

Management of Role Conflict Among Female Doctors

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Abstract

Role conflict occur in situations which are so structured that an actor is required to fulfil simultaneously two or more roles that may present contradictory, or even mutually exclusive expectations. Role conflict is usually seen when a woman has to perform simultaneously the roles of a housewife and an employee. Her involvement in the profession outside home, may affect her relations with her husband ,children's and in-laws, in case the latter don't realize working woman's difficulties and expect her to do everything a housewife may do for the family .Attributes of an actor and the social milieu determines the degree of role conflict which one is likely to face .The main objective of this paper is to see whether the female doctors has evolved management pattern in their family, so as to strike a balance between their dual roles, and what are the factors to contribute the management in their families that arise due to the addition of their work role outside.

Keywords- Role conflict, Working woman, Management, Work role-conflict, Female doctors

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Introduction

Conflict resolution is a range of processes aimed at alleviating or eliminating sources of conflict. The term ‘conflict resolution’ is sometimes used interchangeably with the term dispute resolution. There are many tools available to individuals in conflict management. A way would be not to fight over it, no violence, only talking out the problem. How and when they are used depends on several factors (such as the specific issues at stake in the conflict and the cultural context of the disputants). The list of tools available to practitioners include negotiation, mediation, community building, advocacy, diplomacy, activism, non-violence, critical pedagogy, prayer and counselling. Conflict resolution as both a professional practice and academic field is highly sensitive to culture. (Bedian, A.G. & A. Cuberston, 1988)

“There is a certain endemic potentiality of role conflict inherent in the fact that any actor has a plurality of role, which involves differences of pattern.... . These differences have to be adjusted by an ordering or allocation of the claims of the different role-expectations to which the actor is subject. This ordering occurs by priority scales, by occasion, e.g. time and place, and by distribution among alters.... . This allocative ordering of any given actor’s role-system is often delicately balanced. Any serious alteration in one part of it may encroach on others and thus necessitate a whole series of adjustment.” This analysis as propounded by Parsons is useful in conflict management. (Parsons, 1970)

Women in multiple roles situations hence need to reduce the amount of conflict they experience by using coping strategies. Many researchers have studied role conflict (Holahan and Gilbert 1979³; Pleck et al. 1980⁴; Beutell and Greenhaus 1983⁵; Koppelman et al. 1983⁶; Cook and Rousseau 1984⁷; Good et al. 1990⁸; Duxbury and Higgins, 1991⁹; Gutek et al. 1991¹⁰; Higgins and Duxbury 1992¹¹, and coping behaviour (Hall 1972¹²; Beutell and Greenhaus 1983¹³; Gray 1983¹⁴; Alpert and Cubertson 1987¹⁵; Long 1989¹⁶; Skinner and McCubbin 1991¹⁷), especially focusing on women in Western cultures.

In the case of working women, a new additional role is added over to her existing roles as housewife and mother. Thus, she is subjected to plurality of role expectations which are mutually incompatible. Consequently, the delicate balance of her former familial role-system is disturbed. She is exposed to plurality of roles of different nature. This may lead to role conflict, until an equilibrium is restored between role expectations to which she is subjected. In the transitional stage, the working women is exposed to the conflicting sets of role expectations (Chakraborty, 1978).

Objective of The Study

The aim in this paper is to see whether the female doctors in Meerut city, has evolved management pattern in their family, so as to strike a balance between their dual roles, and what are the factors to contribute the management in their families that arise due to the addition of their work role outside ? So the discussion in the present survey centres around the factors of management in the family of the female doctors.

Methodology

The locale of the present study was Meerut city in the Meerut district of Uttar Pradesh. Meerut district is one of the most important districts in North-Western region of Uttar Pradesh.

The female doctors in the Meerut city constitute the universe of the present study. The 195 female doctors thus selected constituted the units of analysis for the present study.

Two types of data were collected for the present study viz primary and secondary data. The primary data was collected through interview schedules and informal observation. The secondary data was drawn from published and unpublished materials like books, journals, encyclopedia, dictionaries and census reports.

Major Findings

For a working women it is very essential to make efforts to achieve management and resolve the conflict inherent in two roles. In a male dominated society as we live in at present, the woman has to make greater sacrifices. The fulfillment of the two roles is not an easy or smooth task. It need not only skill but also physical and psychological acceptance for an adjustment to the changes brought about by this combination. (Kala Rani, 1976) An attempt was made to investigate the opinion of the entire sample of 195 respondents with regard to the keys which could minimize the conflict inherent in dual roles and lead to management and accommodation.

The following table depicts the various keys which in the opinion of respondents contribute to the minimization of role conflict :

Responses	No. of the respondents	Percentage
Pride and interest in respective two roles	23	11.79%
Availability of domestic helper	37	18.97%
Cooperative attitude of husband	61	31.28%
Favorable attitude of in-laws	46	23.58%
Facility of child care center	28	14.36%
Total	195	100.00

The above table shows that nearly one-third respondents (31.28 per cent) in the entire universe opined that it is possible to minimize role conflict by attribute to cooperative attitude of husband respectively as key for scaling down the role conflict inherent in dual role responsibilities of married working women. For nearly one-fourth (23.58 per cent) of the respondents, favourable attitudes of in-laws can play significant role in minimizing role conflict experienced by married working women. Nearly one-fifth (18.97 per cent) of the respondents in the entire universe feel that it is essential for a working woman to be assisted by domestic helper which consequently can scale down the role conflict experienced by them. As revealed from analysis nearly one-sixth (14.36 per cent) of the respondents believe that role conflict can be to some extent eradicated if there is the good facility of child care centres where the married working women can put in their children especially infants during their job hours. And one out of every ten (11.79 per cent) of the respondents opined that it is possible to minimize role conflict by taking pride and interest in both inside and outside the home role.

More than one-fifth female doctors work has made them highly tolerant, in views of another just less than one-fifth work has made them tolerant. While more than half views such effect as neutral i.e. neither made them tolerant nor intolerant. Two female doctors in our sample admitted that work has made them less tolerant. Female doctors who feels no effect of work on their tolerance are mostly selected in 36 to 50 years age category. No respondent, who observed positive effect and highly positive effect, is selected in above 50 years age category, while both respondents who observed negative effect sampled in below 35 years age category. Proportion of female doctors who feels that work has made them either highly tolerant or tolerant is decreasing with the length of service. The same trend is observed among the female doctors who feel neutral effect with this regard. Respondents who observed negative effect of work are sampled in upto 10 year length of service.

More than one-fourth female doctors have satisfactorily managed their dual role situation and some other female doctors in a little proportion (8.7 per cent)

managed the same very satisfactorily. Female doctors in another little proportion (1.5 per cent) are not able to handle their role duality according to their own satisfactory level. A little less than two-third respondents are uncertain on this issue. Most of the respondents who are satisfied or uncertain are sampled in 36 to 50 years age category, while all the respondents who feel dissatisfaction regarding their dual role are selected in 36 to 50 years age category. Proportion of female doctors who are highly satisfied, and satisfied with their management of dual role situation and proportion of uncertain female doctors is decreasing with length of service. Where as, all the respondents who feel dissatisfaction over this issue are selected in 11 to 20 years length of service.

Very little (1.0 per cent) female doctors are able to manage their household affairs in the presence of job fatigue almost always, one out of every ten manages such affairs frequently, just more than three fourth manages these affairs rarely. One out of every ten female doctors fails to manage their household affairs in the presence of job fatigue. Most of the female doctors who manages their household affairs rarely are selected in 36 to 50 years age category. Although most of the female doctors who fails to manage their household affairs in the presence job of fatigue also selected in 36 to 50 years age category but in a small proportion. All the two female doctors who always successes to manages such affairs selected in below 35 years of age category. Proportion of female doctors who either frequently or rarely able to manage their household affairs in such a situation is decreasing with the lenth of service. However, this trend is not observed with female doctors who never able to manage their household affairs in the presence of job fatigue.

More then half of the female doctors work has made them more tolerant, in views of another one fifth work has made them tolerant. While one out ten views such effect as neutral i.e. work neither made them tolerant nor intolerant. A little proportion (8.7 per cent) of female doctors in our sample opined that work has made them less tolerant, and still small proportion (1.5 per cent) of female doctors admitted that work has made them much less tolerant. Proportion of female doctors who feels that work has made them more tolerant is decreasing with the age group. While most of the female doctors who opined that work has no effect on their tolerance power and the female doctors who said that work has made them less tolerant are mostly selected in 36 to 50 years age category. Proportion of female doctors who feels that work has made them more tolerant, made them tolerant and have no effect is decreasing with the length of service, while all the respondents who opined that work has made them much less tolerant are selected in more than 20 years length of service.

Minimization of role conflict

On the next page presents percentage distribution of the sample according to the age group of respondents and tools used by them for minimization of role conflict.

It is shown from the table that a little proportion (4.1 per cent) of female doctors opined that cooperative attitude of in-laws and of their husbands made them able to minimize the role conflict. One out of every ten said that cooperative attitude of in-laws and of their husbands with creche facilities help them to manage role conflict, proportionally a little more than second category (12.8 per cent) opined that cooperative attitude of their husbands with servants and pride in dual roles made them able to minimize their role conflict, while a little proportion (3.6 per cent) said that cooperative attitude of in-laws and of their husbands with servant, creche facility and pride in dual roles are responsible for their conflict management. In views of more than half of the female doctors cooperative attitude of in-laws and of their husbands with servants is the key to their conflict management. A little proportion (1.0 per cent) of female doctors opined about cooperative attitude of their husbands with servants is the tool of their conflict management. Another little proportion (7.2 per cent) of them pointed that cooperative attitude of in-laws and of their husbands with servants and creche facilities help them to manage role conflict. Some other female doctors in little proportion (7.7 per cent) opined that cooperative attitude of in-laws and of their husbands with servants and pride in dual roles made them able to minimize their conflict. If we look at the data row wise then it revealed that maximum proportion of female doctors who opined about the cooperative attitude of in-laws and of their husbands with servants is the key to their conflict management is sampled in 36 to 50 years age category. No clear trend is observed in other categories.

Percentage Distribution of the Sample According to the Age Group of Respondents and Tools Used by Them for Minimization of Role Conflict

Age Group	Tools Used by Respondents for Minimization of Role Conflict								Total
	Cooperative attitude of in-laws and husband	Cooperative attitude of in-laws and of husband with crèche facility	Cooperative attitude of husband with servants and pride in dual roles	Cooperative attitude of in-laws and of husband with servants, creache facility and pride in dual roles	Cooperative attitude of in-laws and of husband with servants	Cooperative attitude of husband with servants	Cooperative attitude of in-laws and of husband with servants and crèche facility	Cooperative attitude of in-laws and of husband with servants and pride in dual roles	
Below 35 years	1.0 (2)	1.5 (3)	6.2 (12)	2.1 (4)	15.4 (30)	1.0 (2)	4.1 (8)	1.0 (2)	32.3 (63)
36 to 50 years	2.1 (4)	7.7 (15)	6.7 (13)	1.5 (3)	34.4 (67)	-	3.1 (6)	5.6 (11)	61.0 (119)
Above 50 years	1.0 (2)	-	-	-	4.6 (9)	-	-	1.0 (2)	6.7 (13)
Total	4.1 (8)	9.2 (18)	12.8 (25)	3.6 (7)	54.4 (1.6)	1.0 (2)	7.2 (147)	7.7 (15)	100.00 (195)

(Actual figures are shown in parentheses)

Chi-square = 27.179; DF = 14; Significance Level = 0.018

Contingency Co-efficient = 0.350

On the next page presents percentage distribution of the sample according to their length of practice of respondents and tools used by them for minimization of role conflict.

Percentage Distribution of the Sample According to the Age Group of Respondents and Tools Used by Them for Minimization of Role Conflict

Length of Practice	Tools Used by Respondents for Minimization of Role Conflict								Total
	Cooperative attitude of in-laws and husband	Cooperative attitude of in-laws and of husband with crèche facility	Cooperative attitude of husband with servants and pride in dual roles	Cooperative attitude of in-laws and of husband with servants, creache facility and pride in dual roles	Cooperative attitude of in-laws and of husband with servants	Cooperative attitude of husband with servants	Cooperative attitude of in-laws and of husband with servants and creche facility	Cooperative attitude of in-laws and of husband with servants and pride in dual roles	Total
Below 35 years	1.0 (2)	4.1 (8)	6.2 (18)	2.1 (4)	28.7 (56)	1.0 (2)	5.6 (11)	2.6 (5)	54.4 (106)
36 to 50 years	2.1 (2)	1.5 (3)	1.5 (3)	1.5 (3)	14.4 (30)	-	1.5 (3)	4.1 (8)	26.7 (527)
Above 50 years	2.1 (4)	3.6 (7)	2.1 (4)	-	10.3 (20)	-	-	1.0 (2)	19.0 (37)
Total	4.1 (8)	9.2 (18)	12.8 (25)	3.6 (7)	54.4 (106)	1.0 (2)	7.2 (14)	7.7 (15)	100.00 (195)

(Actual figures are shown in parentheses)

Chi-square = 27.302; DF = 14; Significance Level = 0.018

Contingency Co-efficient = 0.350

It is evident from the table that in views of female doctors in a little proportion (4.1 per cent) of cooperative attitude of in-laws and of their husbands help them to minimize the role conflict, while one out of every ten opined that cooperative attitude of in-laws and of their husbands with creche facilities help them to manage role conflict, proportionally a little more than the second category respondents (12.8 per cent) said that cooperative attitude of their husbands with servants and pride in dual roles made them able to minimize their conflict. A little proportion (3.6 per cent) is of those female doctors who said that cooperative attitude of in-laws and of their husbands with servant, creach facility and pride in dual roles are responsible for their conflict management. In views of more than half of the female doctors cooperative attitude of in-laws and of their husbands with servants is the key to their conflict management.

A little proportion (1.0 per cent) of female doctors said about cooperative attitude of their husbands with servants is the tools of their conflict management, while another little proportion (7.2 per cent) of them opined that cooperative attitude of in-laws and of their husbands with servants and creche facilities help them to manage role conflict. Some other female doctors in little proportion (7.7 per cent) opined that cooperative attitude of in-laws and of their husbands with servants and pride in dual roles made them able to minimize their role conflict. If we look at the data according to the length of practice then it shows that proportion of female doctor who opined about the cooperative attitude of in-laws and of their husbands with servants as the helpful situation to manage their role conflict is decreasing with the length of service. However, this trend is not observed in other categories.

Conclusion

On the whole, it is clear that women are still preoccupied with their roles as wives and mother, and they go to work mostly as a result of the aspiration for a better standard of living and reduced family responsibilities, rather than out of a desire for emancipation. The study shows that management of duality of roles among working women is a complex and multidimensional process, as there are multiple factors surrounding their lives at home front and at work place. It has been mentioned in course of discussion that 'familial background is very much affecting working women's adjustment and much depend on the attitude, values, outlook, concept and belief of the working women because these are the factors which determine their behaviour and activities particularly for reconciling dual roles and in managing conflict erupting out of them. In this aspect the attitude values and behaviour of husband and other members of the family also are important.

References

- 1 Alpert D. and a Cubertson. 1987. '*Daily Hassles and Coping Strategies of Dual Earner and Non-dual Earner Women*, Psychology of Women Quarterly, 11,359-365.
- 2 Bedian, A.G Burke and R.G Moffett. 1988. '*Outcomes of Work-family Conflict Among Married Male and Female Professionals*; Journal of Management 14, 475-491.
- 3 Beutell, N.J and J.H Greenhouse 1983. '*Integration of Home and Non-home Rules : Women's Conflict and Coping Behaviour*', Journal of Applied Psychology, 68 (1) 43-48.

- 4 Chakarborty, Krishna. 1978. *'The Conflicting world of working Mothers (A sociological inquiry)*, Calcutta; Progressive Publishers.
- 5 Cook R.A and D.M Rousseau. 1984. *Stress and Strain from Family Roles and Work-role Expectations*: Journal of Applied Psychology, 69 (2) **252-260**.
- 6 Good, L.G Gentry and C.F sisters. 1990. *'work-family conflict and Retail managers attitude*, Home economics research journal, 18, **323-335**.
- 7 Gray J.D. 1983. *'The Married Professional Women: An Examination of Her Role Conflict and Coping Strategies'*, Psychology of Women Quarterly 7, **235-244**.
- 8 Hall D.T., 1972. *'A Model of Coping With Role Conflict : The Role Behaviour of Collage Educated Women*; Administrative Science Quarterly 17, **471-86**.
- 9 Higgins C.A., Duxbury and L.A. Gilbert 1992. *'Work Family Conflict in The Dual-Career Family*, 'Organizational Behaviour and Human Decision Process 51, **51-75**.
- 10 Halahan C.K. and L.A. Gilbert 1979. *'Interrole Conflict for Working'*, Journal of Applied Psychology 64 (1).
- 11 Katz D. and K. Kahn 1978, *'The Social Psychology of Organization'*, New York John Willey and Sons.
- 12 Koppflman R.J. Grenhaus and T. Connoly 1983. *"A Model of Work Family and InterroleConflict : A Construct Validation Study"*, : Organizational Behavior and Human Performance, 198-**215**.
- 13 Long B.C. 1989. *'Sex-role Orientation Coping Strategies, and Self-Efficacy of Women in Traditional and Non-traditional Occupations'*, Psychology of Women Quarterly 13 307 **324**.
- 14 Parsons, T. 1970. *'The Social System, London :Glaaneors III*, The free Press
- 15 Pleck, J.H., Staines and Long 1980. *'Conflicts Between Work and Family Life'*, Monthly Labour Review, 29-32.
- 16 Rani, Kala, 1976. *'Role Conflict in Working Women'*, New Delhi Chetna Publications
- 17 Skinner, D.A and H.L. McCubbin. 1991. *'Coping in Dual Employed Families Gender Differences, Family Perspectives*, 25(2), 2119-**134**.