We are approaching towards the twenty-first century. We hope that India, which has already developed a lot, will develop more and be self reliant, and its people be better educated and employed. Could we hope about women in the same manner? Could women achieve the egalitarian status? Could society's attitude towards the social roles of women be changed? We hesitate to answer these questions in the affirmative. Women have had a glorious as well as gloomy past. They had autonomy, freedom and equality in ancient times, but were restricted and tied to home, husband and children in the medieval times. The modern period has brought them awakening, consciousness, education and place in the labour market, but the traditional image of woman as wife and mother still prevails in Indian society.

With the constitution ensuring equal rights, governmental policies under five year plans providing equal opportunities and a change coming about in cultural and religious attitudes, westernization and industrialization, have provided an impetus for women to take up jobs and turn to professions after independence. They are no longer living in their own 'woman's world' but have also entered man's world. No - they have not entered man's world but have entered the duality of situations, which puts a strain on them in the performance of their roles assigned to them by society in lieu of certain statuses. These statuses could be ascribed (birth, marriage, kinship) or achieved (through
formal education, personal efforts and commitment) by becoming a member of a profession or service. To claim a right, one has to perform a role - task performance, duties and obligations. These two statuses ascribed and achieved are recognized as social and professional statuses. To maintain both the statuses, social and professional, women are forced to perform both the roles leading to role conflict. This is so because the two roles are contradictory in behaviour patterns, which make equal demands and arouse expectations from women. When these demands or expectations are not fulfilled by them in a proper manner, they certainly experience a conflict. This is what is often termed as 'role-conflict' in the sociological literature. Role-conflict is universally faced by all working women ranging from professionals to ordinary workers. This is mainly due to our traditional value-system in which the primary expectation from women is that they should look after the family and children. Therefore, additional responsibility of "work" leads them to conflicting situations. Although the decision of women to work in most cases is husbands' decision and moral support is given by them, but in actuality, studies reveal that most women do not seem to get help from their husbands in domestic or household chores. Husbands feel happy if the wives are not too demanding on them in respect of domestic work. Not only that, they also sometimes become critical of their spouses over little things. For example, if a husband finds a speck
of dust on household things or their child is not gaining weight, or not doing well in exams, he holds wife responsible for that. Consequently, a large number of educated women find themselves at crossroads. They are neither accepted as mere "housewives" in a traditional way nor are they accepted as bread-winning "working wives". As a result, normative confusion may be reflected in the behaviour patterns of working women in general, and women physicians in particular.

This study deals with such issues, and an attempt has been made to analyse the theory of role, social role, professional role and role-conflict in the light of empirical reality of female physicians in government hospitals of Delhi. The reason as to why this study is centred around women physicians is due to three factors:

(i) Physicians as professionals belong to full-fledged professions. Studies dealing with physicians do not focus on women physicians. Studies dealing with women professionals are mostly studies about working women with casual reference to some professions. This study is different from other studies on working women, because here, the whole spectrum of professional role along with family role of women physicians has been highlighted.
(ii) Women physicians shoulder heavy demands in work as well as from families. They have to work more than the fixed hours of duty as compared to other professionals who get enough time to take care of their household chores. Physicians being on call duty, emergency duty and night duty are forced to adjust more than other professionals.

(iii) The marriages between the physicians are more common than in the case of other professional groups, as revealed in many studies. This provides a unique opportunity to understand whether, the fact that couples are in the same profession has some effect in reducing the role-conflict of women physicians.