MARITAL AND PSYCHOLOGICAL ADJUSTMENT AMONG WORKING AND NON-WORKING MARRIED WOMEN WITH CARDIAC AILMENTS

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ABSTRACT

Objective: To investigate the differences in marital and psychological adjustment among working and non-working married women with cardiac ailments.
Study Design: Comparative cross-sectional study.
Place and Duration of Study: Different institutions of Islamabad Rawalpindi and Lahore, from Sep 2015 to May 2016.
Methodology: Sample of the study consisted of 160 working and non-working married women with cardiac ailments. Married working women group comprised of 85 respondents while non-working women group consisted of 75 participants. Their education was at least graduation and above. To measure the study variables, instruments used were Urdu Translation of Dyadic Adjustment Scale and psychological adjustment scale (PAS). Snow ball sampling technique was used to collect data from different institutions of the Punjab.
Results: Results indicated a highly significant relationship (p=0.01) between marital and psychological adjustment among the sample. It was observed that the group of working married women with cardiac ailments reported more problems in their marital life as compared to non-working married women group. The findings of the study also revealed that non-working married women with cardiac ailments had better marital and psychological adjustment as compared to working married women with cardiac ailments (p=0.01).
Conclusion: Study found high frequency of marital and psychological adjustment among cardiac patient women in Pakistan.

Keywords: Dyadic adjustment scale, Psychological Adjustment Scale (PAS), Marital adjustment, Psychological adjustment, Working and Non-Working married women with cardiac ailments.

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INTRODUCTION

It is evidenced that structural aspects of an individual's community affairs can foresee all causes of mortality from a range of clinical circumstances across adulthood[1], particularly in the conditions that are related to cardiovascular disease. Previous researches have clearly demonstrated the relationship between marital status and health outcomes and it is revealed that several unmarried states (being single never married, being separated / divorced and being widowed) are linked with higher risks of mortality. Marriage is the most significant relationship between gender which involves emotional and legal commitment. It is an important aspect of one's adult life. Besides this, selection of a partner and entrance into a marital contract is considered as a sign of maturity and personal achievement. Choosing a marital partner is no doubt, one of the most important decisions one makes in his/her life. It is an assurance for providing love and contentment, accountability for peace and developing a bond of strong family relations[2].

Marital adjustment is 'the state in which there is an overall inclination of bliss and fulfillment with their marriage and with each other among both partners'[3].

Working married women play a dual role in terms of caring of the house hold and bread winners and try to meet up the demands. She is required to look after the home and at the same time has to work to increase the financial / economic strength of the family. Non-working married women are those who are either forced

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or they choose to remain unemployed. For working married women, the essential duties of caring of a house hold as well as the responsibilities of the official tasks sometimes create a situation that may give rise to psychological stresses[4].

Literature also suggests that cardiovascular ailments are related with a scope of psychological issues and further warrant that psychological and behavioral distress and patho-physiological systems can impact indisposition and mortality. Interestingly with the other driving reasons for mortality (e.g. growth, respiratory conditions, irresistible infections and other causes) hypothetical models establishing link between marital status and cardiovascular ailments mortality have been illustrated by the literature.

Previous literature investigating married women with serious physiological conditions revealed that marital satisfaction may be influenced by their cultural, social and educational level. Marital satisfaction is also influenced by the number of children an individual has[5]. While the psychological advantages of job are the slightest, evidence also exists that there is a greater pressure of managing different responsibilities along with other overwhelming family commitments that is, when kids are at home. In addition to this, duration of marriageis considered critical to marital adjustment. Consequently, women's psychological well being has been reported to adapt to variety of challenges in the marital life and to adjust to various burdens associated with employment and home condition. A marital role includes social and traditional prospects related with the husband or with a wife[6].

Psychological adjustment is an individual's attributes and thought processes that encourages him/her to deal with their specific requirements specially to deal with the hindrances for a particular timeframe. During adjustment process people may try to become more skilled than some other living beings to modify in novel conditions. A well adjusted individual shows coordination in his behaviors and emotions and can keep a balance between himself, his abilities and his surroundings. Such individuals are associated with rich and proceeding system of expanding their abilities, reacting to and thusly modifying the surroundings and circumstances in a strong, persuasive manner[7].

Pakistan being an Islamic state with customary society, females are required to stay inside the boundary of home and are required to indulge in house hold. Their job becomes a conflicting factor in terms of values and if they are also suffering from chronic illness whichmay impact their martial and psychological adjustment[8]. Literature highlight that in Pakistan, the occurrence of marital adjustment and its related factors i.e., psychological adjustment needs to be investigated properly[9,10]. Since Pakistani society is man-dominant society therefore the presentstudy is useful in knowing the magnitude of psychological issues in terms of marital and psychological adjustment among Pakistani working and non-working married women with cardiovascular ailments. Present investigation will add to the existing literature the numerous causes behind women's psychological and marital maladjustment.

METHODOLOGY

The sample of 160 married women with cardiac ailments (85 working and 75 non-working) from Rawalpindi, Islamabad and Lahore was included in the research. Data was collected within the time period of 8 months from September 2015 to May 2016. Sample size was calculated using WHO sample size calculator. Working married women group consisted of doctors, and teachers. Snow ball sampling was used for this study. Study was carried out after the Ethical Review Board Permission from the concerned institutes and the informed consent from the participants. In the present study we included only those women who were also willing to take part in the study and were comfortable to talk about their experiences and perspectives regarding their cardiac problems along with its association with the variables of the study. Inclusion

criteria used to identify potential participant wasfemales with the diagnosis of cardiac disease and aware of the diagnosis, being able to express themselves clearly. The length of time since diagnosis with cardiac disease ranged from 5 months to 2 years for inclusion criteria. Females of less than 18 years were excluded.

The Psychological Adjustment Scale (PAS) was developed and translated by Sabir (1999). This scale comprised of 27 items which are classified into five categories. The reliability of Psychological Adjustment Scale is 0.83. The PAS consists of positive and negative structured items. The total score on psychological adjustment scale is calculated by adding up the scores of positive and negative items. The dyadic adjustment scale (DAS) is a self-report questionnaire that provides global wideness of marital distress. It comprises of 27 items (Urdu). The scale was translated and adapted for Pakistani population by Pakistani psychologist[11]. The data analysis was carried out with the help of statistical package for social sciences (SPSS) version 21. The Pearson's correlation was concluded to measure the relation between different variables. Independent sample t-test was applied to see the mean differences among working and non working married women with cardiac ailments in the scores on marital and psychological adjustment scales.

RESULTS

Sample population consisted of 160 working and non-working married women with cardiac ailments. Married working women group comprised of 85 respondents while non-working women group consisted of 75 participants. There was highly significant correlation (r=0.50, **p<0.01) between Psychological adjustment and MDA (Marital Adjustment), suggested that the sample who had higher Psychological adjustment also had higher levels of marital adjustment (table-I). There was a significant difference between working and non-working married women with cardiac aliments in their marital adjustment (t=2.30, df=158, p=0.01) (table-II). There was a significant difference between psychological adjustment among working and non-working married women group (t=2.05, df=158, p=0.01). It further showed that married working women with cardiacaliments have greater psychological adjustment problems as compared to non-working married group.

Table-I: Correlation matrix of scores of psychological adjustment and marital adjustment (n=160).

	Marital Adjustment	*p*-value
Psychological Adjustment	0.50	0.01

Table-II: Scores of working and non-working married cardiac patients on dyadic marital adjustment.

Group	n	Mean ± SD	T (df) *p*-value Cohen's d
Working	85	15.36 ± 9.77	2.30 (158) 0.01 0.294
Non-working	75	12.73 ± 8.07	

Table-III: Scores of working and non-working married cardiac on psychological adjustment .

Group	n	Mean ± SD	T (df) *p*-value Cohen's d
Working	85	16.18 ± 9.79	2.05 (158) 0.01 0.506
Non-working	75	11.73 ± 7.65	

DISCUSSION

Psychological maladjustment is a typical and regular reaction to loss of physical wellbeing, demise, separation from a friend or family member, work misfortune that might be a loss of job, or replacement. Marital distress and physical wellbeing additionally add to psychological issues which cause feelings of misery, sadness, powerlessness, uneasiness, depression, anxiety, irritability, fomentation, exhaustion, low energy, and a decreased activity level are normal. Usually there is a feeling of ineffectiveness or insufficiency and a brought down feelings of confidence and lowered self esteem. In more genuine cases there might be suicidal ideations or an inclination

that "life does not merit living"[8]. Married females with any sort of cardiovascular ailments have more noteworthy probabilities of psychological issues than unmarried women[9,10].

A good marital relationship creates a fulfilled life as well as produces a feeling of prosperity. In west, marriage is frequently a focal point in ethical claims about the 'weakening of family esteems'[11]. Marital adjustment has been identified with identity, job and home related stresses, anxieties, psychological instability, hopelessness, education, sex role disposition, joy and accomplishment in everyday life. In Pakistan, marital adjustment and its related factors have not been given much consideration[13]. In addition to this, the phenomenon of employment along with chronic medical conditions like cardiovascular ailments is yet to be explored among working and non-working married women with cardiac ailments. This group of women might be inclined to psychological maladjustment since they tolerate the twofold burden of house hold responsibilities and a vocation outside the home. Keeping in mind the dual role they play i.e., their workplace condition and their domestic responsibilities, cardiovascular issues may additionally lead to marital conflict and consequently can give rise to psychological maladjustment among the couples[12,13].

The present study was aimed to explore the marital and psychological adjustment among sample ofmarried women with cardiac ailments. The findings revealed that non-working female married cardiovascular patients were better adjusted in their marital lives than working counter parts. In addition to this, the former group also reported higher levels of psychological adjustment when compared with working married women[14]. Working married women cardiac ailmentshave to confront more challenges in their marital life and psychological adjustment throughout their life. Literature suggested that higher the psychological maladjustment lower would be the marital satisfaction and adjustment[15-18]. The results warrant that psychologically maladjusted married women confront more marital adjustment issues in their marital life. In addition to this they are unable to fulfill commitments related to her marital life. Researchers contemplated that females with cardiac issues are already in the state of separate physical condition which may cause psychological irritation in their everyday life and impact their marital life also. This psychological dissonance makes it difficult to endure their companions' behavior consistently makes their life hopeless and may lead towards separation[19-22].

The study showed that working married women with cardiac aliments due to their dual roles are unable to take care of household. Whereas, the non-working married women group with cardiac aliments can do their household responsibilities effortlessly and their marital life is comparatively easier. According to the investigation married working women who suffer from cardiac aliments can't appropriately adapt with their married life since they have numerous tasks to perform[23,24]. Working females may end up with decreased self-autonomy as a result of expanding workload and additional burden. In today’s modern and global world, working married women usually play a dual role not only as a care taker of the house hold but also as a career builder. The exclusive contribution of the present research was to investigate the degree to which physical health along with the states can impact the marital and psychological adjustment. Health behavior information appeared as being especially critical in clarifying the examined connection amongst psychological and marital adjustment among females with cardiac illness. The effective management of this dual responsibility becomes extremely difficult when she also suffers from chronic diseases like cardiac problems which serve as an additional burden to her mental state. In the present investigation it was observedthat working married women with cardiac ailment confront more problems in their personal and professional lives for example, they reported greater levels of psychological burden when compared with non-working married women with cardiac ailment.

CONCLUSION

Working married women cardiac patients were unable to contribute significantly toward the psychological wellbeing of their family and as a result could not give proper attention to their marital lives, consequently resulting in lower levels of psychological and marital adjustment. The study suggests the need for specific interventions to improve psychological and marital adjustment among working married women cardiac patients.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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