading to exhaustion, fatigue, role conflict, and role strain. Role conflict affects mental
and physical health adversely. Non-professional employed women have lesser resources
and amenities for support in child care and household chores, because of their low
income. Neglecting family or not being bale to do justice to job does lead to low self-
esteeem and feeling of worthlessness and anxiety. On the other hand, professional
employed women are at an advantageous position because of higher income and
educational level. Their work achievements get recognition leading to higher satisfaction
with job. Being higher on hardiness and also income level, they are able to garner more
support and develop better coping mechanisms to evade role strain or conflict. They are
more adept in meeting the needs of both the roles.

These results explain why professional employed women in this study were found
to be significantly higher on most of the variables under study than non-professional
employed and unemployed women. It also explains why the non-professional employed
women in this study did not differ significantly on most variables except quality of life
under study than the unemployed women. For the variable of quality of life too, results are contrary to the expectations, with unemployment women being higher on quality of life than non-professional employed women. Because income and education are important factors for socio-economic status (SES) and many of the researchers have found strong association between social economic status (SES) and a variety of health outcomes (i.e., Arber and Lahelma, 1993a; Adler and Matthews, 1994; Macran et al. 1994; Hahn et al. 1995; Moss et al. 1995; Walters et al. 1995; Chen, Ng, and Wilkins, 1996).

Matthews et al. (2001) found that as women’s education and income levels rise, there is decline in distress levels. Bromberger and Matthews (1994), Williams (1995), Mcdonough et al. (2002) suggested the negative significant relationship between depression and kind of job and level of education.

One of the most important predictors of the poor health of women is low educational level and low household income (McDonough et al. 1999; Backlund et al. 1999; McDonough et al. 2002). Ross and Mirowsky (1992) reported that greater the contribution a woman’s earnings make to the family’s income well-being, the more beneficial employment is to her health.

Koskenvuo et al. (1980); McLanahan (1983); Berkman (1984); House et al. (1988), Anson (1989), and Wolfson et al. (1991) found positive associations between income, education, social class, and social relationships with health status. Home (1998) concluded that her results suggest that higher income and distance education decrease distress through allowing women greater resources and flexibility.

According to Masson and Duberstein (1992), low-income women report less satisfaction with their child care than do women from higher income groups, hence they may experience even greater anxiety and role conflict over leaving their child while at work. Warner-Smith et al. (2002) and Remennick (1999) showed positive associations between women’s physical and mental health of their own and their partner’s income. Koskenvuo et al. (1980); Berkman (1984); House et al. (1988); Repetti, Matthews and Waldrom, (1989); Anson (1989); Wolfson et al. (1991); Lahelma (2004), and O’Campo et al. (2004) found positive associations between income with health.
Chaudhry (1995) found professional and non-working women belonging to higher income group were significantly higher on marital adjustment than those belonging to middle income group. She also found that working women from higher income group were significantly lower on role conflict than those belonging to middle income group.

According to Rabbani (1999), the most common contributory factors which may lead to mental distress in non-working women are low family income, dispute among spouses, verbal abuse by in-laws and too many children.

Barnes et al. (1999), Waldron and Jacob (1989), Home (1998) suggested that financial health modules be integrated into stress management and other health enhancement programs for married, employed women.

Warner-Smith and et al. (2002) using data from the Australian Longitudinal Study on Women's Health, found that women's self-assessed health is associated not only with their own income, but also with that of their partner. For women with relatively low incomes, there is an improvement in both physical and mental health with increases in the amount of income contributed by their partner. However, married women's optimum good health also appears to be linked to their earning a potentially self-sufficient amount in their own right. They found that being happy with the distribution of domestic work is associated with better mental and physical health and is linked to income equality between partners.

Warr and Parry (1987) concluded that education level is an important mediating factor in the relationships between work, family and women's mental health.

Murray et al. (2003) found that among the working women, past experience with unemployment and level of education had significant correlations with their mental well-being.

A statistically significant association was also observed when working and non-working women were compared for their educational status. It was observed that majority of non-working women 84.6% who reported symptoms of anxiety were having less than 10 years of education (Iqbal, 2004).

However, there are other studies that obtained contradictory results. The results of recent Canadian research suggests that women from higher SES groups are more likely than those from lower groups to participate in cervical and breast cancer screening.
Edwards and Boulet (1997) in their study of Ontario women found higher levels of self-reported stress among women in more advantaged than those in disadvantaged material circumstances. Similar findings were reported by Walters et al. (1995) using data from the 1990 Health Promotion Survey. Vinayak, (1999) found that middle class women were more anxious than the lower class women.

Erlandsson et al. (2003) suggested that working women and having a university diploma were found to be risk factors for experiencing more hassles. Experiencing less control, constituted a risk of low self-rated health and with an addition high level of hassles impact on the experience of well being. Artazcoz et al. (2004) suggested that female workers had a better health status than housewives, although this pattern was more consistent for women of low educational level.

However, there are other studies that found income has no significant effect on health. Chaudhry (1995) found non-professional women belonging to middle and higher income groups did not differ significantly on marital adjustment. She also found no significant difference among non-working women belonging to middle and higher income group on life stress.

Sronks et al. (1998) found that the impact of chronic stress and life events on perceived health did not depend on educational level.

Women’s socioeconomic status and access to social support inside and outside of the family can also mediate role performance. Middle and upper class women, who enjoy greater financial freedom and higher education status, may handle their multiple roles more successfully. They also get more professional support in elder care, day care centers, home attendant, and other social services aimed at alleviation of the family burden (including eventual placement) are more accessible to and utilized by educated working women.

It can be assumed that women belonging to higher income and education group are more satisfied, less conflict-ridden and happier because of their higher standard of living, comfort, status and ample chance of need fulfillment leading in turn to better quality of life, and mental health and increasing their self-efficacy and self-esteem. Income can fulfill various physical, recreational and other related needs.
Discussion...

Not that money can buy happiness or peace, but certainly dearth or scarcity of resources can add fuel to the fire and multiply problems if because of lack of money basic needs are not fulfilled.

One of the important reasons for positive effect of education on variables under study may be due to the reason, educated women have different outlook life than women with low education level. Earlier, Dooley and Prause (1997) also found that non-college students, faced a higher risk of being unemployed or having unstable jobs specially those who had low level of self-esteem in high school. They reported that those groups tended to have lower incomes and this affected the quality of their lives, their health and their self-esteem. Dooley concluded that young people are at risk for a number of social problems that can carry high school costs, including substance abuse, robbery, suicide and early pregnancy.

Goode (1986), Ahmadizadeh et al. (2003) suggested marital satisfaction is greater among those who are older and have higher level of education at the time of the marriage. Education also may be associated with health through its connection to health behaviors. The higher the level of education, the more likely one is to engage in a range of health-enhancing self-maintenance activities (Lynch et al. 1997 and Ross 1995).

The reason for the unemployed women being higher on quality of life than non-professional employed women is perhaps due to already given explanations. A glance at the Figures 7 to 14 indicates that unemployed women have an edge over the non-professional employed women regarding income level. So, unemployed women have better quality of life especially in the area of social relationship and environment because of more leisure and virtually no role conflict or guilt which non-professional employed women experience. Unemployed women perhaps enjoy their homemaker role with reasonably good economic resources and also get rewards in the form of appreciation and recognition for the family. Moreover, they may seek satisfaction by being masters of their own little domain the home.
6.5 Relationship between Quality of life, Hardiness, Self-Efficacy, and Self-Esteem amongst total sample, Professional and Non-professional Employed and Unemployed Women

A glance at the obtained Pearson r values (Tables 15 to 18) reveals significant positive relationship between quality of life, hardiness, self-efficacy, and self-esteem in the case of total sample, subgroups of professional and non-professional employed and unemployed women. It indicates that women with higher quality of life score are also higher on hardiness, self-efficacy, and self-esteem and vice versa. Results of the present study support the hypotheses 13.

In the present study all variables under study correlate with each other significantly among professional, non-professional, and unemployed at .01 level, except for the relationship between hardiness and self-efficacy in the case of non-professional women which was significant at 0.5 level.

In other words, it is evident from the obtained results that the trends of significant positive correlations between the variables under study are the same for all three groups, respectively of their employed status.

The present findings are in consonance with the findings of investigators who have found positive relationships between quality of life and mental health (Evans et al. 1980), between mental health and life satisfaction (Ware, Kosinski and Keller, 1994), between career decision-making self-efficacy and generalized self-efficacy between career decision-making self-efficacy and global self-esteem (Betz and Klein, 1996), between perceptions of self-efficacy, career opportunities and effective mentoring roles (Egan, 1996), between quality of life and self-esteem (Evans, 1997), between life satisfaction and self-esteem (Diener and Diener, 1995) between life satisfaction and self-esteem and mental health (Stake, 1979; Mook Hong, 1993), between subjective well-being and life satisfaction (Strack, Argyle, and Schwarz, 1991; Diener, Suh, Lucas, and Smith, 1997; Kahneman, Diener, Schwarz, 1995), between quality of life and well-being between well-being and specific adjustment styles (Cotton et al. 1997).
Discussion...


Chaudhry (1995) found significant negative correlation between life stress and general well-being among professional, non-professional and unemployed women. Large number of investigators have proposed models in which life events are traced as exogenous shocks and appear to have significant effects on subjective well-being (e.g., Block and Zantra, 1981; Henderson et al. 1981; Kanner et al. 1981; Patterson and McCubbin, 1983; Reich and Zantra, 1983; Abbey and Andrews, 1985; Heady et al. 1985).

Chaudhry (1995) found significant negative correlation between marital adjustment and life stress among professional, non-professional and unemployed women. These results are consistent with the finding of Aneshensel (1986), Yogev (1986), Lance et al. (1987), McLaughlin et al. (1988) who reported that women with higher levels of marital adjustment had significantly lower level of distress than women with low marital adjustment levels.

Many researchers found that hardiness is associated with greater well-being and that increased well-being is achieved through the use of active-coping responses (Rhodewalt and Agustsdottir, 1989; Allred and Smith, 1989; Orr and Westman, 1990; Nakano, 1990; Berwick, 1992; Narsavage and Weaver, 1994; Rush, Schoael, and Barnard. 1995; Maddi and Khoshaba, 1996; Maddi, Wadhwa, and Haier, 1996; Maddi, 1987, 1999).

The plausible reasons for hardiness and QOL having positively related are that hardiness leads to resilience and is a general health promoting factor (Bigbee, 1985) thus leading to better quality of life. Hardiness reduces appraisal of threat and increases one's expectation that coping efforts will be successful (Tartasky 1993). People high on hardiness are able to cope up with stress better as they are able to reframe and reinterpret
adverse experiences (Williams et al. 1992, Tartasky, 1993). They gave more importance to positive life events (Peterson et al. 1982). They behave that personal efforts can modify or reduce stressors to manageable degree (Bigbee, 1985; Wagnild and Young, 1991). They have the ability to turn adversely to advantage (Maddi, 2000). They engage in problem focused strategies, active support seeking strategies. Perhaps it is because of all these reasons that they stay healthy (Huang, 1995) and enjoy higher quality of life.

The reason for correlation between hardiness and quality of life may be due to this fact that hardiness is related to mental health (Williams et al. 1992; Florian et al. 1995). Hardiness, according to Sharma (1986), is the resistance we have to stress, anxiety, and depression. Researchers have consistently reported an inverse relationship between life satisfaction and depression in almost all the samples: with clinical subjects (Hyer et al. 1987), non-clinical subjects (Parkerson et al. 1990), men (Kammann and Flett, 1983), and women (Raphael, 1988). In particular, Evans et al. (1984) using a physically disabled sample, found the depression variable to be one of the best predictors of life satisfaction compared with other personality and demographic variables. Lewinsohn et al. (1991) found that low life satisfaction tends to precede the onset of depression. As is explained in the chapters of review of literature and theoretical orientation, depression is strong negative predictor variable for hardiness and mental health in individual.

According to Kobasa (1979) control is one of the components of hardiness. Positive correlation between hardiness and quality of life is supported by finding of Diener (1984), who found that the degree of perceived freedom of choice or control in a person’s life is consistently related to happiness and leads to satisfaction with life as a whole. Crohan, Antonucci, Adelmann, and Coleman (1989) also found a significant positive relationship between perceived control and life satisfaction for men and women.

Several studies have also indicated the direct influence of high self-esteem on the mental health of individuals (Klein and Wiener, 1977). It has been consistently reported that self-esteem is positively related to life satisfaction (Schmitt and Bedeian, 1982; Diener, 1984; Emmons and Diener, 1985; Wiener, Muczyk and Gable, 1987; Vermunt et al. 1989; Parkerson, Brodhead and Tse, 1990; Lewinschn, Redner, and Seeley, 1991).
A positive relationship between self-efficacy and quality of life is understandable as people high on self-efficacy have coping skills to handle stressful situations. They have "I can do it" attitude. They experience lesser role strain, which means better mental and physical health. Because of confidence in their potential to meet challenges they have higher degree of sense of control leads to better well being. A positive relationship has been reported between perceived health status and self-efficacy (Fallon, Wilcox and Ainsworth, 2005). Self-efficacy has also been found to be positively related to well being (Flammer, 1990; Bandura, 1997). To sum up in words of Wenzel (1993), self-efficacy can be viewed as catalyst for increase in well being. Thus, the obtained results are in consonance with many of the previous findings mentioned above.

As evident from obtained results, there is close link between self-efficacy and self-esteem. Many researchers use the two terms interchangeably (Borgatta and Montgomery, 2000). Person high on self-efficacy is competent to meet the challenges while achieving the goals, leading to success. Success, positive experiences and positive feedback do enhance self-esteem. In fact self-efficacy forms basis of self-esteem (Barnhardt, 1997). People high on self-efficacy are willing to take up challenging jobs, are low on fear of failure and are not bogged down by apprehensions. Their mastery experiences are likely to raise their self-esteem.

Hence hardiness and self-efficacy were found to be positively related to each other. Both the variables have certain common components. Since people high on hardiness have more problem focused strategies and they are higher on commitment, control and challenge, such people are likely to perceive themselves as self-efficacious. Because of being higher on perceived control, persons high on hardiness do not tend to have feeling of helplessness in difficult circumstances. They have more persistence and motivation which results into self-efficacy.

Hardiness and self-esteem were found to be positively correlated. Persons high on hardiness because of their being highly motivated and committed are likely to be attaining more success and have positive experiences. These outcomes of hardiness enhance feeling of self-worth and self-esteem.