Chapter-III
Problem and Hypotheses
PROBLEM AND HYPOTHESES

With the dawn of new millennium, the world today is facing both the quantitative as well as qualitative changes – quantitative in terms of economic growth and technological change and qualitative in terms of new paradigm of a society governed by altogether different set of values and ethos. It rings us to the special role, the women are expected to play in this century. “Feminization of Employment” due to the increasing labour force participation of women in universally agreed upon as the most significant transformation of the social structure in past decades. This transformation in women’s lives has led to increased scientific and societal concerns about the implications of combining work and family roles for women’s quality of life (QOL).

On the basis of conceptual and empirical information in first two chapters, it can be speculated that quality of life may be different due to the gender and multiplicity of roles. Multiplication of roles imposes the double burden of overload and conflict. Conflict affects the quality of life of an individual. The burgeoning
participation of women in work force seems to have a knock on effect on the family. Combining full time employment with the role of a housewife and a mother presents a serious problem for women since their varied roles as home makers, and as providers working outside their homes, are not given due recognition and no special requirements are provided for them inside the home either in rural or urban settings. The argument is that the place of women is in the home. The traditional role model sees the ideal situation as the one in which husband is the primary breadwinner. The emphasis is on women accommodating to other’s needs: Earning a wage is not seen to be of intrinsic value to a women’s life, rather as an exception, a kind of added extra. On the contrary, another view regards employment as a key aspect of human existence, and argues that with the help of paid work, women can realize their potential and escape their subordination to men. Having a formal work apart from the unpaid household work has become a virtual necessity for women, no matter to which class they belong. It has become essential for their self-respect, autonomy and empowerment. The rapidly increasing number of women in the workforce has given rise
to a surge of research aimed at measuring; as many of them are combining job and family responsibilities. Such an assessment is especially important at this particular juncture when demographic trends suggest that the number of employed women is increasing and that the paid – employment will be a central component in most women’s life experiences. This juggling scheduling of wives’ paid work hours have an impact on husband’s family work. When wives work evenings, their husbands typically do after – dinner chores. Because of the employed wife, husband (Berk & Berk 1979), have to change their division of labour by gender. Some scholars conclude that men are doing more housework than ever before. This is a meaningful change because men are bucking a historical trend of less household work for all family members. Several studies have revealed that sharing family work is associated with greater marital conflict. (Benin & Agostinelli, 1988; Hoffman, 1983; Russell & Radin, 1983). Sources of conflict arise when wife criticizes, about the quality of husbands’ housework and childcare. Attitudes and shared norms continue to define household work as “women’s work”, and paid work as “men’s work”. Due to these prior norms,
there may be a situation of joggled gendered distribution of work/roles.

Social psychologists and researchers have a general agreement that multiple roles can have both beneficial and harmful effects, but it remains uncertain whether various combinations of multiple roles have a net beneficial or net harmful effect. (Ross & Mirowsky, 1995).

The Role accumulation hypothesis proposes that individuals may profit from enacting multiple roles in terms of more sources of social support, self esteem and financial resources and these benefits outweigh any disadvantages resulting from multiple role juggling (Malhotra & Sachdeva, 2000; Waldron & Jacobs, 1989). In its simplest formulation, it proposes an approximately additive, monotonic relationship, with more roles resulting in better health. There has been an additional important modifications of the Role Accumulation Hypothesis in the form of Role substitution Hypothesis according to which psychological effects of a role may vary depending on the other roles a person holds. It suggests that when two roles provide similar resources, then these roles may
when people fail to reduce role tension or overload by implementing strategies such as eliminating role relationships or setting up barriers to preserve their time.

An interprofessional study was conducted by Nair and Malhotra, (2006) to compare the quality of life of doctors, lecturers and Nurses in different socio familial role situation. They found that both professions and social roles have significant effects on overall quality of life.

The focus of their study was only on the professional women. But now in the changing social scenario men particularly in case of dual earner couples are equally participating in the household chores. So they are also equally involved in multiple socio-familial role situation as their women counter parts. The debate is now who then leads to more enriching and more satisfying life – men with juggled multiple roles or the women with juggled multiple roles? A big question mark remains over whether working outside the home and working inside the home has net positive or negative consequences on women and men?
Studies reviewed in this context bring out contradictory findings. While study like Swanson, (2000) found the healthiest women to have multiple roles (a job, a husband and often children) than men. On the other side, Daalen, Sanders and Willemsen (2005) reported work family conflict and less satisfaction among working women. Similarly with regard to the social – familial roles, there have been some studies which have shown the married women and men reporting better health: (Maclean & Keva, 2004) supporting role accumulation hypothesis whereas others have shown single person to fair better than the married person. (Rosenfield, 1989). Still others have reported little or no effect of marital status on health. However, Hughes, (1998) reported the employed mothers to be more stressed than employed fathers and hence supporting role strain hypothesis. Study by Srivastava, (2001) provided support to role complementation hypothesis by reporting the combinations of career and family roles to be associated with role conflict, stress, frustration and anxieties.

The picture emerging out of these findings is rather conflicting. Moreover after reviewing the literature it was also
observed that there are no studies to the best of investigator’s knowledge on Health Care Professionals (Doctors) for exploring the gender based relationship between level of social roles and their quality of life. In the society, doctors are known as health providers. Their formal role specifies that they try to cure the ill, relieve suffering, help people and be loyal to their profession. The medical profession is considerable to be highly prestigious and doctors get first rank after “God” in Indian society and indeed everywhere in the world. But the researches regarding the quality of life of these health providers are scanty. There is a need to conduct the researches on this because deviance, tensions, conflicts and frustration in doctors effect the efficiency in fulfilling the functions in relation to the total system.

An addition to it a study conducted by Ghosh, (2006) reported gender differences in genesis of heart problems and found that even “non – invasive diagnostic methods which often confirm the diagnosis and assess disease severity in men are less reliable in women. Women’s Ischemia Syndrome Evaluation or WISE, says
the pathophysiology of heart problem in women is often completely different from men.

So the matter of interest is to know, gender difference exists in the quality of life as a result of multiplicity of social roles by experiencing role conflict, social support and job involvement differently.

The medical couples, were incorporated in the sample due to the reason of their similar socio–familial background (family setup, assigned duties and responsibilities, level of social roles, socio-economic status and number of children etc.). So the present investigator has been instigated by the need of the time to attend the gender based issue of assessing quality of life of health care professionals in relation to their social roles.

The present study was carried out with three objectives:

1. To establish the relationship between social roles, role conflict, social support, job involvement with quality of life of male and female health care professionals (doctors) in public and private set up.
2. To identify the predictors of quality of life of health care professionals.

3. To study the impact of social roles, gender and type of job (public and private) on role conflict, social support, job involvement and quality of life.

For the accomplishment of these objectives, the following hypotheses were formulated:

1. Variation in the relationship between quality of life and the level of social roles would be mediated by role conflict, social support and job involvement of health care professionals.

2. This relationship between social roles and quality of life would differ across the gender and type of job.

3. Predictors of quality of life of health care professionals would be gender specific.

4. Increase in the level of social roles would adversely affect the quality of life.

5. Quality of life of male health care professionals (doctors) would be better than females.
6. Quality of life of health care professionals would be same irrespective of type of job (public/private).

With the purpose of testing these hypotheses, we may now pass on to the next chapter dealing with the design and methodology.