

# Marital adjustment and Quality of Life among Nurses

Mamman, J. C.<sup>1</sup> and Savitha, K.V.<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Applied Psychology, Central University of Tamil Nadu, Thiruvarur, Tamil Nadu- 610 005, India

<sup>2</sup>Department of Applied Psychology, Central University of Tamil Nadu, Thiruvarur, Tamil Nadu- 610 005, India

## Abstract

Marriage is an institution of high importance and marital adjustment has a crucial role in the overall well-being of the family. The nature of the spouse's occupation has a significant impact on marital adjustment. Nursing is a profession where the compassion and dedication is constantly required for persons in need. The increased complexity and ever-changing nature of health care environment have made sweeping changes in the status of nurses. Highly demanding nature of the job with fluctuating work schedule, night shifts, long hours of duty and low payment may affect the quality of life as well as marital adjustment of the nurses. This study explored the extent of marital adjustment and quality of life of nurses and to find out the nature of association between the two. Correlational research design was adopted in the study and survey method was employed for data collection. 89 nurses, 21 male and 68 female, selected through convenience sampling method from various parts of Kerala constituted the sample of the population. Marital adjustment questionnaire and WHO Quality of Life- BREF 26 were used to collect data. The findings showed that there is a significant positive correlation between marital adjustment and quality of life among nurses.

*Key words: Marital Adjustment, Quality of Life, Nurses.*

## 1. Introduction

Nursing, is a profession where passion compassion, dedication and commitment constantly needed for needy (Chhugani & James, 2017). According to the definition given to nursing by ANA (American Nursing Association, 2015) "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations." To the nurses an integral role was given in health

care. Besides in every work life there will be physiological and psychological problems in their occupation as well as in their life too (Buker, Aslan, Altug & Cavlak, 2006; Healy & Tyrrell, 2016) especially in case of nursing profession (Sadir, Bignotto & Lipp, 2010). For nurses, they have high working requirements, non- nursing roles, billing, keeping of record, and low remuneration makes them pathetic condition (Chhugani & James, 2017).

Nurses faces many problems at their work place; such as lack of respect, staff shortage, meeting patient expectations, long working hours, work place violence including physical or emotional assaults from patients and even from higher authority, role conflict and ambiguity, problems with shift work, (Kebapci & Akyolcu, 2011). Even they have to work 12 hours of shift later lead to exhaustion and working for long hours, increases physical and emotional stress (Crews & Hajra, 2016).

## 2. Review of Literature

Nurses are much prone to have dissatisfaction from marital relationship when they engage in a stressful job (Azeez, 2013). Shift work of nurses affects them physically, psychologically and even socially (Asadzadeh, Ebrahimi & Mokhtarzadeh, 2011). It may also affect their quality of life and marital satisfaction and thereby consequently affects their family and social life also (Starzdins, et al., 2006). Managing Work and family roles and creating a balance both is always a big task especially in the case of professions like nursing which demands intense effort and time. The fluctuating working schedule of nurses may affect the family duties also (Kenedy, 2008). Professionals like nurses are much prone to have dissatisfaction from marital relationship, as they are engaged in a stressful job which has complications in regard with shifts, long hours of duty and low payment (Azeez, 2013).

High strain and stress would weaken their health in one side and also lead to low energy, errors,

carelessness, depression, decreased motivation, effect on the sleep pattern. On the other hand, it misses the social or family activities (Srinivasan & Samuel, 2014).

For a healthy community, family and marriage plays an important role and in marital life adjustment among the couples is the foundation of success in marriage and family as an institution. Adjustment among the couples is the foundation of success in marriage and family as an institution. According to Thomas (1977) Marital Adjustment is defined as, "*the mental state among couples in which there is an overall feeling of happiness and satisfaction with their marriage and with each other*". Behind every satisfactory relationship, there is a mutual concern, care, understanding and acceptance.

Studies have also been done on the impacts or effects of shift work on marital adjustment. Kunert, King, and Kolkhorst (2007) examined perceptions of fatigue between night-shift and day-shift nurses. Compared to day-shift nurses, night-shift nurses perceived a much higher level of fatigue and poorer sleep quality. Sleep quality and quality-of-life were found inversely correlated (Shao, Chou, Yeh & Tzeng, 2010). Shift work is associated with the family role and non-standard patterns of shift work is associated with less time in family roles and thus in more conflict in their work and family too. (Staines, & Pleck, 1984) although nonstandard shifts have few effects, lack of scheduling control has strong negative effects on family and health outcomes. There is no evidence that these effects vary by gender or family status. (Fenwick, Rudy & Tausig, 2001). Similarly, working a nonstandard, nonflexible shift was significantly associated with a lower likelihood of family satisfaction, particularly for evening and night shifts and less the working hours increase the family satisfaction (Grosswald, 2004). Wives' additional work hours are positively associated with marital dissolution and decreased marital interaction (White & Keith, 1990). Worse family functioning was reported in parents working nonstandard schedules and has more depressive symptoms, and less effective parenting this nonstandard shift also affects their children with social and emotional difficulties mediated by family relationships and parent well-being. (Stazdins, Clements, Korda, Broom & Souza, 2006). Sleep quality is negatively correlated with job satisfaction (Karagozoglu, & Bingol, 2008). Poor health, high absenteeism and less satisfaction of job are reported among permanent night workers while compared with day workers (Burch, Tom, Zhai, Criswell, Leo, Ogussan, 2009).

The work pressure in nurses may create many consequences in the family. This may increase both interpersonal conflict and affect their quality of life (Elquist, 2004). Work pressure adversely affects the

quality of life and in developing the stress, anxiety, even marital dispatch (Pejman, Akram & Vafa, 2017). Life satisfaction refers as subjective evaluation of one's personal life. "*Overall satisfaction with life can be considered to be an indicator of quality of life, because one indicates how satisfied one is with one's life as a whole*" (Moons, Budts & Geest 2006). The quality of life depends on the perception of individual, from their own life and life satisfaction in relationship with their family, friends and community. Nature of job especially nurses confronts them with work place conflict, the family conflict and work and family life conflict. With these interactions affect the quality of life, if the problem consequently arises sometimes it may cause problem to marital satisfaction (Rajabi et al., 2013).

In their study on work- family balance, Greenhaus, Collins, and Shaw (2003) found that, those who invested more time on family than on work experienced a higher quality of life. The individuals who have work family balance experienced a higher quality of life than those who spent more time on work than family. Quality of life varies with some socio demographic variables like age, working time etc. Shift workers are more stressed than the non-shift workers and they suffer from the physical and psychological distresses and negatively affect the quality of life (Kim, Yoon, Kim, Hong, Ynag, Jung & Kim, 2002). Life quality was related to monthly income, disease, marital status. Sleep pattern is related to quality of life and in adequate sleep among nurses would affect the quality of life (Azizollah, Kord, & Hossein, 2015). Shao, Chou, Yeh, and Tzeng (2010) found poor sleep quality and quality of life were related to premenstrual dysphoria, occupational injury, illness and medication use and inverse correlations between scores on the sleep-quality and quality-of-life. Organizational culture affects nurses' quality of work life factors and that human relation cultural value positively relates with the commitment, job satisfaction and increase of empowerment that negatively relates with the turnover (Gifford, Zammuto & Goodman, 2002). There was a positive correlation between quality of life and job satisfaction (Cimete, Gencalp, & Keskin, 2003) which itself is related to work environment in terms of supportive management and others. There are significant differences in job satisfaction and quality of life among the nurses with respect to age, economic status, marital life, the working time and their position of work (Hung, Tsai, Wang & Lin, 2008). Siu (2002) also supports for the organizational climate-job satisfaction and climate-absenteeism relationships. Nurses who work in private hospitals were more satisfied and intended to retain their jobs more than nurses in public hospitals (Mrayyan, 2004). Since nurses have a significant position and play a major role in the health care system of every nation this study focuses on the marital adjustment and

quality of life of nurses. Being two important component of one's general wellbeing, relationship between marital adjustment and quality of life of nurses is something very important and has to be studied scientifically.

### 3. Materials and Methods

#### 3.1 Objective of the study

To find out the relationship between marital adjustment and quality of life.

#### 3.2 Hypothesis

There will be no significant relationship between marital adjustment and quality of life among nurses.

#### 3.3 Sample

The aim of the present study was to identify the relationship between marital adjustment and quality of life among nurses. Hence a correlational research design was employed in this study. The sample of the present study comprised of 89 nurses, 21 males and 68 females, selected through convenience sampling method from various hospitals in Kerala.

#### 3.4 Method of data Collection

Survey method was employed to collect data.

#### 3.5 Tools used for data collection

The Marital Adjustment scale by Kumar and Rahatgi (1976). It consists of 25 highly discriminating YES or NO item.

World Health Organization Quality of Life – BREF 26 developed by the WHO with 26 items.

#### 3.6 Procedure of data collection

The data were collected using both direct survey method as well as online survey method. Google form of the questionnaire was used for online method of data collection which was sent through mail and other social networking sites. The responses were automatically saved in Google drive. Hard copies of the questionnaires were used for direct method. The responses were collected by approaching various hospitals. After collecting the data, researcher checked the questionnaire to see whether all the information was given or not. After clarifying it a word of gratitude was conveyed to them. The data was coded and then analyzed using Spearman's Rank Order Correlation method.

### 4. Result

Table 1: Spearman's rank order correlation of marital adjustment and quality of life.

	Marital adjustment	Physical	Psychological	Social
Marital adjustment	1			
Physical QOL	0.375**	1		
Psychological QOL	0.556**	0.601**	1	
Social QOL	0.444**	0.542**	0.737**	1
Environment QOL	0.466**	0.648**	0.688**	0.768**

Table 1 show that, there is a significant positive correlation between marital adjustment and all domains of quality of life.

### 5. Discussion

The objective of the present study was to find out the relationship between marital adjustment and quality of life among nurses. It was hypothesized that there is no significant relationship between marital adjustment and quality of life. The study found that, there is a significant positive correlation between marital adjustment and quality of life which indicates that the above stated hypothesis was rejected. This implies that as the marital adjustment increases the quality of life of nurses also increases. Marital life of the individual might have a great role in their work life too because their quality of life may mediate their work efficiency. A better marital adjustment might help them to have a good psychological wellbeing which will in turn help them to have a better quality of life. The supportive attitude, good communication and understanding between the partners might be few reasons that may help them to have a good marital adjustment. According to Maslow, a better quality of life will help to increase the self-esteem, well-being, and satisfaction of life of the individuals (Maslow, 1962). In addition, support provided by their spouse, families, friends, children, environment, social etc. might also increase their marital adjustment and quality of life. The dissatisfaction from marital relationship influences the marital satisfaction which will consequently affect their family and social life (Azeez, 2013). Dissatisfaction in marital relationship might depend upon the marital adjustment of the partners which will also have an effect on the family, work life and social life of nurses.

#### 5.1 Implications

Since marital adjustment of nurses and quality of life is positively related any issues in marital adjustment will affect the quality of life of them. Marital adjustment of nurses may be affected by the nature of their work. Long working hours and shift work may reduce their opportunity to spend quality time with the family members. This may lead to increased

family conflicts, problems in communication, marital discord and in turn lead to many emotional and psychological problems.

Nurses work is really complex and it requires proper attention at each and every point of their work. If problems are there in the family sphere, there are great chances to carry over it to the work life also. This carry over may affect the quality of work life, quality of the service they are providing, lack of concentration, reduced efficiency and so on.

Nurses are the back bone of the health care system in our country. If their mental health and quality of life is at stake it will reduce the efficiency of the entire health care system. The entire society will be affected directly and indirectly due to reduced efficiency and effectiveness of the health care system. Even though the problems in marital adjustment and reduced quality of life appear to be a problem in the personal level, it is actually a social problem affecting millions of people.

Based on the findings and the implications the following recommendations are put forwarded.

### 5.2 Recommendations

There should be proper monitoring of the working hours of nurses on a regular basis. There should be proper policies and strategies to regulate hospital managements, to enhance the working conditions of the nurses. There should be regular and professional training for the nurses to manage various stressors in their life and work life and to enhance resilience among them. Organisations can seek the help of psychologists to provide such training programmes. The family members of the nurses also need to be oriented to understand the nature of their work. This will enhance more cooperation and better understanding and support from the family members. Society also needs to recognise the importance of the role nurses playing in a society. There should be programmes to enhance the self-esteem of the nurses. There should be large countrywide study to identify and understand the various psychosocial, emotional and work related problems of the nurses.

### 6. Conclusions

Since marital adjustment of nurses and quality of life is positively related any issues in marital adjustment will affect the quality of life of them. Marital adjustment of nurses may be affected by the nature of their work. Long working hours and shift work may reduce their opportunity to spend quality time with the family members. This may lead to increased family conflicts, problems in communication, marital discord and in turn lead to many emotional and psychological problems. Hence, focus should be here to improve the marital adjustment of nurses to enhance their quality of life.

### References

- [1]Asadzadeh, M., Ebrahimi, H., & Mokhtarzadeh, S. (2011). Comparative study of satisfaction and family conflict among married nurses with different working hours. *Journal of family and primary care*, 8 (2), 472
- [2]Azeez, A (2013). Sleep quality in nurses working in different shifts. *Glolestan university of medical sciences repository*, 7 (9), pp. 305-309.
- [3]Azizollah, A., Kord,, M., & Hossein Z. (2015). Nurses' Awareness of Preterm Neonates' Sleep in the NICU. *Global Journal of Health Science*. 8(6).
- [4]Gifford. B., Zammuto. R., & Goodman. E. (2002). The Relationship Between Hospital Unit Culture and Nurses' Quality of Work Life. *Journal Of Healthcare Management*, 47(1), 13-25. doi: 10.1097/00115514-200201000-00005
- [5]Buker, N., Aslan, E., Altuğ, F., & Cavlak, U. (2006). Hekimlerde Kas-İskelet Sistemi Problemlerinin Analizi. *Dumlupınar Üniversitesi Fen Bilimleri Enstitüsü Dergisi*, (010), 163-170.
- [6]Burch, J. B., Tom, J., Zhai, Y., Criswell, L., Leo, E., ogoussan, K. (2009). shiftwork impacts and adaptation among health care workers. *Occupational medicine*, 59 (3). Pp 159- 166.
- [7]Chhungani, M & James, M. M. (2017). Challenges faced by nurses in India- the major workforce of the healthcare system. *Nursing & Care open access Journal*, 2(4).Pp: 112- 114.
- [8]Cimete, G., Gencalp, N. S & Keskin, G. (2003). Quality of life and job satisfaction of nurses. *Journal of nursing care quality*, 13 (2). Pp 151- 158.
- [9]Crews, S. F. (2016). What are the biggest problems facing nursing today?.Retrived on 22 February. Retrived from <http://blog-sfceurope.com/what-are-the-biggest-problems-facing-nursing-today?>
- [10]Elquist (2004). A national study of the importance of oral health to life quality to inform scales of oral health related quality of life. *Quality of Life Research*, 13(4), 813-818.
- [11]Fenwick, Rudy., & Tausig, M. (2001). Scheduling Stress: Family and Health Outcomes of Shift Work and Schedule Control. *Journal of sagepub*. 44 (7), 1179-1198.
- [12]Greenhaus, J. H., Collins, K. M. & Shaw, J. D. (2003). The relation between work – family balance and quality of life. *Journal of vocational behavior*, 63 (3). Pp 510- 531.
- [13]Grosswald, B. (2004). The Effects of Shift Work on Family Satisfaction. *Journal of sagepub*, 85 (3), 413-423.
- [14]Healy, S & Tyrrell, M. (2016). Stress in emergency departments. Experiences nurses and doctors. *Emergency Nurse*. 19(4).Pp 547- 550.
- [15]Hung, S. W., Tsai, L. C., Wang, H. M & Lin, C. J. (2008). Jos satisfaction and quality of life among hospital nurses in the Yunlin chaiyi area. *The journal of nursing*, 55 (2). Pp 29- 38.
- [16]Karagozolu, S., & Bingol, N. (2008). Sleep quality and job satisfaction of Turkish nurses. *Journa Kebapci, A., & Akyolcu, N. (2011). The Effects of the Work Environment on Nurse Burnout in Emergency*

- Department. *Turkish Journal of Emergency Medicine*, 11(2), 59-67. *Journal of advanced nursing*, 66 (7).
- [17] Kebapci, A., & Akyolcu, N. (2011). The Effects of the Work Environment on Nurse Burnout in Emergency Department. *Turkish Journal of Emergency Medicine*, 11(2). 59-67.
- [18] Kennedy, K. (2008). Celebrating Excellence in Nursing Practice. *Journal For Nurses In Staff Development (JNSD)*, 24(1), 27-30. doi: 10.1097/01.nnd.0000300848.27717.26
- [19] Kim, Y. G., Yoon, D. Y., Chae, C. H., Hong, Y.S., Yang, C. G., Kim, J. M., Jung, K. Y., & Kim, J. Y (2002). Effects of Health on Shift-Work: General and Psychological health, Sleep, Stress, Quality of life. *Journal of psychosocial nursing and mental health services*. doi: 10.3325. pp 52
- [20] Kumar, P., & Rohtagi, K. (1976). Marital adjustment questionnaire. *Rupa Psychological Centre, Varanasi*.
- [21] Kunnert, K., King, M., & Kolkhorst, F. W. (2007). Fatigue and Sleep Quality in Nurses. *Journal of Psychosocial Nursing and Mental Health Services*.
- [22] Moons, P., Budts, W & Geest, S. (2006). Critique on the conceptualization of quality of life. A review and evaluation of different conceptualization approaches. *International journal of nursing students*, 43(3). Pp 891.
- [23] Mrayyan, M. T. (2004). Nurse job satisfaction and retention: comparing public to private hospitals in Jordan. *Journal of nursing management*, 13 (1).
- [24] Nursing scope and standards of practice (2015). American nursing association. Retrieved on 12 february 2017 <https://www.iupuc.edu/health-sciences/files/Nursing-ScopeStandards-3E.pdf>.
- [25] Pejman, M., Akram, J., & Vafa, F. (2017). Factors affecting quality of life and marital satisfaction among married nurses and nursing assistants. *Annals Of Tropical Medicine And Public Health*, 10(6), 1460. doi: 10.4103/atmph.atmph\_28\_17
- [26] Rajabi et al., (2013). Factors related to the Spousal Relationship in the Middle and Old age group: Focusing on marital status and Marital Satisfaction. *Journal of community welfare*, 47(4).
- [27] Sadir, M. A., Bignotto, M. M., & Lipp, M. E. N. (2010). Stress e qualidade de vida: influência de algumas variáveis pessoais. *Paidéia (Ribeirão Preto)*, 20(45), 73-81.
- [28] Shao, M. F., Chou, Y. C., Yeh, M. Y., & Treng, W. C. (2010). Sleep quality and quality of life in female shift-working nurses. *Journal of advanced nursing*, 66 (7), 1565- 1572.
- [29] Shek, D. T. L. (2010). Marital Quality and Psychological Well-Being of Married Adults in a Chinese Context, *journal of genetic psychology, research and theory on human development*. 156 (1). Pp 45-56.
- [30] Siu, O. L. (2002). Predictors of job satisfaction and absenteeism in two samples of Hong Kong nurses. *Journal of advanced nursing*, 40 (2).
- [31] Srinivasan, K., & Samuel, D. A. (2014). Psychological Problem Factors Faced by Staff Nurses Working in Hospitals. *IOSR Journal of Humanities and Social Science*, 19(3).
- [32] Staines, G. L., & Pleck, J. H. (1984). Nonstandard work schedules and family life. *Journal of Applied Psychology*, 69(3), 515-523.
- [33] Strazdins, L., Clements, M. S., Korda, R. J., Broom, D. H., & D'Souza, R. M. (2006). Unsociable Work? Nonstandard Work Schedules, Family Relationships, and Children's Well-Being. *Journal of marriage and family*. 68 (2).
- [34] Thomas, E.J. (1979). *Marital communication and decision making*. New York: Free Press.
- [35] White, L., & Keith, B. (1990). The effect of shift work on the quality and stability of marital relations. *Journal of Marriage and the Family*, 453-462.
- [36] Whoqol Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological medicine*, 28(3), 551-558.