CHAPTER III : STUDIES ON ROLE-CONFLICT OF FEMALE WORKERS, PROFESSIONALS AND PHYSICIANS
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The rising participation of females in professions has offered a new area of enquiry into an analysis of female's dual roles: social and professional. The most significant aspect of this duality of roles is the problem of adjustment between social and professional roles. Many a time social and professional roles exert pressures contrary to each other in the normative behaviour patterns. Thus, at times, it becomes impossible for a professional to strike a balance between the two prescribed roles. This failing is the domain of role-conflict. In the following paragraph, a review is made of the studies focussing on role conflict in relation to female workers, professionals and physicians. The first study of role-conflict, perhaps, is that of Parsons. He has used the term 'role-conflict' in relation to man (between his boss and wife) assuming man has an instrumental role, and wife as an expressive role in the modern family. But the irony of fact is that this term is now largely used in the analysis of the two roles.

Studies on role-conflict are dismally inadequate, yet an attempt has been made to highlight the findings of the studies in the subsequent section. Only those studies are included which address to the contradiction, dilemma and conflict as the theme of the papers, articles and books. To begin with, we take into account two studies of Bernard, and Rapoport and Rapoport. Both the studies show that women experienced a higher degree of role-conflict in their marriages and families than their husbands. The intensity of role-conflict may vary according to the type of family set-up. Rapoport and Rapoport distinguish between dual career family and dual worker family. In dual career family, both heads of household pursue careers and at the same time maintain a family life (including children) together. The proponents of dual career family, especially, Rapoport and Rapoport, suggest the structural sources of strain causing dilemmas in the dual roles of dual career family. The perceptions of


3. In dual worker family, jobs are taken to satisfy (1) education (2) economic reasons but in dual career family, one goes beyond these personal considerations and show a career commitment, instrumental orientation, higher lifestyle and status enhancement.

dual career husbands and wives was noted to be different from the single career family or two worker family. They were oriented towards arranging alternatives for the household chores and child care in order to pursue both career and family at the same time. But conflict was inherent in the degree of delegating of household chores, views on standard of living, home, children and personal gratification of spouses.\(^5\) Holmstrom\(^6\) also discusses the same trend in dual career family. Husbands helped their wives to enhance their career by altering the allocation of household and child care activities.

A critique of dual career family is presented by Hunt and Hunt.\(^7\) They attacked the proponents of dual career family for their resolutions of the dilemma in dual career family by altering the household work and family obligations, restructuring of sex roles and hired support within family. Their argument can be broadly summarised in three points. First, dual career family is seen raising barriers for women's personal achievements but supportive


role of the dual career family in the personal achievement of men has not been emphasized. Second, the hired help within the family could lead to extra problems. For example, supportive person (i.e. woman/child) would be paid out of take-home salary of professionals, which in turn might increase the class of workers locked into a standard of living lower than that of their employers (dual career families). Supportive network would mean the liberation of one class of women by the continued subjugation of another. Third, a change in dual-career family is not possible without abandoning existing economic and familial institutions, that forms the major weakness that can cause the failure of dual career family. They have given suggestions for compensations of housework, reduction in the amount of domestic service, establishment of informal extra-nuclear social network (i.e., larger households, communes, apartments, cooperatives etc.) which in their opinion, would reduce the dilemma of dual career family.

A total set of roles has been studied by Pleck 8 in the work-family role system consisting male work role, female work role, female family role and male family role. Both husband and wife have secondary role in their male family role and female work role, respectively. Although married

woman's increased employment has induced a partially accommodating reduction in woman's family role, but as yet almost no increase in husbands' family role. In her assertion, a change is needed in the work-family role system prescribed traditional sex-segregated and unequal division of household work and childcare, and if and when these norms breakdown, how much men can expand their family role. This is so because, expansion in male family role without accommodating changes in the male work role will lead to role strain in men similar to the strains now faced by working wives. It is a million dollar question how and when these norms would break and men would assume equal amount of domestic and family obligations. Oakley in her two books, 9 argues that housework is low status work, and lacks any motivation. Also, women express more satisfaction than men do, with monotonous, unskilled, badly paid, and low status types of work. She notes that husbands of working wives were more likely to support in childcare than household work. However, she finds that housework is low status since women do housework. Thus, it is a hypothetical assumption that if men assume housework, its status would also be enhanced in the family.

A couple of researchers have attempted to analyse the actual distribution of sex roles in the family. To be specific, Blood and Wolfe\textsuperscript{10} and Walker\textsuperscript{11} present an analysis of husband's contribution in household tasks and time spent on household tasks. Blood and Wolfe consider eight household tasks (excluding child care) and Walker includes child care in his study plan. Both studies show an increase in husband's involvement in household tasks and more particularly in child care (Walker) if a child under two was present. In other case, Walker did not find a difference in husband's contribution in household work whether their wives were working or nonworking. Nye and Hoffman\textsuperscript{12} show the effects of employment of married woman on the family, particularly on husband and children. However, child care was the major area of conflict for many women in both dual career family and dual worker family. Conflict arises between husbands and wives because of wives' increased autonomy and superior position in the family, if they earn equal to or more than their husbands. This results in the


conflict affecting child's wellbeing, schooling, studies, and sickness. Other areas of conflict, as mentioned in a review article by Stanfield\textsuperscript{13} are: time management, division of household labour, childcare and perceived guilt. These areas create stressful life not only for woman herself but also create problems for both the partners in the family. Criticizing the studies on time demands, Holahan and Gilbert\textsuperscript{14} selected major life roles; professional, spouse, parent, and self, and concluded that dual career couples as a group perceived a moderate level of role-conflict. Since they reported high level career commitment, self esteem, spouse support and life satisfaction. Herman and Gyllstrom\textsuperscript{15} noted a similar trend that there was no difference between men and women regarding conflict between job and family.

The possibility of successful dual roles in dual-career family have been reasoned out by Burke and Weir.\textsuperscript{16} In their

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conclusions, working wives were less concerned with reaching fulfilment through relationships, and more oriented toward control of their destiny than were the traditional housewives. This is particularly true in case of physicians. However, before going into detail, a point is to be noted that studies on dual career family tend to focus on social roles (household chores and child care), rather than professional roles (career pattern, career commitment and performance). The studies in dual family roles rarely focussed on professional roles and vice versa. The role conflict may as well affect the professional role adversely. Therefore, the focus on women physicians would bring into relief both the roles. Bourne and Wikler have shown how female medical students and physicians face conflicts in their dual roles, because they are torn between professional commitment and cultural mandate as potential mate and mother. The similar observation is made by Williams.  

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Horner has argued that family responsibilities also result in modest ambitions of women towards careers and consequently they do not reach top positions in the medical institutions. It is often debated that women lack commitment, and are in lower, stereotyped occupations. Epstein's term "sextyping of occupations is also due to familial obligations, but given a right environment and equal opportunities, they could equally be competitive in male dominated professions. It is the situation that produces ambition, not the other way round, so that women and men who are placed in challenging jobs tend to be more ambitious than those who are in dead end work. Many a study provides evidence of higher productivity of female physicians who are not obstructed even by their domestic tasks and child care. It is argued that there was no direct relationship between marital status, number of children, and


professional productivity of women physicians.\textsuperscript{22} It is plausible that professional productivity could be controlled by making a compromise in professional work: limiting their hours of work through the selections of specialities and type of work.\textsuperscript{23} Other studies also show the relationship between woman physicians' choice of traditional specializations and familial obligations in order to manage their dual roles.\textsuperscript{24} Cohen and Korper\textsuperscript{25} make a distinction between traditional fields and internal medicine. Married Yele alumnae preferred the traditional fields of pediatrics and psychiatry whereas single alumnae chose the less traditional fields of internal medicine, family practice and obstetrics and gynaecology. The entrance of female physicians into these specializations are


\textsuperscript{24} H.I. Marieskind, \textit{Women In the Health System}, St. Louis M.O.: C.V. Mosby, 1980, p.136; Also see J. Lorber, 1984, op cit, p. 1-3.

said to be appropriate for women to make their dual roles compatible. Mariskind\textsuperscript{26} stresses that residencies in obstetrics and gynaecology may not reflect female's interest in the speciality but school's acceptance of women as much as the fact that there are more available slots in that field.

Female physicians overall possess self confidence, autonomy and aggression and lower in deference and affiliations than do male physicians.\textsuperscript{27} In a study of Urban and Rural Systems Associations (URSA) in San Francisco, California, male students identified financial security, a comfortable lifestyle and the status of the profession as chief attractions. While female students identified the independence and power of the role of physician, the image of humanitarianism, and potential for challenging involvement as their motivation.\textsuperscript{28} Mandelbaum has identified two types of licensed women physicians: (1) persisters who valued the career goal more strongly came

\begin{itemize}
\item \textsuperscript{26}H.I. Marieskind, opcit (24), p-131
\item \textsuperscript{27}E. McGrath and C.N. Zimet, "Female and Male Medical Students: Differences in speciality choice selection and personality", \textit{Journal of Medical Education}, 52: 1977, pp. 293-300.
\item \textsuperscript{28}A.B. Jones and E.C. Shapiro, "The Peak of the Pyramid: Women in Dentistry, Medicine, and Veterinary Medicine. \textit{Annals of the New York Academy of Sciences}, 323: 1979, pp. 79-91.
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from lower social class origin and experienced earlier imbedding of the goal, (2) non-persisters, who were more traditionally feminine in specializations and hence more likely to withdraw for family reasons.  

This is apparent from the studies that women heavily complain of role-conflict mainly because of traditional sex roles in the family, which prevents men from sharing in household tasks. However, intensity of role-conflict may vary according to one's family set up; dual career family and dual worker family. In such families, where husbands are not critical of wives working, facilitate professional aspirations, and understand their constraints as being those of professionals or physicians, women certainly show a sense of career commitments and professional achievements.

**INDIAN STUDIES**

Studies on role-conflict among working women and professionals in India are still negligible in score. The fact of the matter is that most of the studies are doctoral works which are often unpublished and not available for


30. Devaki Jain in her introductory note on the book "Women at work", has also acknowledged the fact that many of the doctoral theses are focussed on familial problems of working women.
review. This is plausible that researchers (overwhelmingly women) may not be able to produce their work in the form of book due to their own dual roles; familial and academic duties. The inclusion of women into mainstream of social and political spheres after Independence had accelerated the need of exploring and producing evidences on women issues. As a result, status of women and religious, caste, class, ethnic and cultural bindings in Indian society, have been featured in most of the completed studies. 31

After Independence, number of women drawn into labour market more as compared to the yester years. This has opened a new area of enquiry into the problem of working women especially in relation to wage distribution, time schedule, type of work, facilities and provisions for better conditions of work.

In her study, as early as in 1957, Desai has made an observation that "the lack and insecurity of jobs has a double significance for women. It perpetuates her old economic dependence and resultant social and cultural

subordination. And further, it makes her a cheap tool in the hands of the employers to depress the general wage structure of the working class as a whole.\textsuperscript{32} Baig noted with concern that the major tragedy...is that on the whole women's work is not considered work in the first place, and their menfolk tend to take for granted a great deal of their contribution to the family's economic and their well-being.\textsuperscript{33} A comprehensive survey on women workers, has been presented by Sen-Gupta.\textsuperscript{34} She has covered all types of work ranging from agriculture, mines, factory, large and small scale industries, trade and professions. Naturally her canvas is vast, and therefore, is confined to women participation, their working problems, and their future prospects in India. She has given valuable suggestions as to how to improve the working conditions and how to make women feel secure. She has laid stress on social security including insurance for health, pensions, leave and social assistance such as unemployment relief, medical help for disabled and diseased etc.

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\textsuperscript{32} N. Desai, opcit, p.289.


\textsuperscript{34} P. Sengupta, Women Workers of India, Bombay: Asia Publishing House, 1960, pp. 278-79, 286.
Hate, one of the pioneering researchers on the theme, has made a significant contribution to the study of women problems, with especially in regard to the status of Hindu women, education, employment, legal rights, and difficulties in fulfilling dual role obligations. She reasons that role-conflict in working women is caused due to "the double role of women which is still not fully recognized by society... Consequently females, particularly working mothers live with a pinch of guilt". She has noted the major changes in the socio-economic and political conditions affecting working women and hopes that women will take active part in the process of change by making compromises. She has suggested for the provisions for creches, and better transport facilities for commuting from home to office, and part-time jobs for those who cannot afford full-time jobs.

Interestingly, on one hand, Gupta and Hate have voiced that provisions be made to improve the working conditions of women, and on the other hand, Venkatarayappa seems to restrict women to provisional participation according to their age. In his opinion, "it is better for a woman, if she devotes her attention till the age of 18 to acquire knowledge and from 18-45 matrimony and maternity, with a

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slight attention to know what happens around her in the world. After this a woman is fit for public service because her children have grown up and daughters are married." 36

More systematic work on working women, their family roles and marital adjustments has been carried out by Kapur in her two doctoral and post doctoral works. 37 In her first work, she concentrated on the socio-psychological attitudes of educated Hindu working women, while in her latter work, she focussed on the family problem - the adjustment of working wives with their husbands in their marital life. She has listed the subjective and objective factors which contribute to the adjustments in marriage.

Kapur's work is significant for the present work. Although she has not given an account of women physicians but clubbed them as working women in her sample, yet their ability to manage dual roles, even while facing conflicts can be made out. She has noted that generally working women happily manage dual roles. But conflict is felt by those


women who feel torn between their loyalty towards their job and loyalty towards their husbands and children. She also noted that intense role-conflict is possible when there is clash between two equally important roles with corresponding aspirations. The other factors considered by her are: the attitude of the spouse towards wife's employment, his support to the household chores, and the adaptability and ability of the working woman to attend to husband's demands, which are found to be closely related to role conflict in working women. Kapur's study, however, does not provide data on dual roles, emerging conflict being the theme of her work on marital relationship of working women.

This aspect of the problem is well attempted to by Kala Rani38 in her book "Role-Conflict in working women". She has dealt exclusively with dual roles; home-role (wife and mother roles) and job role (occupational role). She studied the dual role performance and the consequent dilemmas faced by the working women. She also examined whether the socio-economic factors, caste, education, income and occupation resulted in the role-conflict or not. In her analysis, she found that these factors were not a cause of role-conflict.

per se. However, she argued that role-conflict is mainly a psychological phenomenon. Since working women were traditional in perception of roles, and therefore, did not mind working long hours to satisfy the needs of home role. If there was any inadequacy in the performance of any of the dual roles, it was found only in the domain of job role.

Besides, individual's expectations of the roles and social network were also found to be related to role-conflict. The factors like ill health, inflexible attitude of parents-in-law, unfriendly behaviour of friends and neighbours, and lack of positive support from the husband, created situations of role-conflict. A similar study is made by Singh. 39 She focussed only on four factors, namely: the role of child care, age of children, size of family and, nature of occupation. Time spent on social roles (child care and household chores) by working women, in general, was far from satisfactory as 75% felt that they really could not devote proper attention to their children and home due to their occupational role, but for women in higher occupations like lecturers, doctors, government officers and school teachers of the alternative services. Among the various

factors studied, like the age of children, family composition and motivation to work, she found that the last factor is closely related to role-conflict. Women working on the occupations of their choice did not perceive that their employment ever interfered with child care responsibility.

It is not to deny that female physicians were included in the samples with other working women in the previous studies i.e. Altekar, Gupta, Baig Kapur, Rani and others but only a few focussed on women physicians alone. Of these Altekar, Gupta and Baig discussed the demographic and social participation, field of specialization, and position in Indian society. Whereas Kapur and Rani focussed on physicians in the performance of their dual roles and the resulting conflict. These studies provide a general situation of working women and women physicians. Most relevant to the theme are the two studies carried out by Balfour and by Young and Kapoor. They have given a historical account of women doctors in Indian society. They have narrated how pioneering women physicians had to face unfavourable situations both at the social and professional


41. P. Kapur, ibid; K. Rani, ibid.
sides, yet they were so enthusiastic and motivated that they could not be dispelled by barriers, denials and rejections. Nathan also made a significant contribution by studying the women students in medical colleges.

A timely presentation on the problems of women physicians was made by Padmavati in the International Women's Year. She estimated the ratio of women physicians not only with medical workforce in India, but with other countries as well. She discussed process and problems of entrance of women in medical colleges, their area of specializations and their position in the medical system. She believed women physicians continue to work for various reasons both economic and personal reasons. She argued for the need of restructuring the medical training, courses, programmes and the possibilities for the betterment of female physicians. She also stressed the equitable distribution of household and domestic work amongst the spouses.

42. M. Balfour and Young, Work of Medical Women in India, London: Oxford University Press, 1929.


Women physicians find little place in the studies on men physicians. Misra\textsuperscript{46} carried out a study of middle class of which doctors were also the members. Dubey\textsuperscript{47} also made a similar study. He studied the relative mobilization of social classes into various professions. It is however, noteworthy that study on "doctors" could not catch on until Madan\textsuperscript{48} carried out a study on doctors in the city of Ghaziabad in Uttar Pradesh. Madan's study concentrates more on conceptualization of professional role perception, role performance than on comparative study of men and women physicians in their professional roles. His second work on the physicians at the All India Institute of Medical Sciences, Delhi is an extensive work on this subject. He seems to suggest that women physicians go into a few specialized branches of medicine like gynaecology and pediatrics, etc. The reason stated for the restricted participation was the segmental attitudes of the society which in turn make the attitudes of female physicians segmental.


\textsuperscript{47} S.M. Dubey, Social Mobility among the Professions in a city in transition, Bombay: Popular Prakashan.

\textsuperscript{48} T.N. Madan, "Doctors in a North Indian City" in Satish Saberwal (ed), Beyond Simla Village, Simla: Institute of Advanced Study, 1972; and Doctors and Society: Three Case Studies - India, Malaysia and Sri Lanka, Ghaziabad: Vikas Publication House, 1980.
Oommen has made a full-fledged study of occupational role-structures of doctors and nurses in eight public hospitals of Delhi. His study covers a wide spectrum of both conceptual and behavioural aspects of role perception, role performance, role relations and role-conflict. He has provided valuable insight into the problem of occupational role of females (i.e. nurses), who face extreme conflicts due to their family obligations, which is not the case with male professionals.

The study of occupational role structures of doctors is further carried out by Venkataratnam, Ahmad, Advani, Chandani and Nagla. Besides, Jeffery has

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made a study of western medicine in Indian society and professionalization.

A significant contribution is made by Minocha\textsuperscript{56} in the study of female physicians. She has studied professional roles of female doctors in wards of a hospital of Delhi. She analyzed the social processes which take place from the time of arrival of patients in the hospital until they are discharged. A survey\textsuperscript{57} has been carried out by Institute of Applied Manpower Research on women doctors, which confirms that social attributes of women doctors as identical with those of men doctors.

The recent work by Abidi\textsuperscript{58} on woman physicians, showed that woman doctors were more similar than not in socio-economic and cultural attributes, yet their participation was lower than that of male doctors. The socio-economic conditions affected women doctors somewhat adversely. Consequently, their role and position has not changed much. Certainly, they were more respectable than nurses in the hospitals, and there was less visible discrimination but the women doctors were less in numbers than men doctors.

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In her second work, she explored the historical, social, educational and professional participation of women doctors. She has noted that lower participation of women doctors was caused not by their own disqualifications, but by the socio-economic condition of parents, parental attitude towards daughters, marriage, closed competition, societal image of women doctors and their acceptance in the society.

Against a background of this review of studies, the present work is intended to study all the aspects of both the social and professional roles. The whole spectrum of roles may explain not only the social and cultural expectations from female physicians but also their own choice of medical profession, career commitment, professional performance and perceived role-conflict.

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SUMMING UP

The findings of the studies, as discussed in the preceding section, provide valuable insights into the problem of role-conflict. Among working women, professionals stand out better in arranging alternative services for childcare and household chores. Marital life is harmonious in families where husbands assume some of domestic tasks or approve of wife's employment. Women working in higher professions or professions of their choice, blame their occupational role less often than those who are working in lower occupations, semi-professions or who are working under forced circumstances. Role-conflict is reported to be closely related to motivation to seek employment. Physicians being professionals show more career commitment and their professional productivity is less affected by their social roles. This does not mean that women physicians do not experience conflict. Studies clearly provide evidences regarding physicians facing conflicts due to double bindings. Hate\(^59\) has rightly commented that double role of women is still not fully recognized by society and both physicians and other professionals are caught into guilt syndrome.

\[^{59}\text{C.A. Hate, 1969, op.cit.}\]
The similar trend is observed by Patel\(^60\) in a recent study on role-conflict of women in their dual roles. She has noted, "even though women are accepted" by most of their in-laws, and husbands, they have not accepted the changing life pattern due to induction of occupational role."

Although, the major sub-structures of society have been undergoing profound changes at the macro levels, e.g., in political arena, economic field, religious spheres and ideological plane, their effect is marginal at the micro-level, where values regarding social role of women have not changed much. The effect of this contradiction on female professionals is that they are not getting enough recompense for their needs and necessities.

The problem is expressed well by Mukherjee\(^61\) that the status differentiation arises out of the structural inequalities between men and women and cultural rationalization about the role of females in the society.


Therefore, a change is needed in the familial roles, the perception and attitudes of family members, and the individuals and the society at large. Sethi has rightly argued that working women are showing attributes and values of a modern society not only through their individual attainments like education, employment, higher level of income, urban lifestyle, but also on account of modernization of society itself.

To conclude, the situation of role-conflict may persist according to the type of family, type of marriage, motivation to seek employment, attitudes of family members, etc. and may also be affected by other factors like own commitment and consistency towards the dual roles, their personal, and social satisfaction, and autonomy in managing their two different sets of obligations.

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