CHAPTER-II

REVIEW OF LITERATURE AND METHODOLOGY
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2.1 INTRODUCTION

The review of literature is very important not only to understand the nature and scope of the problem but also the lacuna exist if any in the work already done by several earlier workers. An overview of review of literature pertinent to the present problem has been made. The literature has been collected from books, journals, published and unpublished material, local, national and international dailies, websites etc.

2.2 REVIEW OF LITERATURE

Antony D Souza (1968) as red that greater social significance is attached with the education of the women and the subsequent entry of these women into gainful employment, education has acquired a greater significance for women in their role as the one who makes the home and as a person who actively participates in various social, civic and cultural activities.\(^1\)

Kapur Rama (1969) shown that the twin roles of women cause tension and conflict due to her social structure which is still more dominant. In her study on working women in Delhi, she has shown that traditional authoritarian set up of Hindu social structure continues to be the same basically and hence. Women face problem of role conflict change in attitudes of men and women according to the situation can help to overcome their problem.\(^2\)

Wandana Sonalkar(1975) in his article on Problems of Working Women in Urban Areas stated that in the area of stress and its relationship to local control reveals that internally oriented individuals show less perception of role overload and role ambiguity.\(^3\)

Asha Singh (1981) in her study found that there is significant difference between satisfied groups as well as between satisfied and dissatisfied groups of women in cohesion. The satisfied group is found to perceive their families more cohesive than the moderately satisfied group and the dissatisfied group\(^4\).
Hikka Pietila and Jeanne Vickers (1981) in their book stated that violence against women exists in various forms in everyday life in all societies. Women are beaten, mutilated, burned, sexually abused and rapid. Such violence is a major obstacle to the achievement of peace.\(^3\)

Sara Arber and Nigel Gilbert (1982) in their book stated that women’s working conditions are fundamentally influenced by the composition of their family and their stage in life course. Women in professional occupations achievement and earnings than women in lower level clerical services and are more similar to their male co-workers in terms occupational manual occupations are to their male counterpart.\(^6\)

Desai (1984) conducted a study on “Economic Opportunities in Women”. He opined that the women had been managing the dual roles of homemaker and worker poses serious problems without working women in large cities, particularly with young mothers who often get no help of supportive services such as day care, community crèche, foster day care etc. Their difficulties got further eventuated when they had to commute from long distances. Under these circumstances the traditional pattern of mutual help by in-laws, friends, neighbours had been found extremely helpful whenever possible. However, it was not always available.\(^7\)

L. Krishnaveni (1984) in her report on “Status of Indian Women”. She mentioned that a “Working Women” referred to a woman who works outside her home for a wage or salary. Now-a-days most of the women had been coming forward to work in order to create a meaning for them or out of economic necessity. Generally the women work equally along with men in informal sector. They were facing so many problems especially household responsibilities like cooking, cleaning, washing; child care, etc. were causes for low female work participation in informal sector had no job security and maternity benefits like women engaged in the organized sector.\(^8\)

Lalitha K. Nair (1984) conducted a study on “Women’s two Roles” and said that the women’s occupational status had always been closely associated with the home and the family. Here was a clear conflict between the socially approved status of women, as house wife and mother of children on the one hand, and their status as more productive worker on the other. Children of 20% respondents were looked after
by their parents when the respondents were at work, 26% by the husband's 18% by servants, 20% were schools going children and 16% had no children. 30% reported that their children were too young to judge their scholastic performance. 86% families had strong economic support due to respondent's income, which was spent to meet family needs, 50% felt it was necessary to work, 46% had satisfactory relations with their supervisors and colleagues, 52% liked both home and their job as against 25% who liked only their home and 28% liked only their office. 62% were fully satisfied with their dual role of working and housewife.\(^9\)

Madula Sherwani (1984) in her study on "Why more women entering work force" has observed Indian women still operate under creation limitation and hardship. One of the most common problems faced by a woman was the dual role; she had to play on the domestic front and the shop floor. Particularly the married working women with the small children found that dual responsibility a source of great mental and physical strain. For them the working hours were long 8 hours at the place of employment and at least 4 hours at home. Usually husbands and sometimes even in-laws did not extend any help in the household chores. Again after all this hard work, tragedy was that working women couldn't claim independent economic assets. Most of the salary earners had to surrender their pay pockets to their husbands in the case of married women and to their parents in the case of unmarried girls. They were allowed to hold back only a small amount for spending on transport and tea.\(^{10}\)

Vinita Srivastava (1984) conducted a study on "Employment of educated married women in India". In this study by comparing the occupational prestige of husband and wife, it has been found that at each socio-economic level wife were working in occupations which were consistent or only slightly lower in prestige than that of their husband's occupational prestige. It is never found that wife was working in an occupation which was very much lower in rank as compared to her husband's occupational rank. Moreover in a good majority of the cases husband and wife were working same kind of occupations.\(^{11}\)

I.Sobhavathamma(1988) in her work on working women in Chittoor District found that working women are facing lot of problem such as gender disparity, menace, overwork and non-involvement of women in all the activities concerned in the workplace. Moreover, she also observed that majority of the working women
hand over their salary to either to husband/in-laws or parents. She lamented on the non-individuality of women on several house cords. She suggested for changing attitude of people at work place and family members in home and should respect the working women.\(^{(12)}\)

Charlotte O Kelley (1989) feels that working women have more independence than full time house wives. Similarly modernized household gave greater autonomy to women in household decision making. This has been reiterated by Bahr when he says working classes women gain more power due to employment.\(^{(13)}\)

Kuppuswamy. B (1989) discussed in the traditional joint family, social life of women was largely confined to family and relatives. Family was the only place for entertainment. There was separation of the perspective spheres of work for men and women. Men were looking after the household work. Basically, the spheres of operation were separated. This separation of the sexes in the family tends to characterize social life as well. The women were forming their own social groups. They had much more restricted social life. Very few women socially free to go out of their home or house without escort. Women were not allowed to join unions' organizations or clubs. Many changes have taken place in the urban family with respect to the social life of women. The new life in the city has altered the family relations, social life because both of them are educated and are developing new relationships. Co-educated has created an opportunity for inter-mixing of boys and girls. A large number of women are working with males and making friendship with them.\(^{(14)}\)

MacKay et al. (1991) in their work on Communication problems between doctors and nurses opined that communication difficulties between hospital doctors and nurses are well documented. A survey undertaken jointly by medical and nursing administration at Sir Charles Gairdner Hospital in Perth, Western Australia verified difficulties in doctor-nurse communication as perceived by doctors and nurses, as well as by ward clerks as impartial observers. Questionnaire responses revealed some impediments in the flow of communication. Both nurses and doctors perceived less frequency of difficulties in communicating with members of their own professional group than with members of the other group. Nurses with university preparation and other special clinical qualifications perceived significantly fewer communication
problems with doctors than nurses with less education. Interns perceived greater frequency in difficulty communicating with nurses than did more highly qualified doctors, and female doctors who were not interns claimed fewer problems than their male counterparts. Moreover, more highly qualified male doctors who had a previous occupation acknowledged fewer doctor-nurse communication problems. \(^{(15)}\)

Seta Vaidayalingam (1994) discussed the problem and concerns of Indian women. According to working women are subject to more explanatory problems and pressures than their nonworking sisters. Finding a suitable occupation in the first problem right and proceeds it and of course fighting for the right amount of education to secure a decent job, tops it all, after having completed her education when a woman steps the field of vocation are not quite correct, we find to be women’s staying capacity and the usual remarks is adequate. This kind of attitude spoils a women’s changes at all levels and particularly in the field of self – employment with a job come other problematic situations, kinds of people at work especially men. Number of lawyers do not encourage women simply because the later to level the office at about 6 p.m. in order to reach home early despite the fact that a busy lawyer’s office is at its best after 6 p.m. Single working women have the accommodation problem, if working in a city their families do not live with them. One has heard and read in the newspaper of the unfavorable conditions prevailing in hostels which in any case among to meet encouraged to need. \(^{(16)}\)

Krishnakumari (1995) made an attempt to study area with a sample size of 333. The main objectives of her study were to find out the socio-economic background of single women, her family relationship, social interaction and attitude of society towards them. The study reveals that the position and status of women in Indian society is not encouraging. Married women are accorded a high place in the society. Single women are looked down inspire of their living with their parents, in-laws or children, Even their professional success is often seen with suspicion and their normal behavior happens to be the focus of almost all discussion. The status and position of an individual holds in the society is largely determined by her economic status. Her study reveals that the independent single women face economic problems to a laser degree than those totally economically dependent. Responsibilities of spinsters are less compared to those widowed, separated and divorced with children.
Employed women are expected to hand over their entire income to their parents without any expectation in return or even appreciation for the financial assistance rendered. A comparative analysis of the status in society of their single women reveal that unmarried women have a slightly better position than enjoyed by the divorced or separated women and windows they are also exploited at work place. (17)

Manikamkerkar (1996) in the study on “economics status and career opportunities for women in India today” has remarked that the desirability of giving important status to women society has often been expressed, thought it was denied in actual life. A women’s lower status in the family was often to her exclusion from economic ability gainful employment. Recently, since the Second World War, urban women of middle and upper class, particularly, married women began to seek sinful gainful employment out of home. This phenomenon created the problems relating women’s two roles, home and work. The most popular jobs as had been seen from the number of women applicants registered in the employment exchanges were those of clerk, the highest percentage of women workers (more than 40%) was for professional technical and related jobs mostly as teachers, nurses and midwives. The next percentage (9%) that’s of clerks, sales and related workers, administrative, executive and management workers from only 2%. According to the author the main reason for women’s employment was economic necessity to supplement the income of her husband or of the family. Though this economic cause was most important there was also social, psychological and situational reasons for taking up employment case of high society ladies such as ambition of a career, charm of the position utilization of leisure, proper use of higher education, killing away time till marriage, escape from domestic work, freedom to mix with people and preference for outdoor life. (18)

Sing, K.P. (1996) says that among women who were working out of utter economic necessity, the majority were dissatisfied with the time they spend with their children and the time they allocate to their home 57 per cent of working women have alternate arrangements for their children either a mother or a mother-in-law or a maid to look after their children. The age of the children is an important factor in generalizing the women’s role conflict because a mother’s personal attentions are most essential when they are small. Another cause can be the family size women with larger number of family member may feel the conflict than the women work families
are small in number. The other factor associated with this is the nature of job that the
time amount spent outside the house.\(^{(19)}\)

Giriapp\(\text{a}^{(1997)}\) analysed the women empowerment with the corresponding
levels of discrimination and effectiveness of decision making by women in different
rural enterprises and concluded that the female headed households were effective in
taking decision in respect of work ability, schooling, healthcare, asset creation,
employment generation and social participation in law social status households. The
informer empowerment was wide spread through women earning members, their
decision were subjected to various degrees of discrimination by males.\(^{(20)}\)

Forte\(\text{a}^{(1997)}\) states that health care environments in which physicians and
nurses have a more collegial and respectful relationship demonstrate more beneficial
outcomes that include “decreased patient morbidity and mortality”.\(^{(21)}\)

Amin, Becker and Bayes\(\text{a}^{(1998)}\) spilt the concept of women’s empowerment
into three components each measured separately, inter-spouse consultation index,
which seeks to represent the extent to which husbands consult their wives in
household affairs, individual autonomy indexes each represent women’s self-reported
autonomy of physical movement outside the house and in matters of spending many,
and the authority index, which reports actual decision-making power. Those indices
are similar those of used by Balk in her 1994 study. Comparable components of
empowerment are included in the eight indicates by Hasemi\(\text{a}^{(1996)}\), viz. mobility,
economic security, ability to make a small purchases, ability to make a large
purchases, involvement in major decisions, relative freedom from domination by the
family, political and legal awareness, and involvement in political campaigning and
protests.\(^{(22)}\)

Mridula\(\text{a}^{(1998)}\) reported that women’s education leads to reduction in the
family size greater attention by mothers towards health, education character building
of their children greater participation of women labour market and greater per capita
income and better quality of human capital. An educated woman in more lightly to
share in family decisions about how many children have to have, how to bring them
up and how to care her own and family health.\(^{(23)}\)
Parmine Sangupta (1998) in her book 'women in India' states that participation of women in economic activity was very common from the time immemorial. Primitive society offered many instances of vigorous work in hunting and in cultivation by women. Women's role became more real and designed with an evaluation of an agricultural economy. Even in Mohejadiaro and Harappa culture women shared a responsible position with men and helped in spinning and day modeling and other simple arts and crafts. There are more several explanations for the tendency of female participation in economic activity to deadline at the early stage of development. In addition, she states that according to Baser up Easter the most important were technical chances within the agricultural sector Unemployment policy which induces women to accept employment to restrict somewhat the growth of urban areas holding down the birth rate, working women poor countries can therefore reduce the burden of supporting both non-working women children and non-working women by providing vocational training for employment instead of reserving employment for men.  

Reiner and Zhao (1999) examined two sources of job satisfaction demographic characteristics (example: age, race, gender, educational level) and work environment characteristics (example: task identity, autonomy, skill variety, task significance, feedback). The results suggested that the importance of environment or situational characteristics and job characteristics are influencing employees' satisfaction.  

Agarwal (2000) described that training of rural women was important so as to increase their involvement in development process, enhance their skill and make them equal partners in national development. The major objectives of training for rural women should be to equip them with better skill and enhance their knowledge so as to prepare them to face new challenges due to technological developments.  

Rehana Qureshi (2000) investigated different problems faced by working women residing in "working women hostel", Faisalabad. The women belonged to different professional categories namely, teaching, health and others. The data were collected with the help of interview schedule. Open ended questions were asked on problems in parent's home, in-laws home and in hostel. More than a half of the respondents (54%) from all professions considered that they were unable to give proper time to their family members which they otherwise should have given.
Majority of the respondents (78%) felt that health of their family members suffered greatly due to their jobs. The working women (20%) also felt that they were unable to attend their family functions regularly. The respondents from all professions placed the common utilities problem on priority-I, while, conveyance was placed on priority-II. About 23% complained against the conveyance problem and 18% felt that homesickness was the real problem.  

Frederich and Strong (2002) addressed solutions to physician-nurse conflict that arises from nurses' hesitancy to administer a physician order. They note that nurses are more apt to use proactive conflict styles when they perceive the physician as typically managing nurse-physician conflict by integrating, compromising, or obliging, which are other-oriented styles. Nurses will tend to use avoidance to manage conflicts if they believe the physician is apt to respond to conflict by dominating or avoiding, which are self-oriented styles. The authors suggest that a discussion needs to occur when a nurse is either unclear or uncomfortable with a physician order. Training and development could help physicians with their active listening skills (to know when and how to listen) and help nurses communicate more assertively and effectively. They advise role-playing for the parties to understand how physicians can dominate without even realizing it and that nurses concede with the same lack of realization.  

Harrisson et al (2002) found that hardiness and work support were negatively related to psychological distress. Hardiness positively correlated with work support. Further analysis demonstrated hardiness to be a significant mediator between the effects of work support on psychological distress. They even examined the relationship between hardiness, job satisfaction and stress among Texan home health nurses. In this study there was a significant negative relationship between stress and hardiness, with those high in commitment experiencing less stress. A significant positive relationship between job satisfaction and hardiness (particularly for commitment and control) was found. No significant correlation was found between stress and job satisfaction. Similar results have been found using qualitative techniques.
Cox (2003) reported that increased levels of intra-group conflict led to less job satisfaction among nurses. Conflict in the nursing field is associated with higher job turnover, decreased job commitment, absenteeism, an increase in grievances, continual orientation of nursing staff, and considerations of leaving the profession. (30)

John Pawasarat and Lois M. Quinn (2004) in their paper on Workforce Development Challenges: Meeting Present and Future Demand for Nursing and Teaching Professionals in Metro Milwaukee made an analysis of the pool of licensed Wisconsin professionals shows fewer women seeking out nursing and teaching, threatening the supply of nurses and teachers in the state. While the number of women in Wisconsin with a college education has increased numerically and as a percent of the adult population 25 years and over, the percentage of women entering teaching and nursing has declined dramatically as women seek out other career options. Compounding this problem are the increasing numbers of professionals who retire or leave nursing and teaching for other careers, as well as the aging of the teaching and nursing populations, a factor that will radically impact employment separations in the next five to ten years. Most previous studies estimating labor market demand in these occupations have not examined the age distribution of the present teaching and nursing staff and consequently underestimate the impact retirements will have on the largest age cohorts of Wisconsin teachers and nurses. The population of employed public school teachers retiring at age 55 or shortly thereafter are of particular concern as these professionals have at least ten more years of potential workforce attachment and are a population we want to keep in the state. (31)

Lambert et al. (2004) examined work stressors, ways of coping and demographic characteristics as predictors of physical and mental health among 1554 hospital nurses from Japan, South Korea, Thailand and the USA (Hawaii). While there were some differences across countries regarding predictors of physical and mental health (e.g., number of family living with them or nearby), several predictors were similar. Regardless of culture, self-control, seeking social support, problem solving and positive reappraisal were the four most utilized ways of coping. The findings suggest that cross-culturally nurses have similar ways of coping in the context of workplace stress. (32)
Sing, K.P. (2004) says that among women who were working out of utter economic necessity, the majority were dissatisfied with the time they spend with their children and the time they allocate to their home 57 percent of working women have alternate arrangements for their children either a mother or a mother-in-law or a maid to look after their children. The age of the children is an important factor in generalizing the women's role conflict because a mother's personal attentions are most essential when they are small. Another cause can be the family size; women with larger number of family member may feel the conflict than the women work families are small in number. The other factor associated with this is the nature of job that the time amount spent outside the house. Some who do not feel any role conflict are school teachers, lecturers and those who are in independent professions. (33)

CNN's web site (2005) posted an unsigned AP story about recent charges by California nurses and teachers that Gov. Arnold Schwarzenegger's policies and attitude toward them--including his references to them as "special interests"--reflect an ingrained hostility to women and "women's occupations." Probably unintentionally, the piece raises difficult questions about how society sees nursing, and how nurses advocate for their profession, including the pros and cons of using the profession's predominant gender as a political weapon. "Nurses, teachers take on Schwarzenegger" begins by wondering whether the Governor could "have another 'woman problem' on his hands." It links some of his recent pushes for budget cuts and "reform" that affect nursing and teaching, along with his "turbocharged rhetoric," to his alleged sexual abuse of women on movie sets during his years as a Hollywood actor. This has led to "charges that his views on women are demeaning and macho." In particular, the piece points to Schwarzenegger's references to opponents as "girlie men," and his December 2004 comment about a group of nurses protesting his move to delay full implementation of California's nurse safe staffing law: "The special interests don't like me in Sacramento because I am always kicking their butts." (34)

Haraway and Haraway (2005) reveal that nearly every health care worker "can recall delays or inadequacies in patient care caused by a provider refusing to consult the 'on call' physician or group for a problem outside of their area of expertise because of some unresolved past conflict". In a U.S. survey of 213 nurses in a
Philadelphia, Pennsylvania teaching hospital. 13% of respondents stated that being involved in verbally abusive encounters led them to "make a care giving error". (35)

Rowe and Sherlock (2005) list four strategies that nurse managers should employ in order to reduce interpersonal conflict that results in verbal abuse among health care workers. They are: increase morale by utilizing creative strategies, institute strict policies regarding abuse while encouraging nurses to report cases as soon as they occur, educate the staff on these policies, and offer mandatory counseling for those nurses who have abused others. (36)

Kaur and Punia (2005) in their article on Working Women of Hissar District of Haryana, observed that most of the working women apt for job out of the gross economic necessity (50%), followed by the urge to raise economic status (23%), to make use of education (11%) to have independent income (9%) and the remaining due to miscellaneous motives. Wife's income is essential to raise family's standard of living. 18 per cent were widows, divorcees and separated. Another 24 per cent were single. All these women worked to support themselves and their children. In addition to this, women whose husbands' incomes were inadequate were compelled to seek gainful employment. (37)

Bandopadhyay and Kumar Titas (2006) examined the impact of output subsidy given to the informal sector on urban unemployment, informal sectors employment and on the domestic factor income of a small open economy where capital is perfectly mobile among the three sectors. The simultaneous existence of urban informal sector and urban unemployment has been explained in terms of efficiency wage theory which is applicable to the low wage informal sector. Informal sector also produces traded goods and the presence of trade union in the urban formal sector makes the formal wage endogenous. This is highly observed in many developing countries like India where handloom and handicraft products are internationally traded and the trade union activities are flourishing. Output subsidy given to the urban informal sector lowers urban unemployment and raises domestic factor income provided that the rural sector is sufficiently labour intensive. (38)
Kelly (2006) reported that a study of intensive care nurses revealed that they tended to use avoidance in order to protect relationships, prevent open arguments, act as proper role models in the presence of students and so they are not “branded [as] emotional or unfeminine women” (p. 27). Those who avoid conflict “neglect their own needs, goals, and concerns” in order to satisfy others. This self-sacrificial approach may be considered an expectation in a career that ascribes to the philosophy of altruism. However, compromise was found to be the most prominent style of choice among doctors and nurses working in five Israeli hospitals, whereas a qualitative study done in a Norwegian hospital determined that physicians and nurses used avoidance, compromise, and dominating styles depending on the contextual factors of perceived interrelationship between the members, and the urgency of taking action regarding the situation. (30)

Norris and Melby (2006) explain that while nurse advancement is more developed in the United States (U.S.) and Canada, in the United Kingdom (U.K.) the role of nurse practitioners is still in its early stages. This advancement is recognized as the relatively new challenge of blurring of existing barriers that was found in the authors’ research that U.K. physicians “were more unwilling to accept that nurses should be allowed to undertake certain advanced skills”. (40)

Thomas, P. (2006) in his paper on The international migration of Indian nurses Apart from economic factors, dissatisfaction with working conditions and unhappiness with prevalent social attitudes towards nurses were identified as being of crucial importance for the international migration of Indian nurses. It was found that nurses working in the private sector and from some linguistic and religious groups were particularly prone to migration. Nurses working in the government sector seemed to be more worried about being unable to adjust to working conditions abroad and therefore less keen to migrate. The fact that they enjoyed better pay scales, a more relaxed work atmosphere and more facilities may have also played a part here. What seemed to be vital to the decision to migrate for a large number of government sector nurses belonging to the so-called 'Forward' and 'Middle' Castes was that they were being crowded out of promotional avenues as a result of the government’s policy of Reservations in Promotions for Scheduled Castes and Tribes. Health policy-makers in India need to take a serious look at the growing migration of nurses to foreign
countries. While such migration leads to inflow of foreign exchange, it also implies the loss of medical personnel vital for the fulfillment of national goals. (41)

Ablett and Jones (2007) aimed to describe 10 English hospice nurses' experiences of work and compared the experiences with the personality constructs of hardiness and sense of coherence (belief in the comprehensibility, manageability and meaningfulness of the world). The results yielded 10 themes that hospice nurses used to describe their work, including spirituality, personal work attitudes, job satisfaction, coping and personal/professional boundary issues. When comparing the 10 themes to hardiness, they all indicated a high level of commitment to and control over the workload of the hospice nurses. When the themes were compared with sense of coherence the nurses perceived their work as manageable and comprehensible. Only some nurses viewed change as an opportunity for growth. Ablett and Jones suggest that the determining factor in nurses' resilience might be the individual's attitude towards change. (42)

Chang et al. (2007) found that problem-focused coping was only mildly related to better mental health. However, high levels of emotion-focused coping were strongly related to low mental health. Chang et al. examined the workplace stressors, coping mechanisms, and demographic characteristics which were the best predictors of physical and mental health. Escape-avoidance (e.g. sleeping, drinking, smoking, using drugs), distancing (e.g. not taking things too seriously), and self-control (e.g., keeping feelings to oneself) emerged as the best coping predictors of mental health. Mental health scores were higher for nurses with more years of experience and for those who used distancing as a way of coping but lower for those who used escape-avoidance and self-control coping, lacked workplace support and had a high workload. (43)

Chaudhuri, S. and D. Banerjee (2007) state the theoretical possibility that recession in the skilled sector might even raise the wage of the informal workers appears quite robust. Developing and transition countries are repositories of large unorganized and/or informal sectors that deal largely with non-traded commodities and services and in some cases tradable goods as well, the global recession may not be able to penetrate very far into these economies. They establish that a fall in the price of those commodities and services that employ white-collared workers may in
fact turn out to be favorable for the purveyors of non-traded goods in general and the informal sector in particular.\(^{(44)}\)

Gillespie et al. (2007) found highly significant associations between hope and resilience, self-efficacy and resilience, and control and resilience. Moderately significant relationships were found between coping (problem-focused approaches) and resilience, and competence and resilience. While these results depict resilience as being found within the individual, the authors suggest that hopefulness may only be possible in a supportive work environment and the development of self-efficacy may be influenced by the work culture.\(^{(45)}\)

Gillespie, Chaboyer and Wallis (2009) investigated whether the personal characteristics of age, experience and education contribute to resilience. The resilience measure included elements of personal competence, trust in intuition, change and control appraisals, and spiritual influences. Results demonstrated modest but statistically significant associations between ages, years of experience and resilience. No relationship was found between education and resilience. Multiple regression analysis revealed that only years of experience predicted resilience and explained only 3.1 per cent of the variance. The authors acknowledge that resilience may be influenced and developed by other contextual factors, not measured in the study.\(^{(46)}\)

Almost et al. (2010) noted that dispositional characteristics were found to be a major cause of conflict in the nursing field in three separate Canadian research studies. Incompatibilities between and amongst persons can include “personality clashes, tension and annoyance”. Individuals have unique personalities and vary in attitudes, opinion, beliefs, culture emotional stability, maturity, education, gender, language etc. Therefore, their reactions to specific stimuli also differ. These differences cause some individuals to perceive some matters as undermining their positions or refuting their worldviews or values. Oftentimes, individual differences can adopt moral and/or emotional undertones, turning a disagreement over who is factually right or wrong into “a bitter squabble over who is morally correct”. The study concluded conflict may be absent when organizations try to recruit members from different age categories.\(^{(47)}\)
Cameron and Brownie (2010) identified eight themes that impact their resilience in a sample of nine Queensland nurses, (1) experience, (2) amount of satisfaction attained, (3) positive attitude or a sense of faith, (4) making a difference, close intimate relationships and sharing experiences with residents, (5) using strategies such as debriefing, validating and self-reflection, (6) support from colleagues, mentors and teams, (7) insight into their ability to recognize stressors and put strategies in place, and (8) maintaining work-life balance. (48)

Garrosa et al. (2010) in a sample of 98 Portuguese nurses, assessed the relationships between job stressors, hardiness and coping resources on burnout dimensions at two time points. At the cross-sectional level, personal resources, control and social support were negatively related to emotional exhaustion and challenge. Unlike the findings of Judkins and Rind (2005), commitment was not found to affect any of the burnout dimensions. Active coping was found to have more influence than hardiness in that it had main effects, both at the cross-sectional and temporal level, on depersonalization and lack of personal accomplishment. Specifically, active coping had an inverse temporal effect on depersonalization and on lack of personal accomplishment. (49)

Ihemedu et al. (2010) addressed advancements of nursing roles in Nigeria. They note that the “boundaries between doctors as diagnosticians and prescribers of treatment and nurses as obeyers of orders and dispensers of treatment [are] less clear and more permeable”. Ihemedu et al. assert that the contrasting reactions to these changes have led to conflict and poor working conditions. (50)

Kreitner and Kinicki (2010) list the following circumstances as tending to create conflict: personality and/or value differences, blurred job boundaries, battle for limited resources, democratic decision-making, collective decision-making, poor communication, competition amongst departments, unreasonable work expectations (policies, rules, deadlines, time restriction), unmet and/or unrealistic expectations (regarding salary, advancement, or workload), more complex organizations, and unsettled or repressed conflicts. Most conflict research reveals that the majority of health care conflict arises from “interpersonal or professional communication difficulties”. Many of these factors are discussed in recent literature and will be
reviewed in the subsequent paragraphs, along with findings from studies specifically limited to health care practitioners. \(^{(51)}\)

Larrabee et al. (2010) in a sample of 464 West Virginia nurses, used a measure of stress resilience that included three interpretive styles, namely deficiency focusing (assigning self as cause for failures, overemphasizing barriers, and negatively influencing motivation), necessitating (caution and judgment of tasks as inflexible) and skill recognition (acknowledgment of one's own competence). They found that high psychological empowerment was predicted by more years' experience, and the three stress resiliency subscales. Psychological empowerment and low job stress were found to predict greater job satisfaction. High job satisfaction was the strongest predictor of intent to stay. \(^{(52)}\)

Leever et al. (2010) assert that poor collaboration is likely to be caused by, or to result in conflict. Interpersonal relationships suffer with conflict, as negative emotions induce poor perceptions of the person who sparked the disagreement. It can create lack of collaboration as effects of conflict can lead to passively avoiding each other to confrontations and venting of emotions. This lack of collaboration results in lost productivity, reduced efficiency, increased medical errors, and the compromising of patient care. \(^{(53)}\)

Zander, Hutton and King (2010) investigated coping and its relationship with resilience in assisting pediatric oncology nurses. The three themes identified were, (1) coping factors, (social, team and organizational support, personal views, attitudes, and circumstances, experience and types of stressors) (2) coping processes, (the contribution to effective adaptation), and (3) overcoming negative circumstances, (how effective adaptation and coping are combined when professionals are dealing with workplace stressors). \(^{(54)}\)

Lim et al. (2011) by investigating the coping strategies and experiences that bring joy and happiness ('uplifts') to the personal and professional lives of 23 Singaporean nurses, found that professional uplifts were related to being appreciated, having reliable working relationships, and health improvements of patients. Personal uplifts were related to leisure activities, having disposable income, laughing with friends, and spending time with friends and family. Coping strategies included taking
time out (short breaks at work, rest and relaxing activities), seeking emotional support (from family or colleagues) and belief systems (luck, fatalistic thinking and spirituality). (55)

Khema Sharma (2012) in her article on Role of Women in Informal Sector in India opine that informal sector is the largest employer of relatively unskilled workers when skill based technological changes in production of manufactured commodities and services have always facilitated income and employment growth for the highly skilled. Due to globalization the scenario among women has been changing as the formal sector is shrinking and unable to provide employment opportunities to growing population informal sector has an important role to play. In this background in the present paper an attempt has been made on the basis of secondary studies to investigate the changing scenario of employment among women in informal sector in India. To explore how women are coming up for employment opportunities in informal sector. (56)

Thokchom Lakshmibai and Thokchom Bidyalakshmi (2013) in their paper on Empowering of Women through Economic Independence Participation of Manipuri Women in Various Income Generating Activities for The Upliftment of State’s Economy opined that Women empowerment is an essential tool to bring about changes in their socio-economic condition. Empowerment of women needs to begin with their participation in different spheres of life. Education is a great determinant in this regard. To achieve empowerment, women have to be educated about their rights and privileges in a modern society. It is education that can bring about awareness in them related to their social status, injustice and differentiation meted out to them. In Manipur women plays a significant role not only in economic development but also in social, political, religious etc. As handlooms and handicrafts being the inmate artistic skill for the Manipuri women they successfully take up these occupations as income generating activities. Empowerment of women is the pre-requisite to transform a developing into developed. (57)

Wright et al. (2014) conclude that injustices yield more “outward-oriented” feelings, i.e., anger, that is apt to affect subsequent nursing behaviors. (58)
Nurse and/or physician conflict is widely studied; however, there is a paucity of literature using allied health workers as participants. The allied health field consists of technologists, technicians, and therapists, (including physical therapists, radiologic technologists, and dental hygienists, to name a few) and is distinct from the medical and nursing fields ("What is" 2014).

2.3 BACKDROP OF THE STUDY

2.3.1 Statement of the Problem

The number of women in jobs has been increasing owing to various reasons such as high literacy, reservations, self-esteem, patience etc. In spite of the increasing number, their problems are still nagging in various levels over space and time. Job satisfaction is dynamic and it is a condition where individuals are contented or discontented with their jobs. Lack of job satisfaction could lead to strikes, work to rule, absenteeism, resignation, low performance and disciplinary problems. Moreover, health problems, dissatisfaction, over thinking etc making them psychologically sick. Intrinsic and extrinsic variables such as the structure and nature of jobs, the type of control, supervision, participation in decision making, pay, promotion, fringe benefits, and working conditions affect the job satisfaction of an individual. The current inflationary trends and the fact that many women have resorted to different ways to make ends meet may be an indication that they are not satisfied with their jobs. The present study aims at studying the problems of women employees both at home and office and the managerial aspects.

2.3.2 Significance of the Study

The study of job satisfaction and dissatisfaction is very crucial not only for the enhancement of productivity but also for the fulfillment of the needs of the individuals in an organization. This is obvious when it is realized that one spends a reasonable part of one's working life at the work place. Research into job satisfaction among women would provide information and knowledge in the area of the job satisfaction of women. It would highlight what constitute the determinants of the job satisfaction of women. To understand workers’ job satisfaction is an important aspect of learning to manage an organization. Information from this study would help and guide employers of women in paid employment to discover and reinforce what would satisfy women workers and check factors that would lead to dissatisfaction and frustration in their jobs.
This study is a survey of problems, socioeconomic conditions and job satisfaction of women teachers and nurses in their jobs. It tries to find out the effects of marital status, experience, academic qualification and relationship with superior officers on the job satisfaction of women Renigunta Mandal of Chittoor District. The population of the study was one hundred women, made up of all the female teachers in the primary and secondary schools in the mandal. A table of random numbers was used in the study. The instrument used in the study was a questionnaire, made up of thirty one items and divided into two sections. The first section consists of eleven items which dealt with the demographic variables of marital status, age, level of education, number of children and years of job experience.

The second section of the questionnaire dealt with the social and economic variables and the third section the level of job satisfaction of women. It was made up of questions that dealt with work itself, salary, creativity and autonomy on the job. Pearson's Product Moment Correlation Co-efficient (r) was used to determine the reliability co-efficient of the instrument. The computed value was 0.85. The Likert type of scale with a continuum of 1 to 5 was used in scoring the twenty (20) items on the questionnaires. The data collected were analysed using means and t-test. Result Hypothesis 1: This states that women in paid employment are not satisfied with their jobs.

NEED FOR THE STUDY

There has been considerable progress of women employment in social sector in India. Hence it is time to make a practical evaluation of the economic and management aspects of women employees in social sector, so that the problems could be identified and procedures could be improved in the light of experience. In India a few studies officials as well as non-official have been undertaken from time to time as mentioned in review of literature. Still area and agency-specific studies on economic and managerial aspects of women employees in social sector are confined to limited in number. Such studies are of great significant on account of vast regional and institutional variations in a developing country like India.

The present study is an attempt to fill the gap in this regard.
OBJECTIVES OF THE STUDY

The important objectives of the study are:

- To analyze the socio-economic conditions of women in India.
- To analyze the social status and economic conditions of women employees working in education (Govt. Colleges) and health (Govt. Hospitals and PHCs) sectors in the study area.
- To examine the managerial aspects of women employees in education and health sectors.
- To suggest the measures to improve the conditions of working women in social sector.

HYPOTHESES

The major hypotheses are:

1. The social status of the sample women employees is not significant in education and health sectors.
2. There is no significant deference in economic condition of women employees in education and health sectors.
3. There is no significant difference in the managerial skills of the sample women in education and health sectors.

METHODOLOGY

(a) Source of data

The study has made use of both the secondary and primary data. The secondary data were drawn from books, journals, annual reports and selected publications of the educational statistics, Census Reports, A.P. Statistical Abstract, Chittoor District Statistical Handbooks etc. Primary data required for the study have been collected through personal interviews with the sample respondents with the aid of schedules specially designed to cover the objectives of the study.

(b) Sample design

The multistage random sampling method has been employed in this study. The Chittoor district has been chosen for the study because of the considerable number of
women working in the social sector. Chittoor district has three revenue divisions- Tirupati, Chittoor and Madanapalle. In the first stage, among the three revenue divisions, two mandals from each division have been selected randomly. In the second stage, 300 sample women employees have selected randomly from the Govt. colleges (150 samples) and Hospitals (150 samples). Out of 150 samples each from Govt. colleges and Hospitals, 25 sample employees were selected both from Govt. colleges and Hospitals proportionately from each mandal for an in depth study on the economic and managerial aspects of the women employees. The sample design is show in table.

Table
Research Design

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the Revenue Division</th>
<th>Name of the Mandal</th>
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<th>Number of samples respondents from Govt. Hospitals and PHCs.</th>
<th>Total</th>
</tr>
</thead>
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<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td>2. Srikalasti</td>
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<td>50</td>
</tr>
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<td>2</td>
<td>Chittoor</td>
<td>1. Puttur</td>
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<td>25</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Nagiri</td>
<td>25</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>Madanapalle</td>
<td>1. Vayalpad</td>
<td>25</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Piler</td>
<td>25</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>150</strong></td>
<td><strong>150</strong></td>
<td><strong>300</strong></td>
</tr>
</tbody>
</table>

**STATISTICAL TOOLS AND ANALYSIS**

Along With simple averages and percentages, the index, linear and compound growth rates, Correlation co-efficient, t-test and co-efficient of variation are used in this study.
CHAPTER SCHEME

The present thesis has been organized into Six chapters.

The first chapter deals with the role of women in social sector.

The second chapter presents the review of literature, need for the study, objectives of the study, hypotheses, methodology, statistical tools and analysis, and chapter scheme adopted for the study.

The third chapter has covered the profile of the study area particularly education and health sectors in study area.

The fourth chapter has analyzed the social status and economic conditions of women employees working in Govt. colleges and hospitals.

The fifth chapter has examined the managerial aspects of women employees in education and health sectors.

Finally, The sixth chapter presents the summary of the findings and conclusion drawn out of the findings of the study.
REFERENCES


