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MARITAL RELATIONSHIP AMONG DOCTORS

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Abstract

Among those who are married, the quality of the marital relationship has marked importance for one's life. Marital quality is predictive of overall well-being and happiness, and is also related to mortality, psychological and physical health (Aldous &Ganey, 1999; Kiecolt-Glaser & Newton, 2001; Ren, 1997; Umberson, Williams, Powers, Lui, &Neeham, 2006). Further, marital quality is a key predictor of one's marital success, with unhappy marriages being more likely to end in divorce (White & Booth, 1991). Although marital quality has been the focus of much research attention, marital quality in later life has received much less consideration.

Key words: Marriage, physical health, mental health, quality of life and relationship.

Introduction

Quality of marital relationship is a dynamic concept, as the nature and quality of people's relationships can change over time (Larson and Holman, 1994) this raises the problem of identifying factors that could make a difference to the quality of marital relationship although such a multi-componential model well be complex, as it is likely to involve interactions of many variables.

There are a number of problems encountered by the researchers while trying to measure QMR. There is a high degree of overlap between the different measures of QMR, they are all highly inter correlated making it Unlikely that they all measure different things (Fincham and Bradbury,1987) Johnson et al (1986) suggest that the different measurement essentially tap only two distinct components of marital quality positive and negative aspects. Observations of conflictual marital interactions have found that unhappily married couples are more negative and less positive than happily married ones (Gottman& silver 1994). Thus, it con be said that QMR is defined by the relative presence and absence of positive and negat5ive factors (Bradbury et al., 2000) Global evaluation measures are often used as they are more amenable to interpretation. There are many other practical

difficulties inherent in measuring QMR. For example, measures are generally collected from only one partner, but may be used to represent the quality of a relationship (Booth and Edwards,1987). Also the collection of measurements of relationship quality may be subject to considerable social desirability response bias (Glenn and Kramer, 1987) and global measures tend to be significantly skewed towards a positive evaluation (Glenn, 1990).

A number of differences have been found between men and womem's views of the quality of their relationships. For example Locksley (1980) reports that women express more dissatisfaction and frustration with the relationships are more likely to feel misunderstood and that their spouse should express more of their thoughts and feelings. Such differences have prompted some authors to suggest that separate models of marital satisfaction may be needed as sexes have different views of what matters in marriage (Wilkie et al., 1998). On the other hand, there have been researches in which it was generallyfound that ratings of marital quality by males and females are closely relates. To quote one of them ,Karney and Bradbury (1997) found that husbands' and wives marital satisfaction scores were correlated and the trajectories of their hangers in marital satisfaction did not differ. However, these results are contradictory to some earlier reported findings such as men and women have different marital roles and they see various aspects of their relationship in different ways, and also evaluate them differently (Heaton & Blake, 1999)

However, some research findings have reported husbands and wives quality of marital relations to be significantly and positively correlated at each assessment occasion (Newton and kicott-Glaser, 1995) Russell and wells maritral quality suggesting that factors affecting one partner's marital quality will also there fore have a considerable effect on the other.

Taylors &Francis (2012). The quality of marital relationships is the most studied topic pertaining to marriage and family life. Moreover, clinicians have become increasingly interested in this variable as divorce rates have climbed and as services for counseling and therapy have become more readily available and more widely accepted. These research and clinical needs necessitate the availability of measures of variables which assess marital quality (e.g., marital adjustment, satisfaction, and happiness). This article discusses the need for such measures, reviews the history of measurement in this area, identifies some conceptual and methodological issues of relevance, and then focuses most specifically on the Dyadic Adjustment Scale developed by Spanier. Some cautions for clinicians are noted, and a discussion of future measurement needs is presented.

Frank.D ,Fincham,(1998). This article examines a fundamental problem in research using self-report measures of marriage: attempts have been made to measure and explain variance in marital quality without adequate understanding and specification of the construct of "marital quality." A specific consequence of this shortcoming is that marital quality is not readily distinguished from other relevant constructs (e.g., communication). This, in turn, results in measures that have a great deal of overlap in item content, thus preventing clear interpretation of the empirical relationship between the constructs. The inability to establish unambiguous empirical relationships among relevant constructs severely limits theory development in this research domain. One means of avoiding these problems is to treat marital quality solely as the global evaluation of one's marriage. The implications of this strategy are examined in regard to three issues that have received insufficient attention in marital research: (a) the association between empirical and conceptual dependence; (b) the interpretation of responses to self-report inventories; and (c) the consideration of the purpose for which marital quality is measured. The advantages of adopting this approach, and the conditions under which it is most appropriate to do so, are also outlined.

METHODS

PROBLEM

To study the Quality of Marital Relationship among Doctors

OBJECTIVES

- 1. To study the Quality of Marital Relationship among doctors.
- 2. To study the Quality of Marital Relationship among men and women doctors.
- 3. To study the Quality of Marital Relationship among urban doctors.
- 4. To study the Quality of Marital Relationship among rural doctors.
- 5. To study the Quality of Marital relationship among the qualification of doctors.

HYPOTHESIS

- 1. There is a significant difference in quality of marital relationship of doctors.
- 2. There is a significant difference in quality of marital relationship of men and women
- 3. There is a significant difference in quality of marital relationship of urban doctors.
- 4. There is a significant difference in quality of marital relationship of rural doctors.

5. There is a significant difference in quality of marital relationship of the qualification of doctors.

SAMPLES

The participants consisted of 40 couples who married for at least more than three years [40 married individuals i.e. 20 male doctors and 20 female doctors] in the age range of years belonging to urban background from the city of **Bangalore** 10

VARIABLES: Independent Variables: Doctors

Quality of Marital Relationship Dependent Variables:

TOOLS: Marital Happiness Scale developed by Dr. P.C. Mishra was also administered on thirty married individuals and their obtained scores were correlated with that of QMR scale in order to find out the concurrent validity of the QMR scale.

Statistical Analysis: Data collected from this study were obtained through questionnaire for the two concepts: Achievement motivation and self-esteem and the results of the students for academic achievement. The data collected in this study were analyzed using independent sample t-test and ANOVA statistic. Independent sample t-test was used to test the differences between male and female also Physically Challenged and normal students. ANOVA was used to test the differences between Gender and subgroups, used because more than two groups (males, females and physically challenged and normal students) were being examined to determine the differences in their mean scores.

Result and Discussion

Social scientists have studied the marital relationship by investigating two primary constructs: marital stability and marital quality. Marital stability refers to the duration of marriage, whether dissolved by death, divorce,

separation, desertion or annulment (Lewis &Spanier, 1979). Marital quality is not as easily defined and researchers have interchangeably used the terms marital adjustment, marital satisfaction and marital happiness to refer to marital quality.

TIDED 1. Incuration, DD and C value for two groups of husband and whe doctors.	TABLE 1: mean,	median, SD	and t-value	for two	groups of	husband and	wife doctors.
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GROUP		VERSION-A						
MEAN	HUSBAND	WIFE						
MEDIAN	146.85	150.80						
SD	8.43	7.64						
t-value		1.5525						

It is not significant

TABLE 1: shows that the mean and SD of QMR of husband and wife doctors i.e., 146.85 and 8.43 and 150.80 and 7.64 is respectively. The calculated t-value is 1.5525 it is not significant therefore, the formulated hypothesis is that there is no significant among husband and wife doctors, hence the formulated hypothesis is accepted.

TABLLE 2: mean, median, SD and t-value for two groups of husband and wife doctors.

GROUP		VERSION-B
MEAN	HUSBAND	WIFE
MEDIAN	146.45	149.60
SD	11.19	12.05
t-value		0.3127

It is not significant

Table 2: shows that the mean and SD of QMR of husband and wife doctors i.e., 146.45 and and11.19149.60and12.05 is respectively. The calculated t-value is0.3127 it is not significant therefore, the formulated hypothesis is that there is no significant among husband and wife doctors, hence the formulated hypothesis is accepted.

TABLE 3: Mean, median, SD, ANOVA for 8 dimensions of QMR for two groups of husband and wife doctors QMR-A.

Support	Intima	Openn	Connect	Empath	Love	Domin	Conflic	QMR-A
	су	ess	edness	У		ance	t	
			Autono					
			Autono					
			ту					

	TT	337	тт	***	тт	***	тт	***	тт	***	тт	***	тт	***	тт	***	TT	***
Doct	Н	W	Н	W	Н	W	Н	W	Н	W	Н	W	Н	W	Н	W	Н	W
ors																		
Mea	18.	17.	22	23	32	34	19.	20	12	12.	28	28	54	54	7.	8.	146	15
n	15	95	.6	.2	.5	.2	95		.6	95	.6	.9	.5		7	2	.85	0.8
Med	18	18.	22	23	34	34	20.	20	13	12.	29	30	50	50	8.	7.	149	15
ian		0	.0	.5	.5		5			95					0	0	.5	1.5
SD	1.0	1.4	2.	2.	5.	2.	1.9	2.3	1.	1.7	2.	3.	0.	1.	1.	2.	8.4	7.6
	9	3	91	09	32	44	9	4	35		19	54	94	43	34	35	3	4
t-	0.49	74	0.74	189	1.29	990	0.07	28	0.47	753	0.32	223	1.30)67	0.82	266	1.238	2
Valu																		
0																		
C																		
n-	0.62	17	0.44	585	0.20)18	0.94	24	0.72	210	0.74	190	0.10	992	0.41	136	0.223	2
P 1	0.02	1/	0.4.	05	0.20	510	0.74	<u> </u>	0.72	210	0.7-	770	0.12	//	0.71	150	0.225	2
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e		etter.					Sec. 2				itere en el constante en el con La constante en el constante en							
	12					- 01		No.	- 2		211	- 26-						

TABLE 3: Shows that the mean and sd of Quality of Marital Relationship among doctors in 8 dimensions the score of is 18.15 and wife score is 17.95 in support dimension this shows that there is no significant difference. The score of husband is 2.50 and wife score is 23.20 in Intimacy dimension this that there is no significant difference. The score of husband is 19.95 and wife score is this shows that there is no significant difference. The score of husband is 19.95 and wife score is this shows that there is no significant difference. The score of husband is 12.60 and wife score is Empathy dimension this shows that there is a significant differences. The score of the husband is 28.60 and the wife score is 28.9 dimension this shows that there is a significant difference. The score of the husband is 5.45 and wife score is 5.40 in dominance di this shows that there is no significant difference. The score of husband is 7.70 and wife score is 8.20 this shows that there is no significant difference in Connected husband is 146.85 in QMR-A and the total score of wife is 150.80. Hence th that there is no significant difference in major dimensions.

TABLE 4: Mean, median, SD, ANOVA for 8 dimensions of QMR for two groups of husband and wife doctors QMR-B.

	Supp	ort	Intir	nac	Ope	nne	Conn	ected	Emp	athy	Love	e	Dom	ina	Conf	flict	QMR	-B
			У		SS		ness						nce					
							Auto	nomy										
Docto	Η	W	Η	W	Η	W	Η	W	Η	W	Η	W	Η	W	Η	W	Н	W
rs																		
Mean	17.	17.	23.	22.	35.	34.	19.	19.	12.	14.	29.	26.	4.8	5.6	8.2	8.5	148.	149
	30	90	3	85	4	65	65	45	7	2	2	4	5	5	5		45	.60

Medi	17.	18.	23	23	37	35	19.	19	12.	14	30	29	5	5	8.5	8	152.	149
an	50	00					5		5						0		5	
SD	1.2	1.5	1.6	1.7	2.8	3.3	2.3	2.7	3.6	3.3	3.2	6.2	0.8	1.4	1.6	3.2	11.2	12
	2	9	3	3	7	9	2		1		9	4	7	2	2	0		
t-	1.338	39	0.94	07	0.80	55	0.251		1.37	15	1.77	51	*2.1	4	0.31	7	0.313	
Value																		
p- value	0.186	5	0.35	28	0.42	56	0.803	}	0.17	83	0.08	39	0.03		0.75	70	0.7558	3

*significant at 0.05 level.

TABLE 4: Shows that the mean and SD of Quality of Marital Relationship among doctors in 8 dimensions the score of husband is 17.30 and wife score is 17.90 in support dimension this shows that there is no significant difference. The score of husband is 23.30 and wife score is 22.85 in Intimacy dimension this that there is no significant difference. The score of husband 35.40 and wife score is 34.65 in Openness dimension this shows that there is no significant difference. The score of husband is 19.65 and wife score is 19.45 this shows that there is no significant difference in Connectedness autonomy. The score of husband is 12.70 and wife score is 14.20 in Empathy dimension this shows that there is a significant differences. The score of the husband is 29.20 and the wife score is 26.40 in love dimension this shows that there is a significant difference. The score of the husband is 4.85 and wife score is 5.65 in dominance dimension this shows that there is no significant difference in conflict dimension. The total score of the husband is 148.45 in QMR-B and the total score of wife is 149.60 .Hence this shows that there is no significant difference in conflict dimension.

DOCTORS	VEI	RSION-A	VERSION-B					
	Н	W	Н	W				
MEAN	146.85	150.8	146.85 150.8					
t-value	1	11.6	111.6					

Table 5 : shows that the mean and t-value for the QMR for both version-A and version-B

It is not significant

Table 5 : table 5 shows that the mean and t-value for the QMR for both version A and version B. Hence the score of the husband is 146.85 and wife score 150.8. This shows that there is no significant difference in version A and version B

Conclusion

- 1. There is a significant difference in quality of marital relationship of doctors.
- 2. There is a significant difference in quality of marital relationship of men and women
- 3. There is a significant difference in quality of marital relationship of urban doctors.

4. There is a significant difference in quality of marital relationship of rural doctors.

5. There is a significant difference in quality of marital relationship of the qualification of doctors.

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