REVIEW OF LITERATURE
CHAPTER - 3

REVIEW OF RELATED LITERATURE

A review of literature helps us to understand the problem clearly and it makes predictions possible regarding outcome of the manipulation of the different variables. It also facilitates formulation of hypotheses. This chapter includes studies related directly or indirectly to the aims of the present study.

Ever since, the increase in number of women combining marriage and work (employed outside home), sociologists and psychologists have been interested in comparing the two groups i.e., employed and unemployed women on various psychological, social, and demographic variables. To expect differences is rational as the two groups have different roles to play and are likely to have different patterns of life, images, attitudes, and personality.

Employed women are more liberal, express more permissiveness, have much wider area of social interaction as compared to unemployed women. Employed women feel that women should have equal rights in matters of marriage and property as compared to unemployed women. Employed women are relatively non-traditional in their attitude towards women’s responsibilities in home. Unlike the unemployed women, they are not entirely devoted to home, because working outside is an important source of satisfaction in their life (Srivastava, 1972).

Sarookhani (1996) suggested that most of the employed women at different socio-economic levels accept working out side, but motivation of employment at varied socio-economic levels is different. In the lower strata, the motivation for employment has economic reasons but in middle or high socio-economic status groups, the reasons are not only economic but also aspiration for achievement and personal growth.
Women Employee’s Unique Career Development Program, provides women at all stages of professional developments with strategies and skills to make choice leading to career satisfaction. Since 1979, career wise there has been exchange of information; resources and experiences that enable women define career satisfaction in their own terms and develop effective strategies to achieve their goals (Ladky, 2004).

Since employed and unemployed women are different with regard to various personality and demographic variables, major interest in this study is focused on four important variables i.e., quality of life, hardiness, self-efficacy, and self-esteem.

There are very few studies that have compared employed and unemployed women on the above mentioned variables and the results are contradictory.

3.1 Quality of Life amongst Employed and UnEmployed Women

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.

Bowman (1954) discussed the effect of wife’s employment on husband-wife relationship: It is said that wife’s employment makes for a closer relationship between husband and wife. The woman is able to understand the man and his problems.

Jephcott et al. (1962) have made similar observations: “Partnership between husband and wife was thought to be growing closer and some people believed that married woman’s employment, far from threatening good relations, helped to improve them”. Rossi (1964) expressed the same idea when she wrote: “I believe that marriage can be strengthened and enriched by a wife’s return to study and work”.

Burke and Weir (1976) conducted a study on 189 couples examining satisfaction with life, marriage, and job, mental and physical well being and communication with
their spouses. Findings showed that working wives expressed more happiness with their marriage, were in greater agreement with their spouses and were more likely to report that disagreement were usually resolved by mutual understanding.

According to Burke and Weir (1976) and Ferree (1976a, b) employed women, in contrast to women who were not employed, appeared to have greater satisfaction with their lives (quality of life).

Ferree (1976a, b) reported that married women who are employed are more satisfied with life (quality of life), are happier and have better well-being than married housewives.

Powell (1977) stated that college educated married women having full-time employment showed lower psychiatric symptom scores (better mental health) than part-time employed women in “empty nest” stage of life.

Weissman et al. (1979) found that women employed outside the home derived more satisfaction from their jobs than full-time housewives derived from their work at home. Such results were also obtained by Nye and Hoffman (1963).

In a study of the (1977-78) Australian Health Survey (AHS), comprising around 29000 adults, Lee (1987) found that employed women had better health than those engaged only in home duties. The group reporting the most mental health problems was women who were separated, divorced or widowed, engaged in house chores, and with children in the household. The group with the best mental health was professional women.

Manning and De Rouin (1981) found that among military wives living in Germany, those involved in paid employment were more satisfied with their daily lives and their marriage than those not employed.

Manis (1982) concluded that employed women showed essentially higher life satisfaction than unemployed women in the age range of 22-83. He could not find significant relationship between work status, self-esteem, and life satisfaction among women in the age range of 35-44.
Haw (1982) concluded that employed married women have greater level of life satisfaction and fewer psychiatric symptoms than non-employed women, although they also reported higher level of daily stress.

Troy (1983) suggested that as married women have entered the work force in increasing numbers in recent years, there has been much research on the differential life satisfaction of employed and unemployed wives, or housewives. Results showed that housewives are more dissatisfied than employed wives on a variety of measures.

Earnett and Baruch (1985) originally demonstrated that the quality of a woman’s work role was a significant predictor of her role overload, whereas mere occupancy of the work role was not.

Kaur and Punia (1986) found that small size family, good health, adequate family income and grown up children were the main factors promoting satisfaction level of working women in respect to their home role performance.

Feldberg and kohen (1976) concluded that women who occupy several roles are healthier than those with fewer roles.

Muller (1986) explored the association of employment and home responsibilities with health of employed women and home makers. It was suggested that better health was associated with desired positive role such as marriage; worse health was associated with unwelcome role expansions such as child disability etc.

Paula et al. (1987) indicated that career oriented women who were employed full-time reported greater satisfaction than those employed part-time or non-employed. Career-oriented women employed part-time also were more satisfied than those who were not employed.

Pietromonaco, Manis, and Markus (1987) in a study of 853 women in the age range of 25-59 years found that career-oriented women who were employed full-time were happier with themselves and their lives as compared to unemployed women.

Repetti, Matthews, and Waldron (1989) stated that women’s employment does not have a negative effect on their health, on average. Indeed, it appeared to improve the
health of unmarried as well as married women who had positive attitude towards employment.

Kotler and Wingard (1989) reported that neither employment nor the number of children was a significant predictor of mortality risk among women. On the other hand, homemakers with four or more children were at greater risk of early death than other women.

Longitudinal research supports the view that women’s health benefits from the instrumental and symbolic rewards of paid work (Repetti et al. 1989; Waldron and Jacobs, 1989).

Rogers and Marbides (1989) compared the psychological and physical well-being of 243 Mexican American women (aged 32-68 years) who had or no longer had children present in the home. Findings revealed that employment was significantly related to lower depressive and physical symptomatology.

Kibria et al. (1990) found that psychological consequence of the home making role appears not to be inconsequential for women when they participate in the formal work place. It is possible that women who have a high level of psychological well-being create more rewarding experiences in the home making role. He did not emphasize the negative aspects and consequences of home making and showed this role also has rewarding aspect.

Life dissatisfaction relates to career status, economic status, social relationship, family relationship and interpersonal relationship (Biglow et al. 1991).

Elliot and Huppert (1991) stated that occupation and income are related to physical health in full-time employed women belonging to middle social class but not for women belonging to worker or low social class. They further elaborated that paid employment, particularly full-time work, is associated with good physical health for middle-class women but not for working-class women.

Employed women with more traditional gender role attitudes experienced more role conflicts as compared to their counterparts with less traditional attitudes (Choe,
However, there was a statistically significant difference between the two groups on the external locus of control.

Arber (1991) reported the highest rate of long-term illness among unemployed, previously-married women living in public housing and belonging to an unskilled, manual class.

Hibbard and Pope (1991) reported 70% greater risk of death among non-employed than employed women (though morbidity was not significantly different between the two groups).

Arber (1991) and Elstad (1996) found that housewives were more likely to report chronic illness than married women who were employed.

From the study of Hibbard and Pope (1992), it was found that women who received social support at work had a lower mortality rate than unemployed women. Furthermore, unemployed women had 80% greater risk of death than women who were contented with even lower levels of social support at work. Their findings also suggested that social support may be one aspect of employment that is protective of health.

Masson and Duberstein (1992) suggested that low-income women report less satisfaction with their child care than women from higher income groups, hence they may experience even greater anxiety over leaving their child while at work.

According to Rosenfeld (1992), up to 65% of the American women work outside the home in paid employment. Employed women of all ages and occupations have a lower mortality rate and better reported and perceived health than women who do not work outside the home. Middle aged women who work have better measures of psychological and physical well being.

Houston et al. (1992) studied both full time employed women and homemakers in regard to relation between job-related stress and various indices of psychosocial strain and reported physical health problems. Self-report data were collected from 91 women employed outside the home and 95 homemakers. For both groups of women, more quantitative overload was associated with more tension and health problems. Greater quantitative overload was associated with more marital dissatisfaction for homemakers.
but not for women employed outside the home. Greater underutilization of skills for both
groups of women was associated with more self-reported tension and poorer quality of
marital relations but was not associated with health problems. Less reported tension was
associated with greater overall social support for homemakers and greater social support
from supervisors for women employed outside the home. Better quality of marital
relationship was associated with greater overall social support for homemakers and
greater social support from husbands and relatives/friends for women employed outside
the home.

Working women are more adapted to marriage than housewives (Nathawatt and
Mathur, 1993).

Macran et al. (1994) found that unemployed women looking for paid work stated
poor health 1.5 times more than women in full-time employment. Several prospective,
longitudinal studies (controlling for initial health status) also provide evidence for health
benefits of paid employment among women.

Suh (1994) compared two groups of employed and unemployed women. He stated
that the results of the comparison between the two groups were significantly different for
future health status. Employed women had higher scores than unemployed women.
Comparison of the order of the scores between the two groups showed that the highest
score was for internal locus of control, but there was a statistically no significant
difference. However, there was a statistically significant difference between the two
groups on the external locus of control.

Hessing (1994) examines how women organize their lives to accomplish multiple
tasks. She notes, “Women with both paid and household responsibilities must appear to
be successful in accomplishing both, or they risk censure or criticism as mothers and/or
as employees”. She found that, in general, the women in her research do not describe
themselves as passive captives of societal inequities, but instead recognize and purposely
manage the demands and constraints in their lives. Specifically, Hessing found that
women use the following time management strategies: prioritization, accommodation of
time use, routinization of activities, synchronization of events, and preparation for
contingencies. Double day work provides many time management challenges for women.
However, by using various strategies, women successfully meet the demands of their busy lives.

Noroozi (1994) while studying the participation of rural Iranian women in rural developmental activities suggested that women who are members of cooperative societies have a high level of education and marital adjustment.

Walters et al. (1995) using Canadian data, reported that employed women as compared to full-time home-makers, were more likely to rate their health positively and less likely to indicate activity limitations.

Chaudhry (1995) found three groups of women (professional, non-professional employed and unemployed) differ significantly on marital adjustment and fear of success. She found employed women to be higher on marital adjustment than unemployed women.

Ross and Mirowsky (1995) found that full-time employment among women was associated with less rapid decline in self-rated health and in physical functioning with age as compared to women without employment, a result which did not significantly vary by race or marital status.

Evidence supporting the expansion hypothesis (Thoits, 1983), resulted in agreement among investigators that multiple roles have a positive impact on women’s health (Hong and Seltzer, 1995).

On average, employed women enjoy better health than those who are not employed (Waldron, 1991; Walters et al. 1995; Arber, 1997). Waldron et al. (1996) in a longitudinal study of women in their middle years reported a protective marriage effect only for women who were not in paid employment. Also, women who neither played marital or worker role had especially poor health as compared with their married or employed counterparts.

Bergman and Carlsson (1996) evaluated within-individual changes over time in work-role quality and quality of life and the relationship of these qualities to self-reported health as experienced by women in a male-dominated industry. Forty-seven women completed a questionnaire at two different points in time. The results showed evidence of
a relationship between work-role quality and quality of life and self-reported health. There was a connection between changes in environmental demands and changes in musculoskeletal symptoms and between changes in quality of life and changes in gastrointestinal symptoms, except for psychological distress.

Elstad (1996) suggested that qualities in women’s health are associated with women’s marital, parental and employment status. His results indicate that health differences between full-time employed women and other employment status have increased during the 70s and 80s. As regards marital and parental status, the observed changes are not significant. He also found that important causal mechanisms generating health differences related to marital status are located in the private sphere.

Waldron et al. (1998) suggested that multiple roles were beneficial to health because they provide additional opportunities to enhance individual’s sense of purpose and meaning in life.

Nezami (1999) while studying relationship between social need and psychological need of patients with their quality of life found significant relationship between quality of life and psychological need, sex, employment status, level of education, marital status and number of family members.

Yoshii and Yamazaki (1999) in their study found that; (1) Women with full-time jobs had higher purpose-in-life scores than women with part-time jobs, or who didn't work, but they were also more fatigued physically. (2) Women who participated in social activities for 1 to 4 hours per week had lower depression scores and higher purpose-in-life scores than women who did not participate in any social activities, or who participated in social activities for more than 5 hours per week. (3) Women who weren't employed and didn't participate in any social activities were most depressed and had the lowest purpose-in-life scores. (4) Paid work and social activities were evaluated higher in 'fulfillment' and 'relation to society' than housework. Full-time job was evaluated higher in physical and mental 'workload' than housework, but social activities did not differ from housework in physical and mental "workload". (5) The role quality differences of housework from that of paid work and social activities, explained the relation between employment status, social activities participation, and health.
There is anecdotal evidence that housewives frequently complain about the monotony in their lives. They feel that they have to look after children and do the housework and they do not have time for themselves. Compared to the working women their social environment is limited. Their husbands are the only ones to appreciate their intense efforts they make for their homes. The working women, however, have the chance of being appreciated by the society and act independently and earn money. On the other hand, many working women find that children provide a common focus of interest for them and their husbands and many of them feel that the time devoted to children resulted in less sharing and companionship and less spontaneity in marital relationship (Nathawatt and Mathur 1993; Rani and Yadav, 2000).

According to Molla Mohammad Rahimi (2001), employed women are more satisfied with their physical health than unemployed women. Employed women have better relationship with their husbands, but the employed women feel less satisfaction with household work. It is because the unemployed women accept their traditional role for doing housework but employed women do not.

Riley and Keith (2001) reported that homemakers felt greater appreciation for the work they do (2.87) compared to employed women (1.08), although these scores do not differ significantly. In sum, housework as a full-time activity was reported to be more autonomous, appreciated more, less physically demanding, and involved less time pressure than paid work.

Shahbazi and Salimi (2002) studied 221 nurses working at Yazd hospital. They found 92.31% percent of them were satisfied with their job and personal life, but had low satisfaction from their income. They did not find significant relationship between age, sex, marriage, number of children, education, tenure, level of occupation with job satisfaction.

Heemskerk (2003) stated that female self-employment is especially encouraged because higher income of women empower them, improve the health of their families, and alleviate poverty in society at large.
Larson and Delson (1989) suggested that career causes feeling of independence and increases the marital satisfaction in women. Similar trend is reported for Iranian working women (Ahmadizadeh et al. 2003).

Warner-Smith (2002) reported that part-time work is more generally associated with better health for mid-age women. The analysis discussed in this paper showed that women who were happy with their hours of work had better mental and physical health than women who would like to work either for more hours or fewer hours. This was true irrespective of how many hours the women actually worked. These findings underscore links between health and employment, and point to the need for social policies which facilitate women's preferences for paid work.

Artazcoz et al. (2004) examined women’s health aged 25-64 years who where employed or full-time homemakers and married or cohabiting. Results showed female workers had a better health status than housewives, although this pattern was more consistent for women of low educational level. Conversely, the health related behavior analyzed was less favorable for workers, mainly for those of low educational level. Among workers of low educational level, family demands showed a negative effect on most health indicators and health related behaviors, but had little or no negative association in all workers of high educational level or in full-time home makers.

In contrast to above mentioned findings, there are studies reporting adverse effect of job on women. The accumulation of life roles that exceeds an individual’s personal resources was assumed to lead to conflicting obligations and exhaustion. Applied to women, this theory, extended by Coser (1974) and Slater (1963) suggested that women who occupy multiple roles will experience greater distress than women who occupy fewer life roles.

Saksena et al. (1977) compared 25 working mothers with 30 non-working mothers. Subjects were upper class 45 years old. They found that working mothers were more prone towards marital conflict and showed more approval of comradeship and sharing with their children.
Occasional studies attempted to assess conflict between multiple specific roles, such as marital, parental, housekeeping, and outside employment (Holahan and Gilbert, 1979; Ayree 1992).

Kessler and Mac Rae (1982) suggested that employed women with high levels of childcare and house work responsibility report more distress symptoms than do employed women with less house hold responsibility.

Tryon and Tryon (1982) and Ahmad and Khanna (1992) found that conflicting demands associated with the multiple roles of spouse, parent, and career person can lead to role conflict and thereby reduce their quality of life.

Early interest in the relationship between social roles and health was sparked by woman’s entry into the labor force on a massive scale, beginning in the 1960s. Proponents of role strain theory were apprehensive that this social change would harm the health of women because of the additional stress of multiple and competing roles (Gove, 1984).

Arber et al. (1985) found that for women under 40 years of age, homemakers reported significantly better health than women employed in full-time, lower status jobs. The results of Arber (1997) suggested that living in poor material circumstances may have a particularly strong negative impact on unemployed women as compared to other groups. She found that unemployed women living in their own house reported much better health as compared to unemployed women living in rented public housing. Arber proposes that poor self-assessed health may be associated with a lack of paid employment only when accompanied by disadvantaged material circumstances.

Walker and Best (1991) suggested that stresses on full-time employed mothers of infants, however, may diminish their well-being. This study compared perceived stress levels and health-promotion lifestyles in a sample of full-time employed mothers and homemakers with infants. As expected, full-time employed mothers of infants reported greater perceived stress in their lives and less healthy lifestyles when they were compared with homemakers. The most frequently reported sources of stress for employed mothers of infants were conflicts or problems about returning to work. Findings support the
hypothesis that full-time employed mothers of infants may adopt a pattern of self-neglect to cope up with work overload.

On the other hand, according to Repetti, Mathews and Waldron (1989), the potential negative consequences of employment on health also exist, such as stresses associated with the “double day,” or the psychological, physical, and/or chemical hazards of a particular work environment. Furthermore, much of the evidence on women, work and health is based on cross-sectional studies, making it difficult to clearly differentiate between “healthy worker effects” and/or employment as contributing to better health (Arber, 1991).

Women, who care for both their children and parents as well as work outside the home, experience special role strain. They need to balance personal needs and aspirations with responsibility towards others. The social expectation that women should be available for helping others regardless of their own interests and commitments is still dominant, while social and institutional support to women having multiple roles is often very 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 felt guilty for neglecting their children and family.

The need to help ageing parents has to be viewed in the general context of women's lives, including dramatic variance in their lifestyles, personal resources, and pressures of daily living. Working-class women or those from disadvantaged social groups (e.g., immigrants or single mothers) may especially suffer from added demands of elder care (Arber, 1991). Unable to hire help and getting little support from their male partners, these women have to work longer hours, experience sleeplessness, and juggle their multiple roles, often with feelings of guilt and inadequacy (Braithwaite, 1996).

Theories of stress and overload assessed that stress and exhaustion result from unsuccessful attempts to balance domestic role as well as working women's role. It requires lot of personal time and energy resulting in higher level of stress affecting women's health (Messias et al. 1997).
Salehi Federdi (1991-92) studied 234 women teachers having M.S educational level in girls’ school in Mashad (Iran). His hypotheses were (1) The stress level of women who have more roles is higher than those who have less roles and (2) The level of stress among women who have more satisfaction in their role is less than those women who have less satisfaction with their roles. These hypotheses were not substantiated.

Rohani (1993) carried out study on 60 working mothers for studying maternal separation anxiety among working women with one child going to nursery school. She found that the working women who did not experience satisfaction in career and social relationships had traditional view for looking after children feels more level of anxiety. She found no differences in terms of marital adjustment and experienced stress among couples in nuclear and joint families.

Bryson and Warner-Smith (1998) commented that for many years research was focused on the likelihood of employment causing deterioration in women's health because it was assumed that the 'double burden' caused by the combination of family work and employment would be deleterious. They also commented numerous studies showed that women still take major responsibility for family work, whatever their employment commitments.

Enjezab et al. (2003) stated that role conflicts decrease the quality of work, increase the life dissatisfaction, transport this suffering to the children and family. Consequently role conflicts decrease the quality of life and mental health of both women and her family.

Beck (1987) stated that fatigue and anxiety reduce the quality of life of an individual, and reduced quality of life is one of the most important health outcomes of illness.

Some studies have failed to find any significant difference on life satisfaction (quality of life) amongst employed and unemployed women.

Kim (1998) found no difference between employed and un-employed mothers on psychological well-being.
Wright (1978) reviewed evidence from six large national surveys and concluded there were no consistent differences in pattern of life satisfaction between employed outside the home and full-time housewives.

Newberry and Weissman et al. (1979) failed to find significant differences between employed and unemployed married women on quality of life.

De Joseph (1992) conducted secondary analysis of existing health of 371 pregnant women. There were 126 home makers, 70 part-time employees, and 135 full-time employees. There were no significant differences between the groups in measures of distress, including depression, trait and state anxiety, and perception of negative life events. Home makers were significantly younger; less educated and had lower family incomes than either group of employed women.

Macran et al. (1996) and Arber (1997) found no differences in the health of part-time and full-time paid workers.

Kossek and Ozeki (1998) reported that conflict between work and family roles was a stronger predictor of life satisfaction for women than men. These authors and others (Greenhaus and Beutell, 1985; Frone et al. 1996) also suggested the need to interfere with family life from the reverse process of family obligations interfering with work.

Barring few studies reporting no significant differences between unemployed and employed women or unemployed to be more satisfied than employed women, most of the studies revealed positive effect of employment on women’s quality life. With the evidence pointing towards higher well being and satisfaction amongst employed women, one would expect them to be higher on quality of life. With higher income in dual career families, they can mitigate or avoid role overload by seeking professional help and lot of facilities which leave them with leisure time. With their multiple roles, there is role expansion leading to more satisfaction and happiness vis-à-vis unemployed women who may find the household work a drudgery and too monotonous.
3.2 Hardiness amongst Employed and Unemployed Women

The sense of insecurity adversely affects women in general; the mental health of working women gets more affected as they are more sensitive to negative evaluation. The non-working women, on the other hand, tend to avoid the socially distressful situations. Social anxiety and distress, as well as fear of negative evaluation, adversely influences the mental health of women in general. But working women's economic autonomy, prestige as well as temporary absence from the family, may help them in a positive way. Despite this, the working women's mental health is more hampered because of the tendency to avoid distressful situations, which is inevitable in the working situation. Moreover, the non-working women spend a quantity as well as quality time with the family members, thereby creating an emotional bond which helps them remain mentally healthy. Some existential and experiential realm is attributed to human bonding and it does positively help the individuals to maintain their mental health. The findings of this study corroborate the earlier observations of Mukhopadhyay (1997).

Hardiness has an indirect effect on mental and physical health (Nakano, 1990; Maddi and Khoshaba, 1994; Narsavage and Weaver, 1994; Rush, Schoael, and Barnard, 1995; Maddi, 1999). However, there is also the possibility that the health benefits of hardiness have been interpreted within a particular cultural setting of what it means to be hardy. Consider the theory in its present form: hardy individuals redefine stress as positive and will therefore experience better mental and physical health (e.g., Maddi, 1997). For example, a person who is fired from his/her job may reason that "this is not a problem", and as such experiences positive health. There are individual differences in the degree to which people identify with their social groups (e.g., Mackie and Smith, 2002). The variability among women's identification with their group may be especially noticeable, given the various ways in which women can define themselves as women, and even the desire to differentiate themselves from feminism (e.g., Russo, 1998; Williams and Wittig, 1997).

Sharpley and Yardley (1999) investigated the relationship between cognitive hardiness, explanatory style, and depression–happiness via individual questionnaires with
129 men and women between the ages of 65 and 80 years. Results indicated that, while there was a significant relationship between depression/happiness and pessimistic explanatory style, the strongest predictor of depression/happiness was cognitive hardiness. Factor analysis of the questionnaire responses collected on cognitive hardiness indicated that confidence in one’s ability to handle change and/or social interactions, belief in one’s competence in general, and the receipt of personal meaning from one’s social and political activities were the major underlying factors.

Investigators have found that individuals with high levels of hardiness have an attribution style that is different from those with low hardiness (Hull et al. 1988). Through correlating the results of the Hardiness Scale and the Attribution Style Questionnaire, investigators have found that high hardy individuals tend to perceive positive events as relatively important and negative events as relatively unimportant (Peterson et al. 1982). Individuals high on hardiness, experience less anxiety and worry than individuals low in hardiness.

Williams, Wiebe, and Smith (1992) found that 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 wishful thinking. Hardiness seems to be associated with successful coping strategies. Wiebe and McCallum (1992) also found a correlation between high hardiness and health behaviors. Utilizing a wide age range of male and female subjects, they found that high hardy individuals tend to have more positive health behaviors, such as diet and exercise, than low hardy individuals. These findings about hardiness make it a promising outcome measure.

Jordan (2005) studied development of hardiness in women. He selected female undergraduate students from the University of Missouri, Columbia. The correlations and regression analyses demonstrated that hardy individuals express lower levels of perceived stress throughout their development, and that they had a learning-gar ed attitude toward academics during childhood and adolescence. Friendship quality and closeness of relationships, however, did not provide strong enough relations to indicate involvement in the development of hardiness in women. Most of all, the results clearly express the
importance of family in an individual’s development. Very strong relationship was found between the closeness and quality of relationship of the individual with her parents as she grew up and her level of hardiness as an adult. The family as a whole also showed great influence on hardiness development.

Nakano (1990) carried out study on 78 Japanese women and found hardiness as a prevent on factor for depression and physical symptoms. Mitchell (1995) indicated that hardiness was a significant mediating variable to adjustment contributing to overall adjustment, and women who showed higher level of commitment, control and challenge were better adjusted.

Cencirulo (2001) focused on the effect of hardiness and how it relates to the teacher’s job satisfaction. The results indicated that the personality construct of hardiness correlates to a statistically significant degree with job satisfaction. However, no significant correlation of age or years of teaching with job satisfaction emerged. It can be concluded that hardiness acts as a significant variable for adjustment of teachers at work place.

Williams et al. (2001) studied stress and illness in low-income women. It examined roles of hardiness and race in one hundred women, with family incomes below the poverty line. Hierarchical regression models indicated that hardiness moderated the stress-ill ness relationship, with high stress, low hardy women having higher levels of illness. Analyses of additional stress measures indicated that hardy women perceive their external environments as less stressful, although high and low hardy women have similar levels of network stress. Correlational analyses indicated that life-event stress, network stress and low-income concerns were all associated with illness scores. Thus, a range of stress measures are linked to physical illness in low-income women.

Despite countless studies involving hardiness, very little is known about how it develops, and even less about its development in women. It was hypothesized that low levels of perceived childhood and adolescent stress, high-quality family relations,
authoritative parenting, a feeling of control in the classroom, and close, high-quality friendships would each contribute to hardiness in an adult woman.

There is extensive evidence suggesting that hardiness is positively related to physical and mental health and that is mitigates negative health outcomes of stress (Kobasa, Maddi, and Zola, 1983; Maddi and Kobasa, 1984). According to review of literature, unemployed women are prone to negative psychological health (Platt, 1984). Employed women on the other hand have better mental health (Lennon, 1992). Then it is plausible that employed women will be higher on hardiness than non-employed women, as hardiness is one of the significant moderating variables.

A number of studies suggest that working outside home is uniformly beneficial for both the psychological and physical health of women. Feld (1963) found that employed mothers viewed themselves more positively and experienced fewer psychosomatic and physical symptoms than mothers who do not work for pay.

Recent studies on the risks and benefits of having multiple roles indicate that people who had more social roles experiences less psychological distress and mental illness (Thoits, 1983), greater life satisfaction and well-being (Barnett and Baruch, 1981).

Recent studies of the risk and benefits of having multiple roles indicate that people who had more social roles experience less psychological distress and mental illness (Linville, 1982; Thoits et al., 1983). Involvement in both work and family roles has been the source of men’s advantage over women with respect to mental health and as the source of overload and conflict for women, that is, as detrimental to women’s mental health (Gove and Tudor, 1973).

Most of the later studies are pointer to the fact that employed and non-traditional women are more stable and mentally healthy. Alberetty (1976) suggested that the changes taking place in the women’s role may have a positive impact on general mental health.
Kessler and Mac Rao (1982) found that employed women have better mental health than non-employed women. Multiple role life styles in married women lead to better adjustment, more stable and less psychological conflicts (Je Phcott et al. 1962), personal growth and development (Sieber, 1974; Marks, 1977), and better health (Coleman and Antonucci, 1983).

Some studies report that wives working outside the home have lower levels of psychological distress than homemakers (Pearlin, 1975; Rosenfield, 1980; Reskin and Coverman, 1985).

Warr and Jackson (1984) studied the psychological health and labor market commitment of 1150 unemployed 17 years olds in all urban areas of the United Kingdom. The population contained 245 Black and 388 White males and 129 Black and 388 White females. The results showed that the distress levels of unemployed subjects were significantly higher than among comparable employed samples, and symptoms had usually commenced after the onset of unemployment. Length of time out of work was unrelated to effective well being and employment commitment in both ethnic groups, but job search attitudes were significantly less positive among subjects who had been unemployed for longer periods.

Broadhead (1985) described that the mental health of women engaged in 'home duties' was worse than women in any paid occupation, with the exception of those in the administrative category (and the number of women in the administrative category was small, with a large standard error).

Debra et al. (1986) found that women who occupy several roles are healthier than those with few roles.

McLaughlin et al. (1988) examined time-management and self-care coping techniques that multiple role women use and their relation to self-reported levels of distress, stress, and marital adjustment. The results indicate that multiple role women who are using more coping strategies with greater frequency, regardless of what the strategies may be, are less distressed and more satisfied with their marriage.

Lambert et al. (1990) while studying 122 women suffering from rheumatoid arthritis found that satisfaction with social support and hardiness are best variables to
predict adjustment with disease. In this study, hardiness had positive relationship with employment and negative relationship between commitment and control with age.

Amatea and Fong (1991) explored the contributions of role stressors and personal resources in predicting strain symptoms amongst women employed fulltime in academia. Results indicated that women who experienced higher levels of personal control and social support as well as greater number of roles occupied, reported lower levels of strain symptoms.

In a cross-sectional research, paid employment has been associated consistently with positive mental and physical health (Arber, 1991). The majority of the previous studies have shown that women employed outside the home tend to experience better mental health outcomes than those who are not employed outside the home, depending upon the specific characteristics of the job and the level of social support at work (Aneshensel, 1986; Arber, 1990; Waldron, 1991).

Houston et al. (1992) conducted a study on self-report data on 91 women employed outside the home and 95 house makers. Greater quantitative overload was associated with more marital dissatisfaction and more self-reported tension and health problem for homemakers but not for women employed outside the home. Women employed outside reported better marital adjustment.

Evans (2001) indicated that women part-timers report not only high levels of job satisfaction (Evans, 2001), but also high levels of life satisfaction and satisfaction with work-family balance as compared to their full-time counterparts (Barker, 1993; Lero and Johnson, 1994; Higgins et al. 2000).

Nathawat and Mathur (1993) compared marital adjustment and subjective well-being in Indian educated housewives and working women. Results indicated significantly better marital adjustment for the working women than for the housewives. Similar results have been found by Houston et al. (1992).

Mukhopadhyay, Dewanjie, and Majumder (1993) assessed the impact of out-of-home employment on anxiety levels of mothers. A group of working mothers residing in Calcutta (India) was compared with a socio-economically similar group of non-working mothers with respect to their anxiety level, measured by the Anxiety Scale Questionnaire, in terms of the total anxiety score and its various personality components. Results showed
that non-working mothers showed higher anxiety levels than their working counterparts with respect to the total anxiety score as well as its components, although the differences were statistically non-significant. The anxiety scores of non-working mothers showed increasing values with increasing age of children. This trend was absent among the working mothers. The age of these mothers was not related to their anxiety level.

Malik (1993) opined that housewives’ role being unstructured and invisible allows them to brood over personal problems than the working women, who have more structured roles. Employed women have excessive demands on their time and attention. After taking up a job, they do not relinquish responsibilities on the home front but still enjoy better mental health than their counterparts.

One of the largest Australian cohort surveys of young people, the Australian Longitudinal Survey (ALS) of youth (16-25 years of age), conducted by the Federal Department of Employment, Education and Training during the mid to late 1980s, provided evidence for unemployment being causally linked to a 50% increase in risk of psychological disturbance (Morrell and Taylor, 1994) as measured by the 12-item psychological component of the General Health Questionnaire.

Studies reveal that employed women are less likely to report psychological symptoms (Parry, 1987), anxiety (Parry, 1987), depressive symptoms (Kandel et al. 1985; Krause and Markides, 1985; Parry, 1987), psychological distress (Cleary and Mechanic, 1985) or psychosomatic symptoms (Kandel et al. 1985) than unemployed women. Employed women have better mental health than homemakers (Warr and Parry 1982; Cleary and Mechanic, 1985; Kandel et al. 1985; Parry, 1987; Sogaard, 1994).

Romito (1994) concluded that employment tends to be associated with better physical and mental health in mothers, though more inconsistent effects are reported with samples of mothers of babies or very young children.

Avison (1995) reported that employed women experienced even less distress than their unemployed counterparts in a sample of mothers living in a Canadian city once he controlled the higher levels of ongoing caregiver and work-home strain reported by employed women.
Singh and Bawa (1996) found that working women were better adjusted to home and social circle than non-working, and also non-working women had better adjustment to their emotional problems than working women.

Sharpley et al. (1996) investigated the effects of job-stress on physical and mental health of employees at an Australian University. Sample consisted of 1925 employees in the part time and full time jobs. Data from the questionnaires compared sex, occupations, age and employment status. Results showed that employees in the full-time jobs had better physical and mental health than their counterparts who had part time jobs. In addition, finding of the study revealed that there was no significant interaction effect between sex and employment status on physical and mental health.

McCride (1988) stated non-working is a significant factor for prevalence of depression.

Other researches conducted in the United States and Britain confirmed these findings by concluding that employed women have better mental health than unemployed women (Messias et al. 1997).

According to Davies and McAlpine (1998), the literature suggests that employment is beneficial to women's mental health to the extent that it provides a sense of control over their lives and is not offset by feelings of competing familial demands. Employed women with high control experience the fewest symptoms of depression.

Monahan (1999) suggested that employment does not appear to increase the risk of hypertension in women; in fact moderate levels were associated with low risk. She also found that career of women reduces their mental stress and working women have better mental health than non-working women.

Saurel-Cubizolles et al. (2000) studied relationship between unemployment and psychological distress of mothers one year after childbirth. Their results were as follows: (1) After adjustment for unwanted pregnancy, marital conflicts, marital status, pregnancy, marital conflicts, marital status, hospitalization of the baby during the last year, lack of social relationship, depressive or anxious troubles before pregnancy, age – education level and parity, unemployed women had an excess of psychological distress compared with employed women. (2) An excess of psychological distress among unemployed compared with employed women was observed in all social groups defined by the current...
or last occupation, but with varied extents (3) Psychological distress was specially linked to the employment status in the group of women with the higher occupations (4) Even after birth, when women are very much involved in their maternal role, those seeking a job have worse mental health than those in a stable situation, either employed or housewives.

Flatau, Galea, and Petridis (2000) conducted an analysis of both the 1995 National Health Survey and the 1997 National Survey of Mental Health and Wellbeing of Adults. In the 1995 survey, they found that mental health outcomes were poorer for those not in the labor force than for those in full-time employment, but for women, these became insignificant when account was taken of income effects.

Financial power and self-confidence are effective factors for mental support of individuals and poverty has been known as a destructive factor for mental health (Remennick, 1999). Because career enhances the financial status of the family, so it can be considered as a significant factor for enhancing the women’s mental health. Also, employment status especially with high social acceptability raises social position and increases the women’s self-esteem (Park, 2000). Moreover, women can play more roles and decide about their fate. Therefore, employment outside home improves women’s mental health and increases their potential of sources against stresses and social problems. It also establishes opportunities for doing suitable physical activities that can lead women to better mental health (Enjezab, 2003).

Morrison et al. (2001) found that the degree of sense of control and optimism regarding re-employment had an effect on the psychological wellbeing of unemployed men and women.

Mukhpadhyay et al. (1989), Rani and Yadav (2000) found high frequency of anxiety in nonworking women (housewives) than working women. Griffin et al. (2002) have also reported increased risk of developing depression and anxiety in women having less control at home.

Tang et al. (2002) explored the associations between role occupancy, role quality, and psychological distress in 897 Chinese women in Hong Kong. Results showed that employed as compared to unemployed women reported a lower level of psychological distress. Never married as compared to married women, and mothers as compared to
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childless women, did not differ in their levels of psychological symptoms. Correlation results indicated that a net gain of rewards over costs about social roles was negatively related to psychological distress. The number of social roles was related to the balance between rewards and costs between social roles, but had no significant association with mental health status of women. Results of the hierarchical regression analyses showed that good mother role quality and the occupancy of the paid worker role were significant predictors of a low level of psychological distress.

Cheung and Cynthia (2002) reported that employed as compared to non-employed women reported low level of psychological distress. Never married as compared to unmarried women and mothers as compared to childless women, did not differ in their levels of psychological symptoms. Good mother role quality and the occupancy of the paid work role were significant predictors of a low level of psychological distress.

O’Campo et al. (2004) examined a cohort of 659 employed women from the Baltimore Epidemiologic Catchment Area (ECA) study in USA Baseline and follow up data collected 13 years apart were used to identify associations between demographic, labor market, work organization, and occupational gender inequality with four health outcomes: generalized distress, depressive syndrome, anxiety, and fair or poor health. They found wide gender inequalities in terms of pay and power in this sample of employed women.

Iqbal, Nadeem, and Fatima (2004) observed the presence of anxiety in working and nonworking women with reference to their education, family system, and the number of children. A purposive sample of 50 working women and 50 non-working women was taken. Both groups were matched on age, education, occupation and socioeconomic background. Taylor Manifest Anxiety Scale was administered on all women to assess their anxiety. They were also interviewed to record the demographic information. Results showed that anxiety was observed in 57% of sampled women; 74% of non-working women and 36% of working women had anxiety. A statistically significant association between anxiety in women and education and number of their children was found. No significant association was observed between women’ anxiety and their family system. These results regarding high frequency of anxiety in non-working women (housewives) are consistent with the findings of Mukhpadihyay et al. (1989), Rani and Yadav (2000).
They also found that non-working women were showing higher mean anxiety scores as compared to working women.

Smith et al. (2004) investigated whether optimism and health-related hardiness contribute to health and well-being among older women. Positive psychological characteristics, including optimism and health-related hardiness, are correlated with good self-rated health, but these variables are all affected by socioeconomic status, social support, physical illness and access to services. Using data from 9501 Australian women aged 73 to 78 years; it was found that optimism and health-related hardiness explain a significant proportion of variance in all subscales of the SF-36, and in stress, even after these confounders are taken into account. The data, although cross-sectional, suggest that positive personal characteristics may contribute to well-being.

Avison (2004) stated that there is ample evidence that unemployed individuals experience higher level of psychological distress than do their employed counterparts. They also suffer from higher rate of diagnosable disorders such as depression, panic and substance abuse while these findings apply to both men and women.

Bhushan (2005) found that working women feel more secured as compared to their non-working counterparts. Also, they have relatively and significantly lower social anxiety than the non-working matched controls. The mental health of the working women also appears to be sounder.

Marshall-Williams et al. (2005) tried to find out if employment is good for a woman's heart. The women were divided into three groups: employed, involuntarily unemployed, and homemaker. They found that employment is not a stressor for women. For women in their study, employment may actually be protective. They found, women who were unemployed had the worst physical and mental health. Employed women reported the best health.

Contrary to the above mentioned studies, there are research findings revealing higher adjustment and psychological well-being or positive mental health amongst unemployed women. There is also evidence that working women experience more stress and strain due to their multiple roles and have poor mental health and manifest psychiatric disturbances, and also low hardiness that is important factor for determination of physical and mental health.
The growth of women in the workforce has led to some restructuring in the division of household labor. However, although men are now sharing more housework than in the past, women still continue to do the majority of housework. New household technologies have decreased the time required to complete certain household tasks but have also increased women's workload. This unequal division of labor and the amount of time spent on housework has been found to be related to women's depression (Shelton, 1996).

According to the Scarcity Model of Human Energy which was put forth by Good, (1960) and extended by Slater (1963), Coser, (1975), Marks (1977) and others, people do not have enough energy to fulfill their role obligations; thus compromises are required. Therefore, the more roles one accumulates, the greater the probability of exhausting one's supply of time and energy and of confronting conflicting obligations, leading to role strain and psychological distress.

Barnett and Barach (1985) pointed to the importance of role overload for women, which they defined as the general sense of having so many role demands or obligations that the individual feels unable to perform them all adequately. These authors and others (Cooke and Rousseau, 1984; Crosbj, 1991) obtained results suggesting that employed mothers are frequently vulnerable to this type of stress. In addition, Gutek, Searle, and Klepa (1991) presented data indicating that role overload is identifiably different from role conflict.

Booth and Johnson (1984) found that wives' employment increased marital instability, particularly if her job entailed working more than 40 hours per week. Status changes in wives employment also contributed to marital instability. Similarly, Mignon (1988) reported that working wives have marital problems leading to rising separation and divorce rate.

Regarding the potential dangers of combining more than one role, most of the evidence suggests occupying multiple roles either have no or minimal effects on morbidity and/or mortality, or positive effects. However, there are other studies which found no differences regarding adjustment and hardiness amongst working and non-working women.
Warr and Parry (1982) observed that women employed full-time reported fewer depressive symptoms than those in part-time jobs, although the difference was not statistically significant. However, women who had both little social support and a part-time job had the highest level of depressive symptoms.

Research findings concerning mental health and double work shift, which is the simultaneous engagement in paid work and unpaid family housework or child care, are contradictory (Warr and Parry, 1982). For instance, having children was found to be a major predictor of depressive symptoms among employed women (Cleary and Mechanic, 1985).

Other studies report that full-time employed married women have more depressive symptoms or psychiatric symptoms than part-time married ones (Krause and Markides, 1985).

Brenner (1983) and Janlert (1997) stated the link between unemployment and health, both physical and mental, using mortality or morbidity data.

Bartley et al. (1992) observed that paid employment (particularly full-time) was not associated with better mental health, than that reported by homemakers, especially among women with middle-class husbands.

A notable study in these directions is a study by Noh et al. (1992b) of Korean immigrant women in Toronto. Noh and colleagues found depression to be significantly more prevalent among employed than non-employed immigrant women. This finding is in contrast to a number of studies suggesting either no relationship between mental health and work or a positive one. There has been much less research on women, despite the fact that women are much more likely than men to be exposed to conditions of high job strain (Karasok and Theorell, 1990).

An Australian study by Graetz (1993), using data from the ALS, found higher rates of psychological disturbance in employed young people who did not like their job compared with those who did. A similar finding emerged from the 10-year cohort study of South Australian school-leavers. Each year young people who were dissatisfied with their jobs were just as psychologically disturbed as those who were unemployed (Winefield and Tiggemann, 1993).
Some researchers, however, propose that housework offers greater autonomy over paid work (Oakley 1974; Bird and Ross 1993; Lennon, 1994; Bird, 1999). Housework gives homemakers the opportunity to organize activities and set their own schedules (Kibria et al. 1990), which can reduce psychological distress.

Ahmadnia (2002) researched on the impact of work on mothers’ health in Tehran (Iran) within a role analytic framework. A survey was conducted of a representative sample of working and non-working mothers in Tehran in 1998 (N = 1065, 710 working mothers, and 355 non-working mothers). Three main explanatory factors were examined (socio-demographic, work and work-related, and social-life context variables) alongside a range of mental and physical health outcome variables. Unlike in the West, where women’s paid work is generally associated with better health, statistically significant differences between working and non-working women were not found in Tehran.

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.

Some investigators believe work role as a significant source of self-fulfillment but on the other hand conflicting roles at home (looking after children, husband, grandparents) and work place cause working women to experience more stress than non-working women (Arkin, 1995; Zuzank et al. 1996; Remennick, 1999).

Maclean et al. (2004) stated that for partnered mothers, employment did not have a significant effect on distress or chronic stress levels. However, rates of personal stress – possibly the closest measure representing role overload were significantly lower among partnered mothers who were unemployed than among those who were employed.

It has been reported that double work shift may cause role conflicts for married women because of tensions generated by marriage demands and the need to work outside the home (Gove, 1972).

Several of the more recent studies have compared the subjective work conditions of employed women to women who are full-time homemakers and the consequences these conditions have for psychological well-being. The conclusion from these studies suggests that employed women and full-time homemakers have similar levels of...
psychological distress owing to their differential exposure to positive and negative dimensions of their working conditions (Bird and Ross, 1993; Lennon, 1994).

Bhattacharjee and Bhatt (1983) assessed the family adjustment of 140 married working and non-working women. No significant differences were found between their adjustments levels. Similarly Brown and Gary (1988) comparing the depressive symptoms of African American homemakers to African American employed women, found no significant difference in depression levels of the two groups.

Halvorsen (1998) found that those outside the labor force (consisting mainly of students and homemakers) seemed to have about the same distress levels as the securely re-employed being unemployed or engaged solely in home duties with non English speaking background (European).

Hansen (2001) in the study of relationship between hardiness and burnout in full-time staff nurses versus part-time nurses found significant relationship between hardiness and burnout among the total subjects. The hypotheses (i) Part-time job nurses will have more hardiness than full-time staff nurses and (ii) Part-time nurses will have less burnout than full-time nurses, were not supported. No significant differences were found between part-time nurses and full-time staff nurses on hardiness.

Riley and Keith (2001) indicated that homemakers and employed women do not differ significantly on symptoms of distress.

Cannuscio (2004) suggested that employment status did not seem to confer additional mental health risk or benefit to informal caregivers, while access to extensive social ties was associated with more favorable caregiver health.

Outram (2004) examined associations between poor mental health and socio-demographic, psychosocial and health related variables in midlife Australian women. Results showed that socio-demographic factors associated with poor mental health were low educational levels, being unemployed or engaged solely in home duties. Health related factors independently associated with poor mental health were having five or more visits to the doctor in past year, menopausal status, less exercise, and smoking 20 or more cigarettes per day. Among psychological variables, low satisfaction with partner or close relationships, low perceived social support outside family, and more life events over the past 12 mounts were independently associated poor mental health.
Although there is scarcity of research comparing employed and unemployed women on hardiness, yet considering the evidence that hardiness has inverse relation with measures of anxiety and depression, one would expect employed women to be higher on hardiness as compared to their counterparts. Majority of the above mentioned studies indicated higher depression and anxiety in unemployed women. Moreover hardiness as a construct encompasses control, challenge and commitment which one would expect more in the employed than in the unemployed women.

3.3 **Self-Efficacy amongst Employed and Unemployed Women**

Recently there is evidence that self-efficacy is an important variable and strong predictor of well-being and acts as a moderator in role strain. Thus studies on well-being among employed and unemployed women are indirectly related to the present problem and are cited in the following pages.

Most of the studies are pointer to the fact that working and non-traditional women are more stable and high on psychological well being. Sinha (1973) brought to light some of the personality correlates of feminine role concept. Results showed that women who accept modern roles are rather well-adjusted both socially and emotionally as compared to those who accept their role as more strongly traditional women. Volgy (1978) suggested that non-traditional sex role attitudes are related to greater psychological well-being.

Branden (1969) argued that belief in one’s capacity to change one’s own situation was a major determining factor in the level of self-esteem. For the unemployed individual, job-search confidence or self-efficacy is intimately associated with the capacity to change one’s situation, and has been the behavior most often examined in the literature. While, self-esteem has been used widely as a measure of well-being, self-efficacy has more typically been utilized as a predictor of behavior, usually job-seeking behavior (Wenzel, 1993). In this sense, self-efficacy can be viewed as a catalyst for an increase in well-being.

Baruch and Barnett (1979) studied 142 white married middle-class women and their husbands, all of whom had at least one child enrolled in pre-school. Results indicate
that the well-being of unemployed women is highly dependent on their husband’s approval of their pattern, or more accurately on the wives’ perception of his approval. In contrast, employed women are considerably less sensitive to their husbands’ attitudes. Commitment to work and satisfaction with their current job contribute heavily to women’s indices of well-being. Also, even though women may be intensely concerned with the demands of young children, involvement in multiple roles need not result in debilitating conflict, strain, and dissatisfaction. In conclusion, the research supports the value of preparing girls from childhood to develop and exercise occupational competence.

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

Deprivation Model proposed by Jahoda (1981) argued that employment provided both manifest (associated with financial income) and latent functions (associated with meeting psychological needs). People are driven to employment to attain manifest functions, but while employed also benefit from the latent functions of time structure, social contacts, common goals, status, and enforced activity. Deprivation of employment leads to deprivation in both manifest and latent functions, but it is the loss of the latent functions that operates to reduce well-being. This position has been expanded and elaborated by Warr (1987).

Coleman and Antonucci (1983) found that employed women have better mental health and well-being when compared with women who are not employed.

Brenner and Bartell (1983) explored important psychological process in unemployment. In this study, the sample group was seventy seven unemployed. The results indicated that the extent to which the subject perceived his time as being occupied or unoccupied affected his subjective well-being and mental health. There may be a critical period for adaptation to unemployment, occurring soon after job loss with the passage of time, a reciprocal process seems to take place, through which mental health affects subjective well-being and the proportion of time occupied , unoccupied. These
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two reciprocal processes could be indicative of a vicious circle of unemployment, resulting in increased negative effects with time.

Long and Proter (1984) suggested that for women, the benefits of multiple role involvement are in fact primarily due to the paid worker role. These benefits have a positive impact on well-being primarily with respect to self-esteem and to lesser extent for psychiatric symptomatology.

Some studies indicate that women occupying more than one social role, such as employee, wife and mother, have lower levels of depression (Radloff, 1975; Kandel, Davies and Raveis 1985), improved psychological well-being (Barnett and Baruch, 1981; Thoits, 1983), and better physical health (Verbrugge, 1983).

According to Paula et al. (1987), employment may lead to greater well-being and self-esteem, but it is also possible that women who are happier and more self-confident are more likely to become employed. The positive consequences of employment that have been repeatedly identified in large-scale studies of women’s employment are likely to be obtained only for those who regard their paid work role as a significant source of self-fulfillment.

Pugliesi (1988) studied impact of employment on the well-being of women. Data were based on a probability sample of adult employed women (N=534). Results indicate that both dimensions of employment characteristics have positive effects on social support. Social support and employment characteristics also directly affect well-being.

Nevill and Schlecker (1988) found that both the high and low self-efficacy women in their study showed a higher degree of self-efficacy toward traditionally female occupations.

A more recent study, which used a large national sample, found that mental well-being was positively related to the mother’s employment and negatively related to her total number of children (Repetti et al. 1989).

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 behaviors needed for labor market success, including
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obtaining the appropriate educational credentials, has a direct effect on one’s self-efficacy which, in turn, influences future choices about participation in the labor market.

Rosen et al. (1990) examined the impact of three domains of life satisfaction and three employment related variables on general well-being in a sample of 1145 army wives. Results indicated that homemaker who would prefer employment have diminished health when compared to both homemakers who do not want to be employed and employed women.

Elliot and Huppert (1991) reported that paid employment (particularly full-time) was associated with better physical well-being than that reported by homemakers, especially among women with husbands belonging to middle class.

Bartley et al. (1992) found lower levels of physical and psychological morbidity among employed women as compared with homemakers, particularly among women working part-time (and especially with respect to psychological well-being).

A lone study assessing relationship between self-efficacy and role strain conducted by Matsui and Onglatco (1992) on females found a significant negative relationship between self-efficacy and role strain.

Dew, Bromet, and Penkower (1992) and Australian researchers Muller, Hicks, and Winocur (1993) did cite various studies showing lower levels of psychological well-being in unemployed than employed women.

Osipow and Fitzgerald (1993) reviewed theoretical and empirical studies relating to unemployment and mental health. The review revealed that jobless subjects had predictable negative effects on individual sense of well-being and, further, that the effects differ in particular populations related to variables such as age, sex and occupational background.

Whitson’s (1993) theory is that women are naturally inclined to work with people rather than things and therefore would have higher self-efficacy toward occupations dealing with people. Her study of 191 employed women found that higher self-efficacy scores were related to the kind of work involved, and that the women in her study showed higher scores related to tasks which involved person to person contact.
Eden and Aviram (1993) evaluated the outcomes of a training intervention for unemployed individuals where the main aim was to raise job-search efficacy. Self-efficacy levels were found to be associated positively with looking for work and with re-employment, and participants whose self-efficacy was raised by the training increased their job-search behaviors and were more likely to seek reemployment.

Kopp and Ruzicka (1993) examined the relationships of multiple roles and internal-external locus of control with psychological well-being among 162 middle-class women aged 23 yrs. and above, returning to school at a community college. The results revealed that women occupying two or three of the roles of partner, mother, and paid employee were happier than those occupying one or none. Internal locus of control was important in adding significantly to the prediction of both happiness and self-esteem, beyond that predicted by number of roles and control variables. Psychological well-being for women returning to school is positively correlated with more social roles and scores on internal locus of control.

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 people's perceived self-efficacy, the wider the range of career options they seriously consider, the greater their interest in them, and the better they prepare themselves educationally for the occupational pursuits they choose and the greater is their success. Occupations structure a good part of people's lives and provide them with a major source of personal growth.

Lee (1995) in his study about utility of Bandura's self-efficacy theory in relationship to the understanding and treatment of the career indecision of female students in Korea has found strong relationship between self-efficacy and career indecision making. He also found decided females were more likely to have higher classical approach-approach conflicts when several possible careers were attractive and higher scores on verbal / interpersonal related self-efficacy skills.

Ozer (1995) reported a significant correlation between psychological well-being and a combined measure of work and family efficacy for women who had just returned to work after the birth of their first child. He also stated in the study of "the impact of child care responsibility and self-efficacy on the psychological health of professional working
mothers”, that self-efficacy has a strong direct relationship with psychological health than the division of childcare responsibility. Increased childcare responsibility may affect mother’s mental health indirectly through its negative impact on perceived capability to manage work and family role demands.

Researchers propose that the conditions of paid work and housework can be beneficial as well as detrimental to women’s psychological functioning. Investigators find that combinations of the various aspects of housework and paid work such as reutilization, time pressure, responsibility for things beyond one’s control, interruptions, physically demanding work, work fulfillment, autonomy, and symbolic rewards (i.e., recognition or appreciation of workers’ efforts) can reduce or enhance women’s well-being (Schooler et al. 1983; Kibria et al. 1990; Bird and Ross, 1993; Lennon, 1994). Although all of these dimensions of work can impact women’s psychological well-being, there is emerging consensus that autonomy, time pressures, physically demanding work, and intrinsic rewards are work conditions that manifest the strongest effects on women’s psychological well-being (Karasek and Theorell, 1990; Lennon, 1994; Pugliesi, 1995).

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. Potentially stressful situation produces less subjective stress in highly self-efficient individuals. However, self-efficacy acts as a buffer against stress. The results of the study have shown that employed women are higher on self-esteem and psychological well-being than unemployed women.

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 (Messias et al. 1997).

Southwick and Nolan (1998) stated that the concept of self-efficacy has been proposed as a possible explanation why women are deterred from pursuing higher paying, traditionally male occupations. This study sampled 199 women pursuing occupational training in Vocational-Technical Institutes to obtain some measure of
occupational self-efficacy and compared those measures with non-traditional occupational training and welfare status. Results showed that the differences in self-efficacy scores between women on welfare and that not on welfare were not significant. The differences in self-efficacy scores between women enrolled in non-traditional occupational training programs and those enrolled in traditionally female programs were not significant, nor did the analysis of self-efficacy scores revealed any interaction.

Women who have a strong sense of efficacy to manage the multiple demands of family, work and are able to get their husbands’ support assistance with 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, 1998).

Many employed mothers experience ongoing anxiety about their child’s welfare during work hours. This anxiety may have numerous ramifications for the mother’s psychological health and well-being and for her employment decisions and work productivity (Edwins, 1998). It is also possible that a woman’s sense of self-efficacy mediates the relationship between social support and role-strain. That is, support received from various sources including spouse, family or employer may have the effect of enhancing a woman’s ability to cope effectively with the demands of her various life roles, which in turn, ultimately reduces her role strain.

Edwins (1998) also suggested women’s sense of self-efficacy in their parental and work roles emerges as a potentially effective antidote to role strain. The more confident these women felt as parents, the less they reported being overwhelmed by their multiple role demands. In addition, greater self-efficacy in their job was associated with less conflict between work and family roles.

Edwins (1998) studied 129 married, employed women with at least one preschool-aged child. He found self-efficacy in work and parental roles proved to be a significant predictor of these women’s work, family conflict and role overload, respectively. He also found that support of the spouse and supervisor accounted for significant variation in work-family conflict, but the impact of organizational support on role conflict was fully mediated by job self-efficacy.

Creed et al. (1998) found that long-term unemployed individuals who had lower levels of self-esteem when they began a training course improved more on self-esteem...
than those with higher initial levels. Eden and Aviram (1993) also found support for this theory in the area of self-efficacy with their self-efficacy training course for the long-term unemployed. They found that those who had lower levels of self-efficacy before training improved more than those with higher levels.

The studies reviewed suggest that women in employment have equivalent to or better psychological well-being than those not in employment. Findings suggesting that employed women have better health/well-being than those who are not employed are cited by Henwood and Miles (1987), Lee (1987), Roxburgh (1997), and Bryson and Warner-Smith (1998). Roxburgh (1997) claimed that although there is some mixed evidence regarding the comparative mental health of female workers and homemakers, no study has ever found that housewives are in better mental health than employed females.

Faelli and Carless (1999) hypothesized that acculturation, interpersonal and task job-seeking self-efficacy, locus of control, assertiveness, English fluency, length of residence, age, and gender predicted employment status of professionally qualified immigrants. Data were obtained from 55 employed and 62 unemployed professionally qualified immigrants. A discriminate function analysis revealed that unemployed immigrants spent fewer years in Australia and reported lower confidence in both their interpersonal and job-seeking skills when compared with employed immigrants. Acculturation, English fluency, age, and gender were not predictive of employment status.

Mclaughlin (2000) studied the effect of childcare responsibility and self-efficacy on the wellness of working women with young children. In his study, women were responsible for 77% of childcare responsibility. He found the efficacy beliefs relating to perceived capability to meet the demands of work, family and spouse enlistment for childcare were related to all measures of wellness. In addition, marital satisfaction was related to all mental health measures.

Martire et al. (2000) hypothesized that high role centrality would have positive effects on well-being, but that high role centrality would also exacerbate the negative effects of role stress when present. Entitled “the exacerbation hypothesis”, they proposed that among women for whom a role was highly salient, greater stress in that role would
be related to poorer well-being. On the other hand, among women for whom a role was not highly central, there would not be a strong association between role stress and psychological well-being. The results of this study supported most of their initial hypotheses. First, greater centrality in all four roles (i.e., primary caregiver to parent, mother, employee, and wife) was related to better psychological well-being (i.e., lower depression and higher life satisfaction).

According to Flammer (2001), it is clear that persons high on self-efficacy feel that they can produce results and don’t perceive themselves helpless. Employed women with their higher skills in variety of situations are likely to feel more in control of situation than non-employed women who are likely to be having more feeling of helplessness because of lower position and power. People with higher perceived self-efficacy to fulfill job functions consider a wide range of career options. Some people eliminate entire classes of vocations based on perceived efficacy.

A Montreal study by Robitaille and Lydon (2002) assessed the well-being, perceived health, life satisfaction and mastery among a group of 144 women. Women, aged between 18 and 40 years old, were interviewed between 6 and 20 months post-partum. They hypothesized that employed married mothers would report higher subjective well-being (assessed by the CES-D), greater life satisfaction (specific and global), better perceived health and that this effect would be accounted for by a greater sense of mastery (locus of control) among the working mothers. Observed patterns in results were generally in the hypothesized direction, but failed to reach significance.

Rao (2003) found in stepwise multiple regression analysis, greater use of social support seeking and less use of denial as coping styles, absence of multiple role strain, working to be financially independent, availability of support and refusal of job promotion were significant predictors of well-being.

Murray, Gien, and Solberg (2003) in their study about: “A comparison of the mental health of employed and unemployed women” in the context of a massive layoff found that unemployed women reported significantly poorer mental well-being in the year prior to data collection. At the time of the study, however, both groups of women were experiencing high levels of distress. The moratorium, financial problems, and
feelings of uncertainty were identified as key stressors for all the women, but especially for those without work.

Fallon, Wilcox, and Ainsworth (2005) examined the correlates of self-efficacy for physical activity in African American women. In bivariate analyses, self-efficacy was higher among women reporting fewer social role constraints, more positive perceptions of physically active women, more positive sense of community, better perceived health, and higher levels of physical activity. In a simultaneous multivariate model, more positive perceived health status \( (p = .001) \), higher physical activity level \( (p = .007) \), and lower social role constraint \( (p = .02) \) were independently associated with higher self-efficacy. Thus, physical activity interventions for African-American women should include strategies to decrease social role constraint and offer safe activities for women with health conditions hindering physical activity.

In contrast to the above mentioned findings, revealing better positive mental health and psychological well-being amongst working women, some of the finding reflected contrary trends. Conflicting demands and expectations of home and work for working women may lead to stress and possibly decline in mental and physical well-being. Due to considerable change and reshuffling of sex roles, such studies if replicated may not yield the same results.

The principle burnout of multiple roles seems to fall disproportionately on women. Nevertheless, working has been found to have a negative effect on the well-being of married women (Warr and Parry, 1982).

Walker and Best (1991) compared perceived stress levels and health life styles in 148 mothers with infant’s age 2-11 months. Subjects were full time homemakers or were employed full-time outside the home. Employed subjects perceived more stress in their lives when compared with homemakers. The most frequently reported sources of stress of employed subjects were conflicts or problems about returning to work, lack of time, fatigue, and sleep disturbances, work overload, and illness of baby. Employed subjects’ life styles showed diminished attention to their personal health and well-being.

Investigators report that combinations of the various aspects of housework and paid work such as reutilization, time pressure, responsibility for things beyond one’s control, interruptions, physically demanding work, work fulfillment, autonomy, and
symbolic rewards (i.e., recognition or appreciation of workers' efforts) can reduce or enhance women's well-being (Schooler et al. 1983; Kibria et al. 1990; Bird and Ross, 1993; Lennon, 1994).

Some researchers suggest that part-time employment is more beneficial to women's well-being than full-time hours, particularly for lone mothers (Macran et al. 1996).

Several studies have explored the well-being of women and the stress they experience at the work front (Haw, 1982; Amatea and Fong, 1991; Lennon and Rosenfeld, 1992; Lennon, 1994; Jenkins, 1997; Nelson and Burke, 2000; Sherr and Lawrence, 2000). Working women play a dual role in the family and the workplace, they experience a sustained stress to cope in both the conditions and hence their mental well-being gets affected (Mukhopadhyay, 1997; Bhushan, 2005).

Data presented by Hock and her associates (Mc Bride and Belsky, 1988; Hock, Demeis and Mc Bride, 1998) suggests that maternal separation anxiety is significantly related with both mother's employment and psychological well-being.

There are other studies that found no significant differences in the patterns of general well-being between working and non-working married women. When happiness or satisfaction is used as indices of well-being, employed and non-employed women typically do not differ significantly (Campbell et al. 1976; Serlin, 1980).

Wright (1978) also found little difference between employed and non-employed women in terms of sense of well-being.

Menaghan (1989) showed little evidence of any consistent and meaningful relationship between the number of roles and psychological well-being.

Creed and Macintyre (2001) and Winefield et al. (2002) also described a number of studies showing that unemployed people with higher levels of structured activities and social contact had better psychological well-being than those with lower levels of activity or social contact.
3. 4 Self - Esteem amongst Employed and Unemployed Women

Bernard (1972) found that employed women report greater self-esteem, effectiveness, well-being, more marital satisfaction (Safilios – Rothschild, 1970) and less stress (Booth, 1984) than the unemployed women.

According to Veroff and Feld (1970), the role of a paid worker is a source of self-esteem, self-identity, social rewards, but is also a source of stresses for women under conditions of role conflict and role overload. Low self-esteem results from identification with a mother whose own self-regard is often low and whose social position is devalued (Chodorow, 1974).

Ferree (1976b) found that among a group of working class women who were living with their husbands and who had at least one child in first or second grade, those who were employed outside the home were generally more satisfied with their lives than those who were full-time housewives. Ferree suggested that the lower-satisfaction of full-time homemakers may be attributable to their having lower self-esteem, higher levels of social isolation, and decreased opportunities for self-determination.

Palocitzian and Ellison (1978) studied 115 white middle-class adult married women(177,539),(836,763) Assessment focused on loneliness, religiosity and spiritual well-being, situational factors such as living environment and employment status, and personal factors such as self-esteem and interpersonal skills. Findings suggested that neither urban living fosters loneliness, nor housewives are lonelier than employed women. Urban living does apparently relate inversely to religiosity or spiritual well-being, with city living seen as a detriment to religious commitment and life satisfaction. Taken as a whole, the data suggested that the degrees of loneliness and well being are not directly affected by general environmental factors, but may be related to personal attributes such as self-esteem and personal social skills.

By the mid-1980s, an interim consensus in this stream of research was that multiple roles can be mutually enhancing and conducive to greater well-being through multiplying social identities, direct and indirect benefits in status, self-esteem, and social integration (Pietromonaco et al. 1986).
Manis (1982) studied employed women in the age range of 22-83 years. He suggested that employed women manifested higher self-esteem than unemployed women. Keith and Schafer (1982) in an investigation of 87 married women reported that positive work orientation, high self-esteem, less time spent at work and satisfaction with domestic task were linked with lower depression and better well-being among married women.

Perfetti and Bingham (1983) hypothesized that employed workers would score higher on self-esteem than unemployed workers. Thirty four employed, 20 unemployed and 23 re-employed male workers with mean age of 48.5 years were administered the Rosenberg Self-Esteem-Scale, with demographic questionnaire covering age, sex, marital status, educational level, and current employment status. Results showed that the self-esteem level of employed subjects was higher than those of the unemployed. The self-esteem level of re-employed subjects was not significantly different from the others.

Coleman and Antonucci (1983) examined the impact of employment status on the self-esteem, psychological well-being, and physical health of 389 middle aged (40-59-years old) women, (206 employed outside the home and 183 housewives). They concluded that middle aged working respondents had higher self-esteem and less psychological anxiety than middle-aged housewives. Working women also reported enjoying better physical health than housewives. The findings suggested that work might act as a stabilizing force for women during critical periods throughout the life cycle.

Patton and Noller (1984) administered measures of self-esteem, depression (e.g. Beck Depression Inventory) and locus of control to 57 male and 56 female high school students (mean age 14.95 years) prior to their leaving school and again 5-months later to assess the effects of unemployment. Results showed a clear cut effect of unemployment on the unemployed, with increase in the scores on depression and external locus of control of the unemployed group and decrease in their self-esteem scores.

Bala and Lakshmi (1992) compared the perceived self-concept of 150 employed and 150 unemployed educated married women (aged 22-40 years) in India and concluded that the perceived self-concept of employed subjects was significantly higher than that of unemployed subjects. Employed subjects scored higher on each of the five attributes of the perceived self-concepts, namely Aesthetic, Emotional, Character, Intellectual, and
Social. Further, self-concept varied with different types of employment. The highest self-concept was that of college lecturers and the lowest was that of nurses.

Huchings and Gorower (1993) described the formation of an employment initiative group for unemployed mental health service users in Wales. They collected data from 272 people on the caseloads of mental health team members, 90 of whom were unemployed, 39 of unemployed clients were available for employment. Researches concluded that job loss leads to a cycle in which there is lowered self-esteem and minor psychiatric illness that follows job loss, can itself handicap ‘Job Search’ and make continuing unemployment more likely.

Jex et al. (1994) examined self-esteem as a moderator in the relationship between unemployment and psychological strain. It was hypothesized that psychological strain would be strongest among those with lower level of self-esteem. One hundred ninety five employed and 137 unemployed subjects completed questionnaires that included measures of self-esteem, anxiety, depression and life satisfaction. Results indicated a modest relationship between unemployment and psychological strain. Further, findings indicated that self-esteem moderated the relationship between unemployment and anxiety, although this effect was weak. Researchers concluded that in the case of women, unemployment was associated with high levels of anxiety and depression only among those who had low level of self-esteem.

Using a longitudinal research design, Tiggemann and Winefield (1984) investigated some psychological effects of unemployment on school leavers. Psychological tests were administered twice to 761 students, once while they were in high school and again one year later after they had left the school. Subjects who were unemployed were generally less well-adjusted than their employed counterparts. Specifically, they reported greater negative mood and had higher depression scores. Unemployed females also displayed lower mental health and self-esteem.

Breakwell et al. (1984) tested the importance of situational factors on the effects of unemployment in 72 subjects in age bracket of 16-19 years old unemployed. In addition, a 3-point scale to measure the psychological impact of unemployment on well-being, self-esteem, and life satisfaction was administered. The results revealed that the subjects who remained unemployed between 4-6 weeks suffered greater distress, loss of
self-esteem and lower life satisfaction than the subjects who remained unemployed for longer periods.

Paula et al. (1986) found that higher self-esteem and greater job satisfaction were associated with holding more roles. However, neither marital nor parental satisfaction was consistently related to the number of roles held. Although the majority of working women reported their lives to be stressful, this finding was independent of the number of roles held, and women with more roles did not consistently report a greater number of stressful life domains. These findings suggested that, for employed women, having multiple roles may have enhanced psychological well-being.

According to Froberg et al. (1986) and Gove (1984), the opposing theory suggests that each additional role brings benefits, including increased social contacts and self-esteem, which contribute to better health and greater psychological well-being.

Stokes and Peyton (1986) found on the scale measuring self-esteem that the homemakers scored lower than the women who work outside the home. High self-esteem may result from productive employment outside the home. High self-esteem may increase the likelihood of women’s seeking outside employment.

Backman (1987) surveyed self-esteem and depression in women as related to occupation and other variables. Self-esteem and depression were measured by the Tennessee self-concept scale and Beck Depression Inventory. Subjects included 113 females between (20-60) years of age, who had completed at least two years of college. Several major conclusions were drawn from the study: (a) women in male dominated occupations are less likely to be remarried; (b) more likely to be androgynous or masculine, (c) and more likely to have higher self-esteem than women in female dominated occupations and housewives. The variables of androgyny, marital status, or self-esteem differentiated women in female-dominated occupations and housewives. In examining as to which variables contribute to self-esteem and depression, it was revealed that women who were married, and had androgynous or masculine tendency, manifested higher self-esteem and little or no depression.

Paula et al. (1987) suggested that employment was associated with higher self-esteem, but only for women who thought of the paid work role as a significant and meaningful part of their lives. Women who viewed themselves as having or planning a
career showed higher self-esteem as their employment status increased from not employed to employed full-time. For women who were not career oriented, however full-time employment was not related to positive feelings about themselves. For career oriented women, self-esteem was associated significantly with employment status, and women employed full-time had higher self-esteem than women employed part-time and than women who were not employed. The self-esteem scores of career oriented women who were employed part-time, in contrast to those not employed did not differ significantly, although self-esteem scores were slightly higher for women employed part-time. For women who did not think of themselves as having a career, employment was not related significantly to self-esteem.

Schaul (1987) tried to determine whether or not in mentally retarded adults, self-esteem and achievement motivation improved after participation in a working adjustment programme. The subjects were 13 male and female adults with a mean age of 22.23 and a mean IQ of 65.69, enrolled at a work adjustment programme in the Raleigh Vocational Centre, North Carolina. The results indicated that there appeared to be increase in self-esteem and achievement motivation among the respondents after participation in the programme.

Stoller and Pugliesi (1989) found that occupying multiple roles is associated with better health, lower psychological stress, higher self-esteem and greater well-being. There is a threshold, however, beyond which multiple roles become detrimental.

Recent researchers have demonstrated that individuals with low-self-esteem lack self-clarity. They have less certain and stable self-concepts than those with high self-esteem (Baumgardner, 1990).

Longitudinal observations are reported on 4 groups of young people, defined by their employment status on 2 occasions after leaving school. Questionnaires were administered to them in 1980, while they were at school and then again after intervals of 2 and 3 years when they were all in the labor force. Clear cut differences were observed between the unemployed and employed groups after the longer interval that were not apparent after the shorter interval. The unemployed showed lower self-esteem and greater depressive affect, negative mood, and externality in locus of control than the employed. The unemployed showed no deterioration on any of the measures since they were in
school, but the employed showed an improvement. These results imply that although gaining employment produces an improvement in psychological well-being in school leavers, unemployment does not have the opposite effect. The clear cut differences observed after 3 years that were not apparent after 2 years suggest that longitudinal observations after longer intervals may show evidence of deterioration in the unemployed (Winefield and Tiggemann, 1990).

Barnett (1991) referred to the role accumulation hypothesis and contended that personal rewards (e.g., recognition, financial gain, and self-esteem) resulted from multiple role involvement. Role accumulation theorists challenged the scarcity hypothesis by questioning the assumption that role strain and accompanying distress are natural consequences of maintaining multiple roles.

A consistent association has been demonstrated between self-esteem and occupational status, with unemployed people typically faring more poorly than their in-work counterparts (Shamir, 1986; Winefield, Tiggemann and Winefield, 1991). Further, there is some evidence that lowered levels of self-esteem contribute to prolonging the individual’s return to the workforce (Kasl, 1982).

Muller (1992) studied the effects of personal development courses on unemployed women’s level of self-esteem and depression and found that participants improved significantly more on both than the control group. Self-esteem benefits from the course were maintained at follow-up. Creed, Hicks, and Machin (1998) evaluated psychological outcomes for unemployed people who attended occupational skills training programs.

Unemployed trainees improved on a range of well-being variables, including self-esteem, compared to a waiting list control group. No long-term benefits to self-esteem were identified in this study.

Dew, Bromet, and Penkower (1992) and Australian researchers Muller, Hicks, and Winocur (1993) in their own small study of 109 employed and unemployed male and female clerical workers in Brisbane, found psychological difficulties among both employed and unemployed women. Unemployed women showed confusion, low self-esteem and low levels of vigour, while employed women had high levels of psychological distress, tension, fatigue, and confusion.
Nathawat and Mathur (1993) indicated significantly better marital adjustment and subjective well-being for the working women than the housewives. Specifically, working women reported higher scores on general health, life satisfaction, and self-esteem measures and lower scores on hopelessness, insecurity and anxiety as compared with the housewives.

Seligman (1995) has proposed that exposure to aversive uncontrollable outcomes can lead to cognitive, motivational, and emotional deficits in people who possess an unhealthy attribution style. This attribution style is characterized by a tendency to attribute negative outcomes to internal, stable, and global causes and to attribute positive outcomes to external, unstable, and specific causes (Seligman, 1975; Peterson, Maier and Seligman, 1993). The theory predicts that individuals experiencing unemployment (an aversive, uncontrollable outcome), should be more likely to become helpless and experience loss of self-esteem and depression if they possess an unhealthy attribution style.

Research shows that unemployed people often experience feelings of low self-esteem resulting from their not being involved in activities that are valued by other people (Zunker, 1994). According to Turner (1995), unemployment may damage self-esteem.

Paknejad (1995) revealed that employed women were significantly higher on self-esteem than unemployed women.

Firozpanah (1996) found that rural Iranian women with high self-esteem showed high level of marital adjustment and more satisfaction with educational classes. They like to attend these classes.

Skues and Kirkby (1996) described that on the one hand women have benefited from employment by financial independence, increased self-esteem and the building of wider social networks, and that there is evidence that paid employment is associated with better physical health. On the other hand, they claimed that overload due to heavy job demands, multiple role strain, and conflict at work or home can lead to negative health consequences such as depression, fatigue and other health risk factors.

Tobak (1996) studied effect of participation of women in rural cooperatives. She found women who are members of cooperatives have higher self-esteem, marital
satisfaction, higher level of education and have more leisure time than women who are not members.

There is now compelling evidence that unemployment is associated with decreases in psychological well-being (Winefield, 1995). Unemployed people, for example, report elevated levels of psychological distress (Henwood and Miles, 1987) and depression (Feather and O'Brien, 1986), and lower level of confidence (Wanberg, Watt and Rumsey, 1996) than their employed counterparts.

Chen et al. (1996) suggested younger married women, those with higher education and women with less traditional sex-role attitude are more likely to have higher family decision making power. Working women have relatively higher family power than women who are not employed. He also reported that younger married women with higher education and less traditional sex role attitudes are more likely to have higher family decision making power. Maybe because of higher family power there is enhancement of self-esteem.

Messias et al. (1997) suggested that paid work may certainly have a positive influence on women’s well-being as a result of increased income, social support, and self-esteem.

The unique developmental period of adolescence suggests a distinct experience of unemployment compared to older and adult populations. A longitudinal study of long-term unemployed adolescents found healthy levels of negative self-esteem associated with strong adult social identification, high perceived time filled, low employment commitment and strong perceived personal identity. The evidence suggested good psychological health contributed to gaining employment. Employment was not associated with an improvement in levels of self-esteem (both positive and negative), although the psychological benefits of employment were indicated by a lowering in GHQ-12 scores.

According to Messias et al. (1997), 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 life domain.
Dooley and Prause (1997) conducted a research study on the non-college-bound students, because the majority of high school students either do not enter or fail to complete college, and without college degree, they face a higher risk of being unemployed or ending up in a low-paid or unstable jobs. The results indicated that those who had lower self-esteem in high school were more likely to face lengthy period of unemployment or underemployment later. They concluded that young people are at risk for a number of social problems that can involve high social costs, including substance abuse, robbery and other crimes like suicide and early pregnancy. They tend to have lower incomes on a lifetime basis, and this affects the quality of their lives, health, and self-esteem.

Mohmodi- Mozaffari (1998) studied the impact of vocational training on the self-esteem of working and non-working handicapped people in Iran. He used Coopersmith Self-Esteem Inventory to measure the self-esteem of samples. The investigator examined effects of some demographic variables like, age, marital status and the duration of employment and unemployment periods on the self-esteem. The results showed that there was a significant difference on the self-esteem of handicapped with respect to duration of employment and unemployment periods.

Braboy et al. (2001) found that women of lower social class standing are specially at risk for poor mental health outcomes and less prestigious occupations is associated with a poor self-concept,(self-esteem and self-efficacy). Women with low self-concepts, in turn, report poorer mental health.

Peter et al. (2001) stated that confidence in one’s ability to find employment is likely to increase the level of well-being, including self-esteem.

Two hundred and one unemployed men and women participated in a cross-sectional study that assessed self-esteem, financial deprivation, number of alternate roles, and use of social support. Financial deprivation, alternate roles, and social support each had a main effect on self-esteem. In addition, these variables interacted with gender to affect self-esteem. Specifically, financial deprivation had a greater negative association with self-esteem in men as compared with women. In contrast, alternate roles and social support had a stronger positive relationship with self-esteem in women than in men (Waters and Moore, 2002).
Tabataebai (2003) studied self-esteem and mental health of orthopaedically handicapped in relation to their employment status in Iran. They found that independent variables of employment status and sex have significant effects on the self-esteem. And all the three independent variables i.e. employment status, vocational training, and sex also have significant effects on the mental health of orthopaedically handicapped.

Mary and Good (2005) found that employment brings self-esteem and independence. However, low paid or unpaid labor may contribute to oppression rather than independence.

Hartley (1980) investigated the impact of unemployment upon the self-esteem of managers. The sample group comprised 87 unemployed middle and senior managers and 64 employed managers having a mean age 43 years. The results showed that self-esteem was not lower among the unemployed managers and did not decline with longer unemployment. An analysis of the results suggested the variety of reactions to unemployment.

Contrary to the above results, Suh (1994) found employed women had lower score on self-esteem than unemployed women.

In contrast to these studies, Allen-kee (1980) found no difference between career women and home oriented women in regard to their self-esteem.

Tabataebai (1999c) examined the effect of employment status on the self-esteem and mental health of women and men in Iran. Data was obtained from 200 (100 employed, 100 unemployed) 20-30 years old adults, working in the field of industry or social services in Tehran (Iran). Results revealed that employment status did not have a significant effect on the self-esteem and mental health of the sampled group. Further, findings showed that the complex interaction effect of employment status, vocational training and sex were not found to be significant on the self-esteem and mental health of employed and unemployed people.
3.5 Professional/Non-Professional Employed Women: Related Studies

Ever since women entered the job market, the focus has been on women going in for professional and non-professional careers. There is empirical evidence that due to the different job demands and training in the professional and non-professional spheres, personality and attitudinal differences are expected amongst the two groups i.e., professional and non-professional women. There is a dearth of comparative studies of professional and non-professional women on quality of life, hardiness, self-efficacy and self-esteem.

Only a few researchers have studied quality of life, hardiness, self-efficacy and self-esteem among professional and non-professional working women.

According to Astin (1969), women who completed the doctorate exhibited a higher degree of career commitment, with 91 percent being employed.

Women professionals also seem to have personality characteristics that are helpful in deviating from traditional sex-role expectations. For example, compared with women in the general population, women authors, artists, and psychologists are more aggressive, adventurous, imaginative, unconventional and self-sufficient, as well as more intelligent (Bachtold and Werner, 1973).

According to Donelson and Gullahorn (1977) there are some personality characteristics on which women professionals differ from the general population of women and male colleagues. In one study of 400 authors and artists, the women generally showed aloofness, were emotional, and less self-confident than the men on a self-report personality inventory.

Among 500 psychologists who answered the same inventory, the women tended to be more aloof, more radical, and higher on superego strength and intelligence than their male colleagues. They also reported such women have strong abilities, committed interests, and sound psychological health. Married professional women had high self-esteem, were attractive, productive and were efficient in their work.

Shukla and Saxena (1988) assessed satisfaction with housework, paid work, and dual work roles among married employed women. Data were gathered from 74 women.
working in clerical jobs and 45 women in professional jobs. Findings suggest that professional subjects have greater satisfactions with both housework and paid work.

Researchers also indicate that specific work conditions, such as exposure to health hazards, work pace, work control, and job rewards also may be important in determining the impact of employment on women’s well-being (Walters et al. 1997).

Garrison and Eaton (1992) examined the prevalence of major depressive disorder, missed work, and use of mental health services among secretaries and other women employed full-time. In a random sample of 3,434 women employed full-time, women employed as secretaries were significantly more likely to be depressed than other women. Even after controlling socio-demographic characteristics, secretaries were significantly reported to be missing work in the last three months, a finding attributable to depression. Secretaries were also more likely to seek mental health services, but this finding was not significant. It is possible that these findings are attributable to a selection effect whereby depressed women, and women who are likely to miss work, become secretaries. A second possibility is that women employed as secretaries have more “no work role stress” than other employed women.

Lenon and Rosenfield (1992) reported that employed married women with high job autonomy have fewer symptoms of distress than housewives and those employed women with little job autonomy, although subjective autonomy in housework was not actually evaluated.

Hibbard and Pope (1992) found that role characteristics such as social support at work and within marriage, equality in decision-making and companionship, were predictive of women’s health over time. Along the same lines, Barnett et al. (1991) examined the influence of changes in job quality on women’s mental health and whether family roles modified the association. Results indicated that among non-partnered women and childless women, levels of psychological distress increased with declining job role quality.

Williams (1995) suggested the negative significant relationship between depression and kind of job and level of education.

Rashidi (1995) studied depression among working women. She found that professional working women who were teaching in schools and universities revealed
lesser level of depression, had higher level of education and income than non-professional working women those who worked in offices. She found significant relationship between the kind of career and depression. In professional women with increasing age, the rate of depression decreased.

Chaudhry (1995) found that professional and non-professional working women did not differ significantly on marital adjustment, life stress and general well-being. Non-professional working women were found to be significantly higher on role conflict than their counterparts.

As noted previously, 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 (Macran et al. 1996).

Walters and colleagues (1997) found that time pressures in family roles, unappreciated work, multiple, competing demands, and the feeling of being too available to other people were inversely related to women’s mental health.

There is evidence that occupational classification has a positive correlation with health status (Smith et al. 1990; Smith et al. 1990b; Macran et al. 1996).

Stansfeld, Head, and Marmot (1998) found that the rank or grade of employment was significantly related to well being. Not surprisingly, work characteristics, especially skill discretion and decision authority were closely related to employment grade and made the largest contribution to explaining differences in well being and depression. Those in the highest grades of employment had the highest levels of well being and the least depression and those in the lowest grades had the highest levels of depression. Those in the lowest employment grades also had a higher prevalence of negative life events and chronic stressors and less social support.

Miller et al. (1998) examined relationships among job, partner, and parent role quality and psychological well being in midlife black (n=51) and white (n=56) women employed in occupations varying in socio-economic status (SES). They found better well being scores were reported by black women than whites, and by professionals than non-professionals. However, when race, occupational group, and menopausal status were held constant in a multiple regression analysis, partner role quality was significantly related to
both well being scores, parent role quality was related to life satisfaction only, and job role quality was not related to either.

Bharat (1999) compared the responses of 100 Indian career women in professional and high paying jobs with those of 100 Indian women who held low level jobs concerning their perception of Indian women. It was 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.

Park (2000) in a study of human resources utilization among Korean professional working women tested 100 females, academic professors who were married and had children and a sample of 105 housewives who graduated from a four years university and wives of professors in the university. Results revealed that Korean professional working women have higher gratification and more strain 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. They always had feelings of guilt and incapability which led them towards higher mental health problems.

Park (2000) studied mental health of professional married women teaching in a university in South Korea. He stated that these professional women enjoyed more in their job and had feeling of worthiness; otherwise they are exposed to conflicts of work role and family role.

Enjazab et al. (2003) found moderate stress amongst midwifery who worked as teachers than midwifery who worked in the hospital. According to this study; education is a moderating variable for reducing stress. They argued that balancing two roles (combining full time employment with homemaking) may be more difficult for some employed women than others.

According to Kazemi Haghighi (2002), professional employed women have better social level and higher self-esteem than non-professional employed women. Professional employed women need more social support (Park, 2000).

Riley and Keith (2003) examined housewives' subjective evaluations of their housework and the subjective evaluations of paid employment among three groups of married women-professionals, sales-clerical, and service-blue collar wives. A major goal
Review of literature

was to assess the usefulness of segregating employed women by occupational status. Depressive symptoms were regressed on five work conditions—autonomy, physical and time demands, boredom, and feeling appreciated—along with socio-demographic characteristics. The results indicate that professional wives report fewer symptoms than homemakers, sales-clerical and service-blue collar wives. Differences between professionals and homemakers are largely accounted for by professional women's more advantaged economic position. Non-professional employed women are more depressed than professionals even when their disadvantaged working conditions are controlled. We discuss the findings in view of research on the stress of combining full-time employment with homemaking and argue that balancing these two roles may be more difficult for some employed women than for others.

According to Geigner and Crow (2004), the literature has clearly shown that women who select non-traditional female jobs exhibit certain characteristics that are not present in women who select traditional female jobs. Such characteristics such as their perceived gender-role, demographic factors and their occupational activity, self-efficacy are different from their more traditional counter parts.

According to Loyttyniemi, and Rantalaiho (2004), if women have unskilled jobs, it is clear that their working conditions will deteriorate, the insecurity of their jobs will increase, and their standard of living will remain low.

According to Bhushan (2005), it appears imperative that the traditional Indian society has held teaching professionals in high self-esteem making them, in turn, feel more secure as compared to the otherwise equally qualified counterpart. Also, sustained exposure to classroom scrutiny and other such occasions have helped them cope with the tendency to avoid a socially distressful situation.

There are studies revealing contradictory results. Poloma (1972) identified factors of role conflict for the married professional women (working in law, medicine or academia). Of the 52 women interviewed, most managed role strain through compromise and compartmentalization.

Yoge (1983) studied professional women for the purpose of finding out as to how these women see themselves as able to integrate their roles as career persons with their roles as wives and mothers. The study found that the subjects perceive themselves
as able to integrate their different roles and they do not express psychological role conflict. On the contrary, the subjects have a very positive feeling about themselves i.e., they see themselves as happy and valuable in all aspects of their lives, they are more satisfied with their job, household maintenance, marital relationships and their children’s well being.

A study commissioned by the Immigrant Women’s Speakout (1993) suggested that among employed women those engaged in full-time low skilled occupations accounted for the most depressed in the representative sample. Poorly paid work with low status is mentally actually equal to having no work.

Nasiri and Behlol (1995) studied the rate of depression among nurses who worked in hospitals and nurses who worked in universities as teachers. They could not find significant differences on depression.

Habib and Shirazi (2003) suggested that the job satisfaction of nurses is significantly less than those working in offices. He found negative relationship between job satisfaction and level of education but could not find significant difference of job satisfaction on the basis of age, sex, marital status and tenure. But there was more burnout among subjects in the age range of 21-31 years. It seemed that professionals needed more social support.

Singh (1972) working on data from Punjab says that the incidence of role conflict is quite low among clerks and telephone operators as compared to college teachers, school teachers and women in independent professions.

According to Warr and Parry (1982), employment may have a detrimental effect on women’s mental health when the quality of employment is low and that having multiple roles is not a blessing but a potential risk for mental symptoms.

Stringer and Duncan (1985), Neville and Schlecker (1988), and Whiston (1993) found that women in their research samples exhibited lower confidence and expectations of their abilities toward nontraditional occupations than toward traditionally female occupations.

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.
The pressures of managing multiple roles are the greatest, and the psychological benefits of employment are the least, under conditions of heavy family responsibilities, that is when young children are at home. The stresses faced by professional employed mothers are costly not only in terms of individual mental health but also to the welfare of the family and to society as a whole (Gore and Mangione, 1983; White et al. 1986). Hayes (1986) contends that unreasonable demands on a professional woman's time, role conflict and absence of mentors can affect her well being in the form of ill health and troubled relationship.

Goozee (1986) studied non-traditional career women (in which careers were primarily male-dominated e.g., physicians, attorneys and managers) and traditional career women (in which careers were primarily female dominated e.g., nurses, teachers and librarians). The results in the form of quantified data and as well as in the form of quoted responses by the women in both groups, strongly supported the conclusion that 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.

Nevill and Schlecker (1988) found that both the high and low self-efficacy women in their study showed a higher degree of self-efficacy toward traditionally female occupations.

Burlew and Johnson (1992) investigated the differences in career experiences of black women in traditional and non-traditional professions. 133 black professional women in traditional and non-traditional professions completed a questionnaire asking about career experiences and family life. Marriage was more of a career barrier for women in non-traditional professions than women in traditional professions. Women in non-traditional professions reported more career-related marital discord and less peer support.

Brown and And (1997) got results from a study of 31 women majoring in engineering and 43 women majoring in mathematics education showed the following variables distinguished between the two groups: success expectation for traditional and non-traditional occupations, self-efficacy for traditional occupations, and outcome desirability.
According to Gjerdingen et al. (2000), heavy workloads 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). Heavy work responsibilities may also undermine marital happiness, particularly if there is perceived inequity in the way partners share household work.

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 highlighted that fact 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).

Southwick and Nolan (1998) stated that the concept of self-efficacy has been proposed as a possible explanation as to why women are deterred from pursuing higher paying, traditionally male occupations. This study sampled 199 women pursuing occupational training in Vocational Technical Institute to obtain some measure of occupational self-efficacy and compare those measures by non-traditional occupational training and welfare status. Results showed the differences in self-efficacy scores between women on welfare and that not on welfare was not significant. The differences in self-efficacy scores between women enrolled in non-traditional occupational training programs and those enrolled in traditionally female programs were not significant, nor did the analysis of self-efficacy scores revealed any in traction.

It is evident from the review of literature covered in the foregoing pages that the results of the researches are far from unequivocal and require further probe. Moreover, there is paucity of studies comparing professional and non-professional employed women on the variables under study.