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Comparison in locus of control between individual and team game players

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Abstract
The comparative study was conducted on conveniently selected male inter university players equally 50 from both team (Handball, Kho-Kho, Basketball, Softball, Baseball, and Volleyball) and individual (Chess, Power lifting, Boxing, Taekwondo, Badminton, Judo, Weightlifting and Yoga) games of average age 24 years. Locus of control was measured using D.D.joshi's Locus of control scale is having valid and reliable tool. The data was interpreted using descriptive and independent sample t-test at 0.05 level of significance using SPSS. It has been observed that the mean scores on locus of control of individual & team game players was 39.08 and 28.22 respectively, on applying t-test insignificant difference was found in locus of control between individual and team game players as the t-value 1.93 found smaller than the tabulated value 1.98 at 0.05 level of significance for 98 degree of freedom, hence on the basis of data it has been concluded that team and individual game players does not differ in locus of control.

Keywords: locus of control

Introduction

The construct of Health Locus of Control was derived from the Social Learning Theory developed by Rotter in 1966. The Social Learning Theory states that an individual learns on the basis of his history of reinforcement. The individual develops general and specific expectancies. Through a learning process individuals will develop the belief that certain outcomes are a result of their action (internals) or a result of other forces independent of themselves (externals). From the social learning theory Rotter developed the Locus of Control Construct, consisting of an Internal External rating scale. Kenneth A. Wallston (1992) [9] the development of the Multidimensional Health Locus of Control scales is described. Scales have been developed to tap beliefs that the source of reinforcements for health-related behaviors is primarily in eternal, a matter of chance, or under the control of powerful others. These scales are based on earlier work with a general Health Locus of Control scale, which, in turn, was developed from Rotter's social learning theory. Equivalent forms of the scales are presented along with initial internal consistency and validity data. Possible means of utilizing these scales are provided. Health locus of control typology revealed that 'pure internals' performed the most health behaviour. Some evidence was found to suggest that health value moderates the relationship between health locus of control and health behaviour, although overall the health locus of control construct was found to be a weak predictor of health behaviour. The results are discussed in relation to the need to consider other expectancy beliefs when predicting health behaviour Wallston and Wallston‟s (1981) [8]. Researchers recognized that there was difficulty in predicting health behaviour specifically from generalized expectancy measures such as Rotter‟s I-E scale. The developers discovered through observations of classes for newly diagnosed diabetic patients and their families that medical staff kept stressing the importance of the patient's active role in his or her own health care. Apparent was that the professionals were trying to get the patients to adopt an internal locus of control. This prompted the interest in the developers to relate Locus of Control to health care situations. Professionals at that time were unaware of Rotter's construct. Unsuccessful in trying to convince the professionals to structure their entire patient education program by incorporation of a social learning theoretical framework. The developers took their research to the APHA meeting in San Francisco. Many researcher scholars have argued upon the variables of the health locus of control, regarding this Wallston (1992) [9] presented a paper in which they conceptualized the intent of many health education efforts as internally training programs. They also advocated the effectiveness of evaluating the capability of these programs by means of a health related measure of locus of control beliefs that they were beginning to develop. Questioning the idea of locus of control as a one-dimensional construct Dr. Hanna Levisohn argued that understanding and prediction could be improved by studying fate and chance expectations separately from external control and powerful others. Of the six externally worded items on the original health locus of control scale. Only one ["I can do only what my doctor tells me to do"] was related to the dimension of powerful others externally. Wellston and Wellston saw that new items tapping into this dimension were necessary. According to Levisohn powerful others should not be internal or external and beliefs about people in general should have less predictive power than beliefs about one's own control.

One's "locus" (Latin for "place" or "location") can either be internal (meaning the person believes that they control their life) or external (meaning they believe that their environment, some higher power, or other people control their decisions and their life. Health Locus of Control - degree to which individuals believe that their health is controlled by internal or external factors. Internal- belief that one's outcome is directly the result of one's behavior. External - belief that

one's outcome is under the control of powerful others or is determined by fate, luck or chance.

Objectives

- To study Locus of control in the players of team and individual games.
- To compare Locus of control between team and individual game players.

Hypothesis

- There might be significant difference in Locus of control between team and individual game players.

Methodology

The comparative study was conducted on conveniently selected male inter university players equally 50 from both team (Handball, Kho-Kho, Basketball, Softball, Baseball, and Volleyball) and individual (Chess, Power lifting, Boxing, Taekwondo, Badminton, Judo, Weightlifting and Yoga) games of average age 24 years. Locus of control was measured using D.D. joshi's Locus of control scale is having valid and reliable tool. The data was interpreted using descriptive and independent sample t-test at 0.05 level of significance using SPSS.

Authenticity of scale used

Reliability

Internal Consistency. The Internal consistency coefficient of reliability was determined by odd even procedure (n=50) using Spearman Prophecy formula. The reliability coefficient thus calculated was found to be 0.55.

Temporal Stability

Test retest (n=50) method for the reliability coefficient of temporal stability after a gap of two weeks was found to be 0.76.

Validity

The item analysis validity determined for each sub-scale by product-moment correlation method was found satisfactory.

Scoring

As mentioned above the present scale is a three pointer scale. The testes have to respond in items of ' Always, Sometime, Never, Scores of 2,1,0, are given to the positive items respectively. The scoring on negative items is done in a reverse order. The highest score on the scale is 72 and the lowest is 0.

Analysis and Interpretations

The result of t-test used to compare team and individual game players in psychological construct is as fallow

Table 1: Comparison of locus of control between team and individual game players

Groups	N	Mean	SD	DF	T-Value
Individual Game	50	39.78	12.9	98	1.93
Team Game	50	28.32	8.82		

It has been observed in table above that the mean scores on locus of control of individual & team game players was 39.08 and 28.22 respectively, on applying t-test insignificant difference was found in locus of control between individual and team game players as the t-value 1.93 found smaller than the tabulated value 1.98 at 0.05 level of significance for 98 degree of freedom.

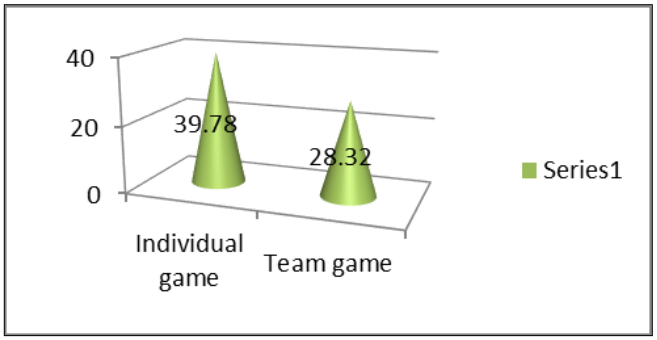

Fig 1: Graphical representation of the mean of locus of control between team and individual game players

Discussion on the Hypothesis

Present study was proceed with the hypothesis that the players of team and individual games will differ significantly in locus of control, but on the basis of data the Hypothesis was rejected which was tested at 0.05 level of significance.

Conclusion

On the basis of the findings of the study it has been concluded that there is no any significant difference in locus of control between the players of team and individual game players.

Recommendations

Locus of control can be studied in the players of team and individual game players by increasing the number of samples and also the players of different games.

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