

Factors affecting quality of life and marital satisfaction among married nurses and nursing assistants

Authors: Jafari Akram, Feyzi Vafa and Mohammadi Pejman

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Byline: Jafari. Akram, Feyzi. Vafa, Mohammadi. Pejman

Introduction: Although working is human's best recreation, due to adverse physical, social, and psychological stimuli, it has adverse effects on family relationships, marital satisfaction, and the quality of people's lives. This study aimed to investigate the factors affecting the quality of life and marital satisfaction of married nurses and nursing assistant in three teaching hospitals of Kerman University of Medical Sciences. **Materials and Methods:** Four hundred and forty-six married nurses and nursing assistant participated in this study. Participants were selected by simple random sampling, and data were collected with the World Health Organization Quality of Life Standard Questionnaire and Enrich Marital Satisfaction Scale. Data were analyzed using SPSS version 11 and the significance level was 0.05. Statistical single parameter and logistics tests were carried out to detect significant relationships. **Results:** Happy hours spent with family, working hospital, and belief in the negative effect of night shift work on personal, family, and social life were found to be effective parameters on four domains of life quality. Marital satisfaction and communication domain in the Enrich questionnaire were significantly correlated with total score of quality of life ($P = 0.008$). Idealistic distortion domain in the Enrich questioner was significantly correlated with the social domain of quality of life ($P = 0.031$). **Conclusion:** Organizational and administrative support, including training in the effective communication skills between couples, making balance between work and family and flexibility in shift work programs can improve the quality of life and marital satisfaction.

Introduction

Family is one of the main pillars of society, so that a healthy community depends on the healthy family and marriage, as the basis for the formation of the family is the most important relationship among couples.[1] Today, with advances in science and technology, increase in mechanical life, economic, and social conditions, and employment status of women, the family has undergone unpleasant processes including anxiety, depression, marital dissatisfaction, and the emotional and psychological disorders.[2] Achieving welfare in people's lives has been known as a superior purpose, and people in their entire lives are trying to reach it. One of the main factors affecting welfare achievement is their job and employment.[3] Job is an important source of livelihood and social success, but it can lead to discomfort and depletion of physical and mental powers.[4] People in their job and work environment are exposed to physical, mental, and social stimuli which may adversely affect the quality of life and physical and mental well-being.[5],[6] Medical jobs, especially nursing and nursing assistant, have high level of occupational stress.[7] Long working shifts, intensity and high volume of work, and working arbitrary or compulsory overtime are factors that affect job and marital satisfaction and quality of life.[8],[9] The need to provide health services requires nurses and nursing assistants to work in day

and night shifts over 24 h a day; consequently, it will affect their family and social commitments.[10] Quality of life is a Comprehensive concept that encompasses many aspects of life, including physical health, psychological state, independence level, personal beliefs, and their relationship with the outstanding aspects of the environment. In other words, the quality of life can be defined based on one's general overview of life and his/her satisfaction with important aspects of life.[11] Marital satisfaction is predicted to play an important role in couples' quality of life.[12] Salehy defines marital satisfaction as couples' attitudes or overall feelings toward each other.[13] Moreover, marital satisfaction has been considered as the most important and fundamental factor for stability and durability of marriage which is achieved when the expectations of both sides are met.[14] Quality of life and the marital satisfaction of nurses and nursing assistants are affected by various factors. The results of studies done by Colligan and Rosa (1990) and Grosswald have confirmed the negative effects of shift work on marital satisfaction of nurses and nursing assistants and creating conflict in the roles of person both in the family and job.[15],[16] Working couples,[17] number of children,[18] the level of education, duration of marriage, and the income are also the factors influencing nurses' life quality and marital satisfaction; these factors disrupt the natural process of life and ultimately lower the quality of life.[19],[20]

Finding factors affecting people's life quality and level of marital satisfaction in different societies and cultures play a significant role in the development of job-family balance and reduction of conflicts through the elimination of destructive factors and increasing healing factors. As the life quality of health service providers is the important thing that will lead to better health services, this study aimed to investigate the factors affecting the quality of life and marital satisfaction of married nurses and nursing assistants in three teaching hospitals in Kerman University of Medical Sciences.

Materials and Methods

This study was a cross-sectional study conducted on 446 nurses and nursing assistants in three teaching hospitals in Kerman University of Medical Sciences in 2014. They were selected using random sampling. Data were collected by the World Health Organization Quality of Life questionnaire (WHOQOL-BREF) - a short form of WHOQOL-100 and Enrich standard marital satisfaction questionnaire (ENRICH Scale). The WHOQOL-BREF is based on a four health domain structures: Physical health, psychological health, social relationships, and environment. Validity and reliability of this scale have been evaluated by Nasiri (2005) and have been reported as eligible for Iranian samples. The WHOQOL-BREF contains a total of 26 questions. To provide a broad and comprehensive assessment, one item from each of the 24 facets contained in the WHOQOL-100 has been included. In addition, two items from the Overall quality of Life and General Health facet have been included.

Physical health domain includes 7 questions about activities of everyday life, Dependence on medicinal substances and medical aids, Energy and fatigue, Mobility, Pain and discomfort, Sleep and rest, and Work capacity. High scores indicate better health status.

The area of mental health has 6 questions about the body image and appearance, Negative feelings, Positive feelings, Self-esteem, Spirituality/Religion/Personal beliefs, and Thinking, learning, memory, and concentration. Higher scores indicate better status in domain.

Social relationships domain includes 3 questions about the Personal relationships, Social support and Sexual activity. Lower scores in this area indicate a lack of good social relations.

The domain of environment has 8 questions in relation to financial resources, Freedom, physical safety, and security; Health and social care quality and accessibility; Home environment; Opportunities for acquiring new information and skills; Participation in and opportunities for recreation/leisure activities; Physical environment (pollution/noise/traffic/climate) and transport. High scores indicate one's satisfaction of his/her environment.

The Enrich Marital Satisfaction Scale (EMS) is a 15-item scale comprising the Idealistic Distortion (5 items) and Marital Satisfaction scales (10 items). EMS Scale makes an overall assessment of personality issues, equalitarian roles, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and marriage, family and friends, and religious orientation. High scores indicate high marital satisfaction. The 5 items from the Idealistic Distortion scale constitute a marital conventionalization scale. It is a modified version of the Edmond's (1967) Marital Conventionalization Scale. This scale measures couples' tendency toward answering the questions based on socially desirable behavior. High scores indicate that the relationship is unrealistic about marriage. Communication domain is concerned with an individual's feelings and attitudes toward communication in his or her relationship. High score reflects the knowledge and satisfaction of the couples about their relationship and low score indicates a lack of satisfaction with the relationship.

The conflict resolving domain assesses partners' attitudes toward and beliefs in the creation or resolving the conflict. It also evaluates their ways of ending the debate. The high score indicates a realistic attitude about conflicts in relationships and low score indicates the dissatisfaction with the relationship.

Data were analyzed using SPSS version 11 (SPSS Inc., Chicago IL). Univariate t -test, ANOVA, and Pearson's correlation tests were used to investigate the factors affecting the 4 areas of life quality and marital satisfaction in that the scores of both quantitative and qualitative variables had been classified. Multivariate Linear regression test was used to assess the resultant simultaneous effects of several variables on studied domains.

Results

A total of 133 nursing assistants and 333 nurses from 3 teaching hospital of Kerman University of Medical Sciences participated in this study. 386 of the participants were women, and 400 participants were working in the rotating irregular shifts work system.

The mean age of participants were 34.4 years (standard deviation [SD] = 7.5), length of marriage was 10.6 years (SD = 7.2), work experience was 11.4 years (SD = 7.5), and shift working experience was 10.3(SD = 6.8).

More than half of the participants (66.7%) had at least a bachelor degree, 423 participants (95.9%) were full-time employee in the hospital. Other information is given in [Table 1] and [Table 2].{Table 1}{Table 2}

35.2% (154 persons) were satisfied with the hours spent daily with their family. 61.8%, 60.7%, and 60.5% of participants admitted that night work shifts have had adverse effect on their personal, family, and social lives, respectively. T -test, Pearson's correlation, and ANOVA showed that 6 variables include employed spouse, satisfied with the hours spent with the family, working hospital and expressing a negative impact of night shifts on the individual life, are significantly correlated with four domains of quality of life and its final score [Table 3]. T -test showed significant correlation between gender and social, physical, and psychological domains [Table 3]. It also indicated that having second job was significantly correlated with physical health and home environment. One-way ANOVA showed that the type of shift work has significant correlation with home environment. Pearson's correlation coefficient showed a significant correlation between duration of marriage and social environment [Table 3]. The relationship between demographic factors and 4 domains of marital satisfaction was assessed by univariate tests.{Table 3}

Belief in the negative effect of night work on family life and number of children had significant effect on 4 domains of marital satisfaction. One-way ANOVA showed that education has significant effect on marital satisfaction, communication, and conflict resolution [Table 3].

Marital satisfaction and communication domain in Enrich questionnaire were correlated with total score of life quality ($P = 0.008$). Communication domain of Enrich questionnaire except for home environment was correlated with all other domains of life quality questionnaire. Psychological domain of life quality questionnaire was significantly correlated with communication ($P = 0.019$) and conflict resolving domains ($P = 0.0001$) of EMS questionnaire. Idealistic distortion of Enrich questionnaire was significantly correlated with social relationship domain of life quality ($P = 0.031$) [Table 4].{Table 4}

Backward linear regression was conducted by entering demographic and other domains of questionnaire for each dependent variable. This model was conducted for each score of life quality domain, for total score of life quality and for Enrich questionnaire marital satisfaction domains score. Number of children, Employed spouse, Belief in night shift effect on social and family life had significant effect on life quality [Table 4]. According to linear regression, four dimensions of EMS questionnaire was associated with quality of life [Table 5].{Table 5}

Discussion

In this study, we investigated factors affecting the quality of life and marital satisfaction of married nurses and nursing assistants in three hospitals. Based on the results of the study [Table 2], gender had a significant relationship with all aspects of quality of life excluding the home environment. It is obvious that working women - apart from their social and job activities - have another responsibility as parenting. These activities deplete their energy to work and can affect many aspects of their life quality.[21]

Although the conditions necessary for sexual satisfaction in both men and women are somewhat different, analytical tests did not show significant correlation between gender and marital satisfaction except for the idealistic distortion. This finding is consistent with the results of Afkhamioghda et al . that demonstrated the gender had no effect on the marital satisfaction.[22]

Spouse employment, satisfaction with time spent with family, and working hospital had significant relationship ($P = 0.0001$) with all domains of their life quality; that is, while no significant correlation was found with marital satisfaction domains. The results of previous researches are inconsistent with the results of this study; for example, Posig and Kickul showed that in families where both spouses are employed, the quality of life has decreased because of increased interference in work and family roles. [23] When couples are employed, they face more conflicts because of the pressure they feel. On the other hand, when one of the couples is shift worker, they spend less time together, and consequently, the relationship between them weakens.[6] The impact of working hospital on the quality of life may be due to differences in the management of the hospital, less number of nurses, and resulting high volume and long hours of work. Yazdimoghadam indicated that less job stress and good relationships among hospital officials and personnel are factors improving nurses' life quality.[24]

Having a second job affects nurses and nursing attendants' daily activities, energy and work capacity, pain and sleep. Moreover, their responsibilities as parents affect-nurses' physical health.[25]

Although education and number of children were factors influencing marital satisfaction, it was shown that they did not have significant correlations with quality of life of participants. Atari (2007) indicated that couples with higher degrees have better mutual understanding and as a result they are more likely to have high marital satisfaction. However, the number of children is inversely correlated with marital satisfaction. Because with the increase in the number of children, couples' relationship, particularly their sexual relationship-weakens.[20],[26] As previously mentioned, this study showed that education and number of children weren't correlated with the quality of life. This is in contrast with findings of Cimete et al .[27] This contradiction in results may be due to differences in conditions, working environment, and facilities for nurses and nursing attendants at different hospitals. It may also be attributed to the simultaneous assessment of the quality of life and marital satisfaction. In addition, the different cultures of the two communities can be a possible cause of inconsistent results. Expressed negative impact of night work on personal, family, and social life was a significant factor

affecting the quality of life because it was significantly correlated with all domains of life quality. This finding is consistent with results of a study by Taoda et al . about the adverse effect of shift work on personal and family life and lack of coordination between working and social relationships.[28],[29] The previous studies have also confirmed that fatigue caused by work leads to family problems such as poor sexual relationship which in turn may increase divorce rate.[15],[30] In the same way, Kossek et al . showed that the increase in shift working hours can cause problems such as decrease in marital satisfaction and quality of life.[31]

Marital satisfaction is a major determinant in overall happiness of the individual and an unhappy marriage could profoundly affect one's physical and mental well-being.[32] As the findings of the study showed, different components of marital satisfaction of nurses and nursing attendants is effective on their quality of life; in many cases these components changes in line with each other and are significantly correlated. Marital satisfaction and communication are correlated with life quality score. Because of shift work nature of their jobs, nurses and nursing attendants have less sex, less marital satisfaction, and lower quality of life. Kazemi et al . have also shown that the quality of life and marital satisfaction are correlated with each other so that programs improving the quality of life can increase marital satisfaction level.[33] Feelings, attitudes, and beliefs of person toward the level of relationships (communications domain) were significantly correlated with all aspects of life quality except for the home environment. The reason is that when people learn communication skills, they use them in every condition and environment.[34] Although there are many factors which obviously affect the quality of life and marital satisfaction, we cannot assume them one-dimensionally; in addition, it is necessary to study economic, cultural, religious, and occupational factors such as shift work at the same time. It seems that there are some lurking variables such as changing lifestyle from traditional to modern and new media broadcasting affect the marital satisfaction and quality of life. It has been shown that some television programs take away the chance for couple's direct communication which may ultimately result in marital dissatisfaction.[35] So as a part of the community, nurses and nursing assistants are not protected against such effects. Therefore, it is suggested that the future studies be devoted to simultaneous analysis of cultural and occupational factors.

Conclusion

Organizational and administrative support, including teaching effective communication skills between couples, making balance between work and family, and flexibility in shift work programs can improve the quality of life and satisfaction.

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Conflicts of interest

There are no conflicts of interest.

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