REVIEW OF LITERATURE
INTRODUCTION

Educational achievement of students demands urgent attention to attain their goals. A numerous researches have been conducted to contribute to determine the predictors of educational success of college students. A research work always takes the advantages of the information and the knowledge that had been accumulated in the past as a result of constant research Endeavour by mankind. Research can never be undertaken in the isolation of the work that has already been done on the problems related to the study propose by any researcher. Every researcher reviewed the related literature from the different resources that includes research journal, articles, books, magazines, encyclopedias, dissertations, abstracts, international year books, theses and most important in the present era the internet access. The detailed account of review of related literature pertaining to variables under study, namely academic achievement, parental encouragement, achievement motivation and intelligence is presented here under. A number of studies have been carried out covering various aspects of student physician a sociological analysis In this section, a sincere attempt has been made to carry out the renew of literature concerning the present research topic.

SOCIO-ECONOMIC CONDITIONS OF PHYSICIAN

Malhotra, (1972) They review the many ways that socio-economic conditions can be measured and suggest that researchers should pay attention to the process in which socio-economic conditions occurs. The frequently used Gender Socio-economic conditions Measure is a composite measure of gender inequality in three key areas namely political participation and decision-making, socio-economic conditions participation
and decision-making, and power over socio-economic conditions resources of medical students.

**Boender, (1973)** another viewpoint is those students socio-economic conditions can be measured by factors contributing to each of the following: their personal, socio-economic conditions, familial, and political socio-economic conditions. Household and interfamilial relations have been included here as it is a central locus of women’s socio-economic conditions in India. And by including the political, it is posited that student’s socio-economic conditions measures should include women’s participation in systemic transformation by engaging in political action.

**Sen and Grown, (1973)** whether a college student’s lives in a joint family or where she is a mother in law, or if she lives in nuclear family structure. All will have an impact on her autonomy. In a joint family she is likely to have less autonomy than in a nuclear family structure. Education has been argued as one of the indicators of medical students socio-economic conditions indeed, any of the variables that have traditionally been used as proxies for socio-economic conditions, such as education and employment, are better described as sources of socio-economic conditions.

**Kishor (1974)** Socio-economic conditions include cognitive and psychological elements, such as a medical student's understanding of her condition of subordination and the causes of such conditions. This requires an understanding of the self and the cultural and social expectations, which may be enabled by education.

**Balaji (1978)** found that gender disparity at all levels and its adverse impact on college students has become a face of life. This is partly due to biological role and responsibilities of students but mostly due to traditional mindset, which visualize students as a child bearer and
homemaker and men as breadwinners. In the 21st century, depression has become so widespread that it has been called "common-cold" of mental illness. It involves the feeling of extreme sadness and dejection. Person who suffers from depression has depressed mood or loss of interest in pleasurable activities, feeling of fatigue, loss of energy, insomnia, decreased appetite, psychomotor retardation, and feeling of guilt and thoughts of death.

A study conducted by Dr. Baljit Singh (1978) in the year 1955 titled “A report on Unemployment in the city of Lucknow” focused upon the incidence of unemployment, the unemployed men and women, the cases of unemployment and the time–spells of unemployment. The sample of the study included a total of 20,666 families. The study pointed out that the unemployed: earner ratio existed roughly at 1 to 10 that is for every ten earners there was one unemployed. The incidence of absolute unemployment as reported in the study came to be at 10.36% of earner and 0.25% per family. On an average there was one unemployed person in every four families in the city. Applying these ratios to the Lucknow city population as a whole, the study concluded that there were less than 22,660 absolutely unemployed people in the city towards the beginning of the year in 1954 and therefore absolute unemployment affected more than 22,000 families. According to this survey, nearly one-fifth of the unemployed persons were women while unemployed men comprised a little more than four-fifths of the total. Their age wise break up revealed an interesting contrast, via, the proportion of unemployed women declines with advancement in age so that in the last age group of 40 years and above their proportion is no more than 9% as compared to 22% in the younger age-groups. Of the total unemployed men, nearly 46% were above the age of 25 years and as many as 30% were of 31 years and more. The proportion of women of these age-groups among the unemployed fell to 30% and 20% respectively. One of the most important findings of the present survey was
that women should work if it was necessitated by socio-economic conditions of the family.

An attempt by Lorraine D. Eyde (1978)\textsuperscript{7} to predict the work motivation of students fielded a Work Value Scale which had a wider application than originally anticipated. Eyde’s Scale has a hierarchy of six work values, which are identifiable psychological needs: (1) dominance recognition (2) socio-economic conditions (3) independence (4) interesting activity (5) mastery achievement and (6) social. The research was able to demonstrate that the overall work motivation of college seniors was not significantly different from that of alumnae of 5 years.

John C. Flanagan (1980)\textsuperscript{8} director of project ‘Talent’, concluded that, “Far from being excellent the education given to our nation’s students is not even adequate to prepare them for effectiveness in appropriate occupations, as responsible citizens or as parents”. The result of Flanagan’s study indicates that “students on entering high-school do about as well as, or slightly better than, boys on such tests as arithmetic reasoning, abstract reasoning, reading, comprehension and creativity.” Educators are increasingly accepting an important role in the social and socio-economic conditions system of the country. As a result, society is making increasing demands upon the schools to provide the necessary skilled manpower for the future.

Coleman (1980)\textsuperscript{9} has stated that “the school is an institution designed by the adult society to transmit its values and skills to medical students”. The effectiveness of this transmission has been questioned for the population as a whole, but for girls in particular. The book titled ‘The Cause of Graduate Unemployment in India’
Mark Blaug (1981)\textsuperscript{10} has addressed towards the problems of educated in India. The study was undertaken as part of a joint project on manpower and educational planning in India by the ‘Higher Education Research Unit’ at the London School of Socio-economic conditions and the ‘New Delhi Planning Unit’ of the Indian Statistical Institute. Analyzing the data in different ten chapters, the study presented measures of dealing with the problem of educated hawkers. The authors have come out with their concluding remarks on the theme, such as ‘Causes of Educated Unemployment’, the falling quality of education and controlling the supply of educated people. Commenting upon the diagnosis of educated unemployment in India the study remarks: The Causes of Educated Unemployment in India run deep in the functioning of the Indian Hawkers Market, the hiring prices of the government, the institution of joint family, and the personal values of education in Indians.

A study entitled Women and Families’, edited by Karen Wolk Fenistein (1981)\textsuperscript{11} speaks of problems revolving around women’s employment–problems which are due to inability or unwillingness of major social institutions to respond to the changes in women’s work roles. Providing information for women studies at the college level, the study presents a vivid account of the nature of discriminatory practices in employment structure at the national level.

S.M. Dubey\textsuperscript{12} has touched upon the sensitive issue of social mobility among the professionals engaged in health care activities in his treatise entitled “Social Mobility among professionals”. The results of his observations revealed that there is highest degree of spatial mobility among the doctors. He has also stated that most of doctors come from such families whose parents were engaged in white collar occupations.
Murali Manohar and Rameshwaram G\textsuperscript{13} in their article “Why Medicos dislike serving in villages? Have pointed out the reasons for the medico are not willing to serve in villages. The main reasons for his are urban culture and more utilization of indigenous medical facilities and their integration with modern medicine. They advocated for appointment of village health workers on the lines of China's barefoot doctors.

Parikh, M.D.\textsuperscript{14} in his book “Need for an Integrated System of Medicines and A Proposal for its Attainment” Opinions that some needs for various systems of medicine in the best interests of the all concerned. They felt that it is not difficult to achieve integration because of existence of certain similarities among the prevalent systems of medicines. They pleaded that the adherents of various systems must sink their differences of strive to develop an integrated system of medicine.

K.N. Rao\textsuperscript{15} has explained in his book that the health of Indian people depends on three main factors namely; the standard of life the standard of education and the organization of public health services. He felt that the aim should be organization of a comprehensive health service to meet the needs of the people. All health workers, whether governmental, voluntary or private, should work for a common objective namely; the health and well – being of the nation. The Department of Public Health and Medicine should form a single unitary agency and function with the cooperation of the entire medical profession and voluntary agencies to advance this objective.

Sethi\textsuperscript{16} in his article “Health and Development” has identified the problem areas in the sphere of health as: low priority for health, poor health consciousness and the poor made to pay for the rich. He is also opinion that inequity health structure and insignificant global commitments. He advocated for decentralized health care and national focus for health programmers.
Shah and Hasan A.M\textsuperscript{17} in their article “Role of Sociology in Medical Education and Research” have observed that in Indian context any study of the medical problems should begin with the thorough understanding of the socio-cultural factors which determine the views of the masses towards health, disease and treatment.

Srinivasan\textsuperscript{18} in his article entitled “How Adequate are our Health care Services” has touched that health-care is one of the most important of all human endeavors to improve the quality life of the people and he found that the inadequacy of the health care services.

Venkataratnam\textsuperscript{19} in his book-“Medical and Sociological in Indian setting” has given serious attention to find out role of doctors and nurses in the hospitals in terms of their prescription and studied their problems and performance mainly from the sociological angles.

Virmani\textsuperscript{20} in his article has focused on various aspects of female health workers, job profile, personnel and administrative policies having a bearing on their performance and their acceptance by the community. To improve the performance standards of the health workers, he suggested for modification of existing personnel policies.

Jihyun Lee and Valerie J. Shute (2010)\textsuperscript{21} Our extensive literature review in the field of educational, social, and cognitive psychology has led us to identify about a dozen variables that demonstrate direct empirical links to academic achievement at the K–12 level. Those variables are grouped into four major categories: student engagement, learning strategies, school climate, and social-familial influences. We then categorize the two variables as personal factors and the latter two as social-contextual factors. We document empirical finding that have shown particular relationships
between the reviewed personal and social-contextual factors and academic achievement, mainly in the areas of reading and mathematics. Based on our conceptualization, we propose an integrated perspective that students’ personal factors in the domains of behavior, affect, attitude, and cognition as well as their social-contextual environment have to work in concert to produce optimal school performance. We conclude with a discussion on educational implications and future research to be addressed.

Jagpreet Kaur, J.S.Rana and Rupinder Kaur (2009)²² The present study is an attempt to explore academic achievement and home environment as correlates of self-concept in a sample of 300 adolescents. The results of the study revealed self-concept to be positively correlated with academic achievement, though not significantly so. A significantly positive relationship of home environment component s of protectiveness, conformity, reward, and nurturance with self - concept is revealed, thereby meaning that use of rewards and nurturance from parents should be done for positive self-concept development among adolescents. However, the correlation of social isolation, deprivation of privileges and rejection components of home environment is significantly negative with self-concept among adolescents indicating that for positive self concept development among adolescents, there should be less or no use of social isolation, deprivation of privileges and rejection. The study has implications for educationists and parents as well.

Aditi, N.F. (1986)²³ this study focused on two aspects of family socio-economy, that is, mother’s and father’s educational level and reading materials in the home. Four-hundred thirty five students from three secondary schools in a district in Kedah were involved in this case study. The findings of this study support previous studies where both parents’ level of education and reading materials available in the home were related
to children’s academic achievement. Findings are discussed and suggestions for further study are forwarded.

**Mil Fellow, (2007)** this project explored the role of students’ emotions in academic settings through the development and implementation of classroom lessons in bioethical dilemmas. The following general research questions were addressed: (1) what role do academic emotions play in student learning? (2) What is the effect of students’ existing beliefs on the academic emotions they experience when faced with controversial subject matter in biology? (3) Can lessons in bioethical dilemmas be used to promote student engagement and critical thinking? (4) Can lessons in bioethical dilemmas be used to help students learn biological concepts?

Students in an introductory cell biology class were coached how to think critically. They completed two surveys, one to assess their beliefs about the appropriate use of biotechnology, and another to assess the emotions they experienced before, during, and after two assignments, one that did not contain controversial subject matter and one assignment about a bioethical dilemma. Observations were made about the students’ level of engagement and use of critical thinking skills during both assignments. Data from the questionnaires were analyzed to compare the emotions experienced during each type of assignment and the effect of students’ pre-existing beliefs on their academic emotions. Results suggest that controversial subject matter evokes higher degree of negative academic emotions while at the same time contributes to greater student engagement. Results also suggest that students’ existing beliefs can play a role in their level of engagement and can affect their ability to think critically. Further, the study results indicate that lessons in bioethical dilemmas can promote student engagement and critical thinking as well as a deeper understanding of biological concepts.

Academic Emotions Academic Emotions in Student Achievement: Promoting Engagement and Critical Thinking through Lessons in Bioethical Dilemmas
Advani, Mohan. (1984)\textsuperscript{25} found that women were apprised in all spheres of life which were fairly visible in education, resource distribution health and environment respect and recognition, solidarity education was one of the most important factors which could promote socio-economic status of women.

Singh (2008)\textsuperscript{26} found that teacher education influenced the rate structure and character of socio-economic equality. He revealed that increasing job opportunities accelerated rate of rural urban migration and facilitating development related motivations of education system. The study concluded that poor teacher effectively denied that educational opportunities than the educational system can actually perpetuate and even increase inequality.

Ashsid (2013)\textsuperscript{27} Concludes that high socio-economic status accounts for higher achievement in mathematical concepts and low socio-economic status for low achievement in them. Found that individual taste for different areas of vocational interest. They observed that average and low social-economic status students did not differ significantly in the area of vocational interest and also found that a medium the strong SES achievement relation. The relation however is moderated by the unit the source the range of SES variable and the type of SES achievement measure. The relation is also contingent upon school level minority status and school location. The results showed a slight decrease in the average correlation.

Selcuk R. Sirin (2003)\textsuperscript{28} showed a medium of strong SES achievement relation. The relation however is moderated by the unit the source the range of SES variable and the type of SES achievement measure. The relation is also contingent upon school level minority status and school location. The author condition a replica of white meta-analysis to see
whether the SES achievement correlation had changed since white’s initial review was published. The results showed a slight decrease in the average correlation. Practical implications for future research and policy are discussed. Found no significant relationship b/w delinquent status. Those of the Nye study thus those theories of delinquent amount of delinquent behavior in the lower socio-economic level are again met with empirical contradictions, this time in a large city.

Marianne and Kristina (2009) studies the reported discrepancies in cause of specific mortality among group of individual with the different socio economic status. However most of the studies were limited by the specificity of the investigated population and the broad definitions of the cause of death. The aim of the present population based study was to explore the dependence of disease specific mortalities on the socio-economic status in Sweden, a country with Universal health care; another aim was to investigate possible gender differences. From the above discussion we can easily conclude that, socio economic status of the students is a very important aspect in the teaching learning process and is a major factor which influences the level of Achievement of the students in the modern society. That’s why the Researchers from different walk of life and stream took a keen interest from long time ago. For better understanding of the conceptual and theoretical framework of the study the investigator tries to explore the research conducted in the past few years on socio economic status and Academic Achievement.

Chisholm A and Askham J (2006) in his study family background and socioeconomic status. Concludes in his study that Family background is key to students" life and outside of school is the most important influence on the student learning and includes factors such as socio-economic status two parents versus single parent households, divorce, parenting practices and aspirations, maternal characteristics, family size and neighborhood. The
environment at home is a primary socialization agent and influences a child's interest in school and aspiration for the future. At last to conclude we can safely say that both the variables socio-economic status and academic achievement are important areas to explore for finding out the hidden attributes in educational practices.

Cohen-Cole SA, Friedman CP (1982)\textsuperscript{31} observed in a study of medical students at the University of Pennsylvania that the more frequent the contact with a physician, the easier it was to form the idea of becoming of physician. Of those students with a physician father, 74 percent had made a decision to go to medical school before the age of fourteen. For medical students with either a distant relative as a physician or no family relationship to a physician, the percentage indicating a career decision under the age of fourteen was 52 percent and 40 percent respectively. Such findings support Oswald Hall’s (1948) contention that the decision to study medicine is largely social in character that is, it originates in a social group that is able to generate and nurture the medical ambition.

Crosson F.J. (2003)\textsuperscript{32} in his study “Medical Student: Doctor in the Making”, focused primarily on the search for the ideal medical student, the decision to become a doctor and the woman medical students and analyzed the career orientations and the quality of working life among Medical Interns and Residents. The findings demonstrate the need to take into account how MDs assess their personal and work environments during postgraduate training in order to understand more adequately the process and outcomes of career choice.

An attempt is also made by David Arnold (2000)\textsuperscript{33} to assess past and current trends that appear to be de-professionalization the American medical profession through undermining its monopolization of knowledge, work autonomy, and practitioner authority. The study indicates that, computer technology, the public’s rising educational level, patient’s
willingness to question medical authority and the growth of group practice, peer review and cost containment measures have all affected these aspects of the profession.

**Department of Health (2001)** in his recent study conceptualized the terms ‘status liability’ and examined it in terms of diverse medical specialties to determine whether status differences among specialists produce different public reaction to deviance. Findings reveal that, the surgeon defendant yielded significantly harsher homicide verdicts and significantly milder fraud sanctions compared to the dermatologist defendant.

**Donaldson L (2001)** have interpreted the process de-professionalization in medical practice. They have pointed out some contributing factors to this phenomenon, such as social changes in medical school admission policies, increased state intervention in health care, higher costs and subsequent demands for cost-effective medicine and technology and mechanization. Further, they have also made the medical practitioners, in the present situation, partly responsible for their increased specialization which leads to decreased devotion to the treatment of patient as a whole, and their reduced working hours to accommodate other interests.

**Lilian R (2000)** in her book skillfully combining a historical survey with short literary excerpts; this anthology challenges previous accounts that depict changes in nineteenth-century medical practice mirroring the scientific innovation and discovery of the period. First adeptly demonstrates the rich complexity of medical progress. Her varied selections provide glimpses into professional ethics, into both rural and urban practice, into the laboratory, and into medical training in the United States and abroad. This anthology has three major sections: a lengthy historical introduction, literary excerpts paired with corresponding explanatory notes,
and a list of further reading. First criticizes accounts that depict the "advance of medicine as a triumphal conquest of disease held back only temporarily by occasional setbacks" but her own historical summary often follows this model. She relies on the literary excerpts to show a more complicated medical sphere. This opening section should be used as a helpful reference tool, but not as a substitute for a more complete and nuanced introduction to the history of nineteenth-century medicine and science.

TEACHER-STUDENT RELATIONSHIP

Teacher student relationship has been reported as a key component of classroom climate. High quality teacher student relationship facilities academic motivation, school engagement, academic success, self esteem, and more general social emotional well being.

Midgley & Urban, (1996) Teachers who trust, care about, and are respectful of students have been reported to provide the social emotional well being which rises academic performance. Teacher support has been found to predict adherence of students to classroom norms. Numerous studies have revealed that a strong relationship produces students who have greater sense of belonging, feel more secure and more likely to ask questions. A caring relationship from the teachers and support for students' autonomy increases motivation and self regulation in students. This, in turn, improves learning and success among students.

Allington, R.L. and Johnston, P.H. (2000) has found that supportive teacher student relationship promotes social and emotional health of early adolescents with disabilities. Achievement of students also improves when students are intrinsically motivated and when teachers are supportive of autonomy. Good teacher student relationship has been noted to establish and maintain not only secure foundations, but also the
emotional space necessary for students to explore the relevance of academic information and its application within their own lives, ultimately enhancing their academic achievement, learning, and success. A growing body of research suggests that strong student-teacher relationship, characterized by caring and high expectations for students’ success, may be primitive of universal benefits, such as academic achievement and progress in students.

Klem and Connel (2004)\textsuperscript{39} carried out a longitudinal study to investigate teacher support to students’ engagement and achievement. Their results revealed that students who perceived their teachers as creating well structured learning environment, in which expectations were high, clear and fair, were likely to report engagement in school. In turn, high levels of engagement were associated with higher attendance and test scores. Good teacher-student communication has also been known to promote effective learning and in a study on the role of psychosocial factors as a predictor of educational outcome among adolescents, found that teacher support was associated with improvement of academic performance among white students. in their study, also found that interactions of teachers with students predicted students’ behavior and emotional engagement in the class room. Certain aspects of observed teacher behavior, viz., high expectations regarding students and proper management of time and resource, correlate highly with good classroom climate, which in turn facilitates high achievement among students.

Anyalewechi (1994)\textsuperscript{40} observes that a good teacher bears a striking resemblance to a good parent and that schools in which teachers are supportive, and at same time, remained firm and maintained well defined standards for behavior, had fewer problems, higher rate of attendance, lower rates of delinquency, and higher scores on tests and achievements.
Manning and Saddlemire (1996)\textsuperscript{41} asserts that trust, respect, mutual obligation and concern for others welfare can have a powerful effect on the interpersonal relationship and academic achievement of learners as well as overall progress of the school. Adolescents who characterized their teachers as caring and respectful, and peer as helpful were more likely to participate in class and complete their homework.

Bajar (1985)\textsuperscript{42} in their National longitudinal study on adolescent health, found that initiation of many adolescents risk behaviors, including emotional stress, suicide ideation, violence and early sexual activity, was linked to poor connections to schools, specifically poor relationships with the teachers.

Bandura (1997)\textsuperscript{43} observes that teachers who regard their students as capable of high scholastic attainment set challenging academic standards for them and reward behaviors conducive to intellectual development. It may be worthwhile to note here that high standards in itself will not accomplish much and can actually be demoralizing, unless learning activities are structured and conducted in ways that ensure they will be mastered.

Blalock, R.E. (1985)\textsuperscript{44} had noted that effective teachers are also good classroom managers. Their classroom runs smoothly and disruptions are minimal. Good teachers seem to know when to allow some minor off-task behavior to go without interventions and also when to intervene before minor disruptions develop into major ones. In this way, effective teachers maintain good control of their classes. Effective teachers establish responsible limits which are seen as necessary for the classroom to function such teachers tend to emphasize compliance with the rules and reinforce those positive behaviors verbally and nonverbally.
Ingersoll and Cross (1991)\textsuperscript{45} reports that effective teachers monitor students for signs of potential disruption. Effective teaching and mentoring helps students to explore their world with a sense of trust and autonomy towards the ultimate goal of fully intrinsic self regulation and improved academic achievement and success.

Brown, O.M. (2001)\textsuperscript{46} who studied junior high school students, found that class disruptions were likely when there was a mismatch in teacher behavior and students' expectations of teacher behavior. In lower classes, the disruptions were related to the teacher ability to keep order in the class, while in higher classes, students' challenges to teacher authority were focused on teacher’s mastery or lack of mastery of the content matter. Also, when students see teachers as not in charge, or as not possessing authority, they feel justified in disrupting the class. Teachers need to provide guidance and assistance when social emotional or academic problems arise. This role is especially important for promoting developmental competence, when conditions in the family or neighborhood cannot or do not provide such support.

Rutter (1983)\textsuperscript{47} observes that being an effective teacher entails two distinct processes, viz., gaining and maintaining students' attention and instructing students in the subject matter. He further notes that students perform better when their teachers spend a high proportion of time on lesson (rather than on setting up equipment or dealing with disciplinary problems), begin and end their lessons on time, communicate to the students what is expected of them, and give ample praise to them when they perform well.

Cheung, H.Y. (2000)\textsuperscript{48} observed that when teacher questioning and information giving in the classroom are balanced, students are involved more actively in the process of learning. Notes that a teacher who is a good
lecturer will not be an effective teacher if he/she lacks classroom management skills. Managing a classroom effectively entails more than merely knowing how to discipline students once they become unruly.

**Sternberg (1985)**\(^{49}\) observes that maintaining students’ attention depends on having well organized lesson plans, teaching in a way that involves and engages the whole class, and using creative and innovative approaches to instruction.

**Coutts, D. (1997)**\(^{50}\) notes that with supportive guidance, all students can achieve high mastery. Some simply take longer and require more help than others. Extensive interactional instruction saves slower learners from falling further and further behind and becoming demoralized. Numerous studies have indicated that positive teacher student relationship lead to increased academic performance of the students, whereas negative teacher student relationship result in decreased motivation, self regulation, and autonomy and ultimately lower performance.

**Barch, (2004)**\(^{51}\) Lack of friendliness or interest in students’ performance is often cited as a major weakness of poor instructors. Some individuals consciously or unconsciously adopt a condescending or stay away attitude towards students. Teacher-student conflict has been observed to decrease student attachment to school while closeness positively relates to school bonding and academic achievement also report that teacher-student conflict can increase students school avoidance among students and decrease students liking of school and levels of cooperation in the classroom.

**Mujtaka, T. (2007)**\(^{52}\) observes that teaching is more than making information available; interacting with the material and with an expert in the discipline is more likely to encourage students learning. Students and
teachers have been known to be more satisfied in innovative, rather than control oriented classes and the classes. that combine a moderate degree of structure with high student involvement and high teacher support.

**Sternberg, (1995)** Teachers who are demanding, challenging, and somehow critical of inferior work, are more successful with higher ability students, whereas teachers who are relatively more supportive, warmer and more encouraging are more successful with students of low academic ability. It has also been observed that teachers who spend too much time disciplining a few students who misbehave run the risk of losing the interest of the rest of the class, especially in junior high school classrooms, where young adolescents may not yet have developed a high level of self control in the absence of guidelines from adults.

**Dharam, Raja, D.W. and Thiagarajan, A.P. (1998)** points out that an excessively autocratic and controlling orientation leads to students alienation and resentment among students, which in turn may result in lack of cooperation between students and teachers. Report that teacher absenteeism and lateness may result in failure to complete the syllabus, which in turn, may affect the motivation, enthusiasm, and commitment to learn among the students. In the absence of encouraging atmosphere, students generally lose interest in their studies, and in such a situation, their courses of study become difficult for them.
PROFESSIONALIZATION OF THE PHYSICIANS

Roy Porter (2005)\textsuperscript{55} in his book titled ‘Orthodox and Alternative Medicine: Politics, Professionalization and Health Care,’ the book explores the changing relationship between orthodox and alternative medicine in Britain and the United States from the sixteenth century to the present day. Mike Saks sees the development of orthodox and alternative medicine as two sides of the same coin and his analysis centers on the role of professionalization in health care. In the sixteenth century, the line between orthodox and alternative medicine was blurred. By the nineteenth and twentieth centuries, the increasing professionalization of orthodox biomedicine had marginalized medical alternatives. In recent years, following the growth of a strong counter-culture in the 1960s and 1970s, perceptions of the relationship between the two forms of practice have begun to change again. The de-professionalization of orthodox medicine is being debated, while ironically, alternative medicine has become increasingly professionalized. Mike Saks considers the political dynamics of the process of professionalization, and looks at the dilemmas posed for both medical orthodoxy and alternative medicine in the development of a more integrated health care system in Britain and the United States in the future.

Reeves S and Lewin S. (2004)\textsuperscript{56} in their research paper on case study titled ‘In the general hospital: A doctor's ‘perception survey,’’ studies on the Psychosocial factors play an important role in the clinical practice in the general hospital. The main objective of this study is to evaluate the relevance assigned by non-psychiatric physicians who work in a teaching general hospital, to psychosocial factors in the context of their day-to-day clinical practice, and the coping strategies they adopt to deal with them. A second objective is to assess the evaluation of the Consultation-Liaison (C-L) service in a teaching hospital. The method of questionnaire about perception of psychosocial factors in the general hospital (1) was adapted. Our questionnaire consists of 3 sections. A first section gathers socio-
demographic information of surveyed physicians; a second section evaluates the relevance assigned by non-psychiatric physicians to psychosocial factors, and their coping strategies, and finally, a third new section designed to provide an evaluation of our C-Lunit service provision by non-psychiatric physicians. The results of their study and survey reveals that the total of 219 non specialty physicians responding to the survey, 35.5% stated they had adequate knowledge of psychiatric disorders, 87.3% considered that psychosocial factors influence the origin and prognosis of physical illnesses and 99.5% considered that social and emotional aspects play an important role in their clinical practice. 79.6% considered psychiatrists to be essential for the care of hospitalized patients. Statistical significance was set at 5%. They concluded and highlights in their paper is that the relevance attributed to psychosocial factors in clinical practice and the importance assigned to the C-L services by non-specialty physicians of a teaching general hospital.

Rajgopalan, C (1987)\textsuperscript{57} in his paper explained the responsibilities and ethics of the doctors in their professional working lives can assume a number of different roles where patients are involved, such as: a therapeutic or healer’s role as treating doctor to a patient; a forensic role in conducting medical procedures such as pre-employment medical examinations, certification of death or even certification of sickness (often called the medical certificate or MC); a role as scientist when involved in conducting clinical/medical research involving human subjects; and a role as educator when teaching medical students and trainees about clinical skills on patients. Further the author reveals the responsibilities of the doctor is expected to be truthful, objective, impartial and trustworthy when performing the duties as an independent medical examiner, writing medical reports and when completing or signing medical certificates and other documents. The doctor is expected to exercise due diligence, professional competence and skill to make sure that any documents written or signed are
not false or misleading. This means that reasonable steps should be taken to verify the information in the documents and that relevant information is not deliberately left out. Doctors who are required to be medical examiners in difficult and complex medical work like medical experts must undergo special training and acquire appropriate skills. Where there is doubt or concern about her duties and responsibilities as a medical examiner, the doctor is expected to seek advice and guidance from appropriately trained senior colleagues, medical defense organizations or professional associations. In carrying out the duties of a medical examiner, the professional ethical principles of respect for persons (respect for autonomy and welfare), confidentiality, informed consent, professional competence, avoidance of conflicts of interest and veracity are to be upheld. False or inappropriate declarations, and any failure or neglect of professional responsibilities would lead to serious legal, ethical and professional repercussions.

Rooda LA, Nardi DA (1999) reviewed a book on ‘This side of Doctoring: Reflections from Women in Medicine’ which is an anthology of stories, poems, essays and quotations interwoven like a quilt to capture the essence of being 'a woman and a doctor' in America. It tries to reflect the sentiments of more than 140 contributors, who besides being women doctors are also daughters, wives, mothers, teachers, students and community leaders-each role demanding a fair degree of skill and expertise. Medical literature and stories about doctors have remained predominantly male-centric. Written sensitively and from the heart, there are a variety of contributions in this book that reflect the trials, tribulations, delight and distress those women physicians in America faced and continue to face. Eliza Lo Chin (the editor) begins with a historical perspective on how women who have been caregivers and healers for a long time began their formal foray into medical institutions in the nineteenth century, in the face of hostility, rejection and societal disapproval. She charts the progress to
today, when more and more women are entering the realms of medicine—a recent American Medical Association (AMA) report states that for the first time women applicants (50.8%) outnumbered men in applying to US medical schools in the 2003-2004 academic year, signifying a milestone. Eliza strikes a cautious note though, when she highlights a recent study among female physicians, which quotes a surprising 31% respondents as saying they might not choose the same career path again. Predictors influencing this decision included high work stress, history of harassment, increased family responsibilities and lack of job autonomy. In today's rapidly changing world, this book attempts to portray how women balance a tiring and demanding profession with the pressures of family life. Overall, this experiential sharing is honest and direct, revealing the various facets of the personalities and lives of these extraordinary medical professionals. It would be worthwhile if a similar exercise was attempted in India to portray the lives of women in medicine; the addition of a historical perspective would help in the understanding.

Diane Sofrance (2012) in their study of doctors profession in the medical profession within the next decade, you're not alone. Thirty-four percent of current physicians polled by healthcare staffing company Jackson Healthcare say they will leave the profession within 10 years. The company surveyed more than 2,000 doctors to measure practice trends and attitudes. General practitioners most likely to give up medicine include family practitioners, general surgeons, emergency medicine physicians, and obstetricians/gynecologists. Of the doctors surveyed, 16% said they would work part-time, retire, leave the profession, or consider getting out of medicine this year, and 55% of those who said so are younger than age 55. Doctors saying they will leave the profession cited economic reasons (56%) and healthcare reform (51%) as the biggest culprits. Other factors included feeling burned out, making a career change, reaching retirement age, or taking early retirement.
The trend means “a real health care access problem” for an aging population of patients with major health problems on the horizon, says Richard L. Jackson, chairman and chief executive officer of Jackson Healthcare. “Physicians are retiring in large numbers just as baby boomers are starting to turn 65.” Although the survey was conducted before the U.S. Supreme Court announced a ruling on the Affordable Care Act (ACA), 55% of the physicians asked said the ACA should be repealed, and 31% said the law does not do enough to address the cost and access issues Americans face although they believe that a single-payer system could. In addition, 61% said the ACA would not improve the quality of healthcare, although 54% said the new law would provide patients with better access to healthcare. Of the medical practices surveyed, 82% currently treat Medicare patients, and 74% currently treat Medicaid patients. New patients are being accepted by 82% of those asked. Family practitioners and internists are least likely to take on new Medicare patients. The reason is lower reimbursements. The survey also found that 74% of physician practices are not involved in an accountable care organization or Patient-Centered Medical Home, although 9% said they plan to join one this year.

Gardner R, (2009) the official stance of impaired physician programs, alcoholism, addiction, and psychiatric disorders are involuntary therefore; impaired doctors should not be blamed for their problems. Rehabilitation, rather than punishment and censure, is the remedy. Thus, a pamphlet distributed by the Medical Association of Georgia and titled, "Do You Know a Disabled Doctor?" states, "The committee views this abuse and addiction of alcohol and other drugs as an illness and deals with it non-judgmentally, non-punitively and therapeutically." Similarly, the Pennsylvania State Medical Society declares: "...impairment is not fundamentally a legal problem-or one that requires some disciplinary action. Impairment is a disease." The programs adopt a compassionate
nonjudgmental stance designed to protect the dignity and reputation of impaired doctors, and to get them into treatment as soon as possible. They offer sympathetic support and concrete assistance (treatment referrals, financial aid, and substitute coverage). The language chosen to express this identification is characteristic of the medical model. "Impairment" commonly connotes medical, non-culpable disability. Such slogans as "physician advocacy" and "brother' s keeper" evoke compassion, tolerance, and collegial help. So do the names of impaired physician programs—for example, "Committee on Assistance Program for Troubled Physicians" (Iowa), "Physicians Concerned Committee" (Maine), and "Physicians' Care Committee" (Oklahoma).

George B. Murgatroyd (2011)\textsuperscript{61} stated that infant/child mortality is not a simple function of the level of economic development, pace of economic growth or material prosperity. Proximate conditions having a direct bearing on infant and child mortality are such that they cannot be influenced through increases in income and purchasing power alone and are outside the market domain. The National Family Health Survey provides rich and variegated data which are useful for studying the early mortality in Orissa and provide a solid empirical foundation for further probing of certain questions such as accessibility and quality of a whole range of public goods and services which have a direct bearing on premature mortality.

According to Rohini Ghosh (2012)\textsuperscript{62} the countdown database to track the maternal and child survival rate, as set by the Millennium Development Goal, reported recently that India’s progress is not satisfactory in reducing newborn and child deaths. Articles on neonatal and child mortality in India were accessed from Pub Med/ MEDLINE. Risk factors associated with neonatal and child mortality were reviewed in three crucial phases of pregnancy, childbirth and postnatal period. The review
revealed economic disparity acts through various avenues of cultural belief and restrictions and is indirectly associated with care seeking behavior and utilization of health care, resulting in slow decline of child mortality rate in India. Secondly, cultural norms, practices, and beliefs are strongly associated with high neonatal mortality, contributing to the sluggish decline of overall child survival rate. Proximate determinants of child mortality, i.e., income, cultural behavior and beliefs, in multiplicity of Indian cultures, are closely associated with health seeking behavior, antenatal care, delivery practices and postnatal care of infants. It is concluded that apart from raising awareness among community leaders, family members responsible for care giving should be specially targeted for removal of hostile perceptions and barriers for improvement of child survival. Also there is need for developing new strategies for health education based on indigenous concerns, addressing socio-cultural barriers.
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