The Study of the Relationship between Effective Family Support and Inter-Conflict Working Women Community

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The present study has set the following objectives:To determine the relationship between social family role stress scores and social support scores among women clerks, doctors, and university teachers in Tehran. To determine the differences between the clerks and doctors, clerks and university teachers, and doctors and university teachers in the relationship scores of social family role stress and social support. Social family role stress scores were significantly positively correlated with social support scores among clerks, doctors, and university teachers, indicating that the more social support they received from the family and husbands for the work, the higher the social and family role stress they experienced . There was also a significant difference between the clerks and doctors in the relationship scores of social family role stress and social support. This difference may be attributed due to the higher mean score of doctors than the clerks. Significant differences were not found between the clerks and university teachers and doctors and teachers in the relationship scores of SFRS and SOS. A close scrutiny of results suggests that there is no significant difference in the correlation coefficients among clerks and university teachers. Among from 400 participants only 300 were selected for final analysis.

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Key Words: Support, SFRS and SOS

Introduction

Since 1980's various women's issues such as women's rights, discrimination against women, gender equality, and work ethics emerged and were addressed heatedly .Women's multiple roles in the family and the market place altered rapidly and radically in our society. Recently, reservation of seats in the parliament is one of the issues under discussion in the parliament which quest for the right and privileges of women. Women have been striving to maintain their identity, liberty and dignity.

There is a need at the present time to explore how social family role stress of women can be managed through social support .The findings of the present

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study will provide new information that can be employed for developing new intervention strategies in establishing prevention programmes, encouraging healthy environment in the family and organization, and in effecting changes in the social and family environment.

Social and Family Role Stress

Role stress has been operationalized by Bhagat and Chassie (1981) to reflect the often demanding and conflicting time allocations that working women must counted with in order to manage their various responsibilities at work and at home. The burden of two full-time job :a career and a home makes them feel guilty about compromising with the quality of their work and relationship with their family (Etizon & Pines, 1986).

Role stress may occur not only during one's official professional job but may also result from the fact that professionals are often expected to continue to perform their role when they are outside the organizational setting (Vachon,2007).

Among from various extra-organizational stressors –changes in socio-technical systm and social change-the social and family stressors have been recognized as the most important because they have great impact on personality development (Vadra & Aktar, 1990).Ivancevich and Matteson (1987) opines that the family may not be the source, it can be unit within which stressors emerge , interact and exert a significant impact on people. The role of family in the work place occurs frequently, one must cope with his/her occupational stress factor on regular basis. Stressors in the society and family vary greatly in severity and in degree of continuity. These are brief crisis such as strained relationship between employed and employees. Illness of a family member, strained relationship with spouse or children promotes the social and family role stress among workers. Relocation and change due to transfer or promotion of an employee produce varied symptoms such as emotional disorientation, confusion and even physical ailments (Sineter,1986). Similarly to cope with economic and financial stressors many people have been forced to chose another job. This reduces time for relaxation and pleasant interaction with the family members. In such cases the accumulated stress affects more adversely the employee. Davidson and Cooper (1981) also emphasized that stress at work can also affect an individual in home and social environment and vice-versa. Marshal and Cooper (1979) outlined four instructions of work into home life: carrying pending work to home, business travel, organizational social commitments and exclusive job pursuits such advancement in the job and accepting new assignments.

In the modern world, the employment of women are also creating stressful situation which in turn leads to conflict among family members. This point of view may be correlated by role theory which predicts that multiple roles can lead to inter-role conflict and in turn the symptoms of strain (Kopleman et al., 1983). Similarly, inter-role conflict can increase as one's obligations to the family expectations through marriage and arrival of children.

Social Support

Literature on social support suggests that it is an important concern in our daily lives. This concept has also emerged as the moderator and mediator of stress. Lack of social support has been associated with risks for emotional problems .Executives worry, self-preoccupation, and stress proneness (Blazer,1982; House et al.,1982).

The concept of social support has variously been defined by the researchers as social bonds(Henderson,1977) social networks (Mueller, 1980) meaningful social contact (Cassel,1976), availability of social confidents (Brown et al., 1975) and human companionship (Lynch, 1977).Bowlby (1969) defines social network resources as the available social network relationship that objectively may be called upon for help in times of need and that offer stable attachment to a social group. In other words, it may be stated that social network resources indicate the type and number of existing relationships who provide him whenever he/she needs.

Bowlby's theory of attachment relies heavily on this interpretation of social support. Cohen and Syme (I985), and House and Kahn (1985) called social network as structural support. Structural support refers to the existence of an inter-connection between social ties (e.g. marital status, close family and friends) participation in group activities and religious ceremonies. Henderson (1981) has pointed out that other informal avenues of assistance may be obtained and they called them diffuse resources. There may be other interpersonal contacts like friends and ties with community organization. Cohen (1982) noted "help is where you find it" and he suggests the source of support may be formal, institutional or internal help. These definitions suggest that there are three aspects of social support i.e. (1) social network resources, (2) supportive behavior, and (3) the subjective appraisal of support.

Social support refers to the perceived comfort. Caring, esteem, or help a person receives from other people or groups (Cobb, 1976:Gentry and Kobasa,1984; Wallston et al.,1983; Willis , 1984. According to Cobb (1976) people with social support believe they are loved and cared for, esteemed and valued, and part of a social network, such as a family or community

organization, that can provide goods, services and mutual defense at times of need or danger. Researchers define social

support as the expression of liking, admiration, respect, love, agreement and affirmation as well as provision of direct aid and assistance (Kahn,1979;Kahn & Autonucci,1980). Social support is defined as the comfort, assistance, or information one receives through formal or informal contacts with individuals or groups (Wallston et al.,1983).

According to Caplan's theory (1974), social support implies enduring pattern of continuous or intermittencies that play a significant role in maintaining the psychological and physical integrity of individual over time. For Caplan(1974), a social network provides a person with 'psychological supplies for the maintenance of mutual and emotional health. Cohen and Wills (1985) have defined social support in terms of functional support. According to them functional support indicates whether interpersonal relationship serve particular function or not (e.g. provide affection, feeling of belonging on material aid).According to Shumaker and Brownell (1984) supportive behavior would be seen as "an exchange of resources between at least two individuals perceived by the provider or the recipient. These interactions tend to be viewed as supportive when they are intended to gratify people's need (Thoits,1983).

Observations in a variety of settings have led to the idea that social support (a) contributes to positive adjustment and personal developments and increased well-being in general (Branda et al., 1990; Cohen and Wills,1985) and (b) provides a buffer against the psychological consequences of exposure to stressful life events (Cohen and Syme,1985; Cohen and Wills, 1985; Kersal and Mcleod, 1985).

Researchers have suggested that there are five types of social support (Cohen and Mckay,1984; Cohen and Willis,2008; Cutrona and Russell,1990; House , 1984; Schafer et al .,1981; Wills, 1985).

1. *Emotional Support***:** It involves the expression of sympathy caring and concern toward the person. It provides the person with a sense of comfort, reassurance, belongingness, and being loved in times of stress.

2. *Esteem Support*: Esteem support occurs through people's expression of positive regard for person encouragement and agreement with the individuals' ideas or feelings, and positive comparison of the person with others, such as people who are less able or worse off. This kind of support required to build individuals feelings of self-worth, competance, and of being valued .Esteem support is especially

useful during the appraisal of stress, such as when the person assesses whether the demands exceed his or her personal resources.

3. *Tangible or instrumental support or functional support*: This type of support involves direct assistance, as when people give or lend the person money or help out the times of stress.

4. *Informational Support*: Information support includes giving advice, directions, suggestions or feedback about how the person is doing .For example, a person who is ill might get information from family or a physician on how to treat the illness.

5. *Network Support or Structural Support*: It provides a feeling of membership in a group of people who share interests and social activities.

Recently   social support has been classified into two categories –perceived support and received support. Perceived support generally refers to the psychological sense of support derived from feeling loved, valued, and part of a network of reliable and trusted special relationships (Gottlieb, 1985). It is more stable overtime because it is not context dependent. Received support, on the other hand, represents concrete instances of helping derived from one's social network, with this help usually being categorized as emotional support, and informational support (House and Kahn. 1985).Some authors have used the term 'enacted' support in the place of received support (Barrera,1986;Tardy,1985).

The type of support a person receives and needs depends on the stressful events .For example, instrumental or structural support may be more important for friends and family members. Emotional and information support may be particularly important for people who are seriously ill.

The present study has set the following objectives:

To determine the relationship between social family role stress scores and social support scores among women, doctors, and university teachers.

To determine the differences between the clerks and doctors, clerks and university teachers, and doctors and teachers in the relationship scores of social family role stress and social support.

Methodology

The sample for the present study consists of 300 working women.100 represented to each occupational group, namely, clerks, doctors, and teachers. They were selected according to the random sampling method. They were drawn from Tehran .Clerks was recruited from universities' offices, Metro and banks. Among 100 clerks there were 85 married women and 15 unmarried women. Doctors were drawn from government and private

hospitals. There were 66 married doctors and 34 unmarried doctors. University teachers were recruited from different colleges of Tehran .In this category, there were 68 married and 32 unmarried university teachers.

Instrumentations

The Social Family Role Stress (SFRS) scale developed by Varda and Akhtar (1990;Erichsen ,et al., 2009).was used in the study. The SFRS scale consisted of 25 items with 5-point scale. There were nine factors in the scale and the names of the factors were labeled according to the factor loadings.

Factors included in the scale were: Role related tension, Untrustworthy Colleagues, Bleak Future, Lack of Family Support, Adverse Effect on Health, Family Responsibilities, Underpaid, Foregoing Career Development Opportunities and, Unsuitable Job.

The Split half reliability of the scale was found to be 0.81.The validation techniques used were internal coefficient and construct validity. The SFRS scale is a reliable and valid instrument for measuring the role stress from family and social situations.

The Significant Others Scale (SOS) developed by Power, Champion, and Aris (1988; Vancleef, M.et al, 2009) is a flexible instrument for the measurement of an individual's perceived support. The aim of SOS was to measure emotional and practical support. In the scale all 10nitems were prefaced with the phrase 'To what extent can you…? Actual support of the respondent was measured in terms of the currently applicable functions. A. 1-7 scale was used from 1=never to 7= always. The test –retest correlations for the four summary support scores were all highly significant and ranged from 0.37 to 0.83. There were some preliminary validity data for the scale.

Procedures and Data Analysis

The data were collected individually from the participants either at their residences or offices. Before administering the tools, the investigator established rapport with the subjects and assured them that the data will be used for research purpose. Then the tools were administered to them .The investigator helped those subjects who faced difficulty in understanding some of the items in the scales.\scoring was done in accordance with instructions suggested by the test developers. The individual score for all the subjects were obtained according to the procedure. These scores were analysed with the help of some suitable statistical techniques such as Pearson Product Moment Coefficient of Correlation and Z-test.

Findings

As mentioned before, the mean purpose of the study was to investigate the relationship between effective family support and inter-conflict working women community. For this purpose, Pearson Product Moment Correlations between effective family support and inter-conflict working women performance were run. As you see the result in table 2, social family role stress scores were significantly positively correlated with social support scores among clerks, doctors and teachers. The results show that the social support has a strong influence over their lives.

Table 1: Pearson Product moment correlations: Social family role stress with social support scores.

Subjects	SFRS/SS	P
Clerks	0.273	<.05
Doctors	0.512	<.01
University Teachers	0.306	<.05

As table 2 shows the distribution for the doctors and clerks, there was significant difference between the clerks and doctors in the relationship scores of social family role stress and social support, may be attributed due to the higher mean scores of doctors than the clerks. Other careful investigations also reveal that there is no significant difference in the correlation coefficients among teachers and clerks and also teachers and doctors in the relationship scores of SFRS and SOS.

Table 2: Values of Z indicating the comparison between clerks and doctors, clerks and teachers, and doctors and teachers in the relationship scores of SFRS and SS

Subjects	N	Z	Z	P
Clerks	100	0.28		
Doctors	100	0.56	2.0	<.05
Clerks	100	0.28		
Teachers	100	0.32	0.28	>.05
Doctors	100	0.56		
Teachers	100	0.32	1.71	>.05

Results and Discussions

Social family role stress scores were significantly positively correlated with social support scores among clerks (r=0.273, P<.05), doctors (r=0.512, P<.01), and university teachers (r=0.305, P<.01), indicating that the more social support they received from the family and husbands for the work, the higher the social and family role stress they experienced .The results suggest

that the social support has a strong influence or serves as the mediator of stress over their lives. Furthermore , the amount of social and family stress experiencing an individual is presumed to be dependent on the amount of actual support she is receiving. Indeed, such as association recognizes that stressors might mobilize social support or increase levels of perceived support (e.f. Barrera.1986 Eckenrode and Wethington, 1990; Wheaton, 1985; Vaux, 1988). Thus, social support cannot be directly affected by the level of social and family role stressors an individual is facing. When social support functions in this fashion i.e acts as a mediating variables, changes in support are a result of the social and family stressors and operate as an underlying process that explains changes in stressors. That is, social support may initially act as a buffer.

In our culture, females as compared to males, usually get more social support since their birth. The samples under study perceived stress in higher degree and social support in lower degree.

There was significant difference between the clerks and doctors (Z=2.00, P<.05) in the relationship scores of social family role stress and social support. This difference may be attributed due to the higher mean score of doctors than the clerks. Significant differences were not found between the clerks and university teachers (Z==0.28, P>.05) and doctors and teachers (Z=1.71, P>.05) in the relationship scores of SFRS and SS. A close scrutiny of results suggests that there is no difference in the correlation coefficients among clerks and university teachers.

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