Summary
SUMMARY

Whether out of convenience, conviction or tradition Indian society over the centuries has been “unfair” to the fair sex. Woman has not been allowed to develop self-confidence and it is so, because before marriage the fair sex is under the thumb of patriarch and after wedding the awe of her husband and father-in-law. Position of women has undergone a lot of changes from the pre-vedic to the modern times.

“Home as a haven” theory no longer seems to be true for today’s Indian woman as she is going out of house to work. With the advancement of female education and more liberty for rights and privileges, women’s attitude towards their stereotyped role is changing and their participation in the work force is increasing day by day. As Wright (1978) aptly points out, work is an alienating force in the lives of men, but it is somehow transformed into a liberating force in the lives of women. It is assumed that any sort of paid employment is preferable to full time housewifery.
The entry of women into paid employment arise not only same physical and emotional hazards of work environment as men, but also arise pressures created by multiple role demands and conflicting expectations. She has to play a role of daughter in law, mother and as an employee of the institution.

Due to this transformation typical gender role of men and women has under gone a big change. Employed woman has less time to do family work, so their husbands take-up the slack and do more housework and child care. Since the problems and difficulties of both men and women are multidimensional, imbalance between gendered roles set by the prior norms, they need further to be probed into. Thus the following three objectives were carried out:

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).
For the objective of establishing the relationship between social roles, social support, role conflict, job involvement with quality of life of male and female health care professionals (doctors) in public and private setup, a correlational design was used.

Further, a $3 \times 2 \times 2$ factorial design was used to have a closer look into the net effect of social familial roles (unmarried, married, married with children), gender (male, female) nature of job (private, public), and their interactive effects on different dependent measures – Role conflict, social support, job involvement, and quality of life.

The sample (N=300) consisted of 150 male and 150 female doctors (MBBS/MD) between 25 to 45 years of age, married (couples) employed in Government (PGIMS & Civil Hospital) and Private hospitals was selected on the basis of purposive sampling technique. These health care professionals were further divided into three categories on the basis of their social roles i.e. unmarried, married and married with children. Twelve groups depending upon the number of social roles, gender and nature of job (n=25) were made. They were tested on role conflict scale, social support scale, job involvement scale and WHO QOL - BREF.
Inter-correlations were computed amongst these variables followed by multiple regression analyses (step-wise). The results were also statistically analyzed by using three-way analysis of variance followed by Duncan’s Range Test and tests of simple effects for investigating the main and the interactive effects.

Analyses revealed that the male and female differed significantly on all the dependent variables. Social roles have significant effect on quality of life. Public and private doctors differed significantly on dependent variables. There was significant interactive effect of social roles, gender on role conflict and quality of life. Regression analysis showed that role conflict, social support, level of social roles, job involvement, type of job had significant contribution on the quality of life.

In the light of significant correlational and F values the results may be summarized as male doctors enjoy better quality of life than their female partners. But the increase in their number of social roles leads to poor quality of life. Further the doctors in public service enjoyed better quality of life than their counterparts in the private practice. These results can be explained in the light of experienced
role conflict, degree of job involvement and social support. Since the male doctors experienced less role conflict, getting significant social support and high degree of job involvement, so they enjoy good quality of life at different levels of social roles. On the contrary, the female doctors experienced more role conflict, less social support, lesser degree of job involvement resulting in their poor quality of life at the different levels of social roles.

On the other hand, the doctors working in public set up experienced less role conflict, normal degree of job involvement with more social support resulting in their better quality of life at different levels of social roles than private practitioners who experienced more role conflict, lesser social support and almost same job involvement.

The differential impact of multiple social roles, on the quality of life of male and female health care professionals is being moderated by the role conflict, job involvement and the social support.

The statistical findings are that the significant predictors of quality of life of male and female health care professionals were found to be different. For males, the significant predictors were the job involvement and social support. On the other hand, for females
the significant predictors were role conflict, social support, level of social roles and type of job.

In this way, out of six hypotheses five have been supported and verified by the present findings.