

Comparison of Psychological Well-Being and Marital Satisfaction in Nurses and Non-Nurses

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ABSTRACT

Nurses are the core of the healthcare team and play an important role in community health. Therefore, paying attention to the health of the employees of this profession will ensure the health of the entire community. One of the stressful experiences can be the employment of an individual or individuals in a specific profession. The present study aimed to compare psychological well-being and marital satisfaction in nurses and non-nurses. The research design was a causal-comparative type and the statistical population of the present study was all nurses of Parse, Sajjad and Labafinejad Hospital in 2016, which was selected by a convenient sampling method of 100 nurses and 100 non-nurses. Participants responded to the Riff Psychological Well-Being Questionnaire and Inreach Marital Satisfaction Questionnaire. The data were analyzed using multivariate analysis of variance. The results showed that nurses were significantly higher in the components of acceptance, mastery, purposeful living, personal growth, and overall well-being; Marital satisfaction, communication, and conflict resolution scores of nurses were significantly lower than non-nurses ($P < 0.01$), but there was no difference between nurses and non-nurses in positive relationships, autonomy, and ideal distortion.

1. Introduction

The family is considered one of the important institutions in societies, especially in Iranian society, and if it functions properly, family members will also enjoy health and well-being. The family institution is divided into sub-systems, the most important of which is the marital system, the connection point of which is the marriage contract (1). The family is the most important unit of society. Marriage has been described as the most important and fundamental human relationship because it provides the initial structure for creating a family relationship and raising the next generation (2). Marriage is a fundamental relationship between a man and a woman, and choosing a marriage partner and the marriage contract are considered an individual achievement and a milestone of maturity. Choosing a marriage partner is one of the most challenging decisions in anyone's personal life (3). Marriage combined with marital satisfaction is the foundation stone of effective family functioning (4). Despite the existing challenges and the measurement of marital satisfaction, the term marital satisfaction has been used interchangeably with terms such as compatibility, happiness, and as an indicator to examine the quality of marital life. Marital satisfaction is considered as an individual's emotional-cognitive and subjective evaluation of his or her marital relationship (4). Marital satisfaction can be defined as the fit between an individual's expectations of marital life and his or her experiences in life, or in other words, the fit between the current situation and the expected situation (5). Marital satisfaction affects many aspects of individual and social life. Marriage is one of the most important protective factors for individuals' subjective well-being. For many individuals, their relationships with their spouse or partner are among the most important interpersonal relationships in their lives. Therefore, the quality of these relationships is likely to be an important factor in individuals' mental health. The quality of these relationships and individuals' mental health are related for several reasons. Problems in interpersonal relationships, especially those of high severity or chronic nature, are stressful (6). Therefore, identifying factors related to and affecting marital satisfaction is of particular importance.

If marital life creates unfavorable conditions for satisfyi

ng the psychological needs of spouses, not only will mental health not be achieved, but many women and men will lose their psychological well-being when their marriage reaches a dead end. Psychological well-being is defined as an individual's cognitive and emotional evaluation of his or her life (7). Well-being is based on an ideal life and means the development of human capabilities, which includes similar and complementary criteria to positive psychological health (8). According to Riff's definition, psychological well-being consists of six factors: self-acceptance, positive relationships, autonomy, purpose in life, personal growth, and mastery of the environment (9). Marital skills shape well-being in marital life, and increasing marital well-being has an effect on the level of marital satisfaction of couples..(10)

Considering the role that marital relationships can have on the concept of mental health, identifying the factors affecting marital stability and satisfaction is an important step in the field of couple relationships. The psychosocial effects of incompatibility and disagreement between couples, whether leading to divorce or in an erosive way, cause exhausting conflicts and manifest themselves in the form of mental and physical health problems for both couples and their children, and deal fatal blows to society (11). Psychological well-being is very important and effective for the overall health of nurses and improving their professional performance in caring for patients (Ansafdaran et al., 1401). Occupation, as one of the most important and fundamental factors in providing material and psychological needs, plays a significant role in determining the psychological well-being of nurses (Hassanvand et al., 2017), so that job stress leads to negative consequences, among which is a decrease in psychological well-being (Jamshidi Aini and Razavi, 2017). The decrease in psychological well-being and job burnout in nurses can be understood through the "conservation of resources model" of Hubfall and Faridi (1993). This model considers job burnout as an excessive reduction in energy resources resulting from long-term exposure to job stress without adequate recovery periods. This model suggests that balancing work and non-work needs and resources is particularly challenging in

many occupations, and nurses strive to acquire, maintain, protect, and enhance valuable resources and minimize any threats of resource loss. Threats to resource loss usually take the form of role demands along with the energy and effort expended to meet such demands. Nurses invest their resources in meeting specific job demands with the expectation of receiving positive outcomes (i.e., rewards) in return. When they cannot obtain valuable resources, psychological well-being decreases and burnout occurs (Lee, 2015). Nurses are the core of the healthcare team and play an important role in community health. Therefore, attention to the health of the employees of this profession will ensure the health of the entire community (12). It seems that one of the stressful experiences can be the employment of an individual or individuals in a specific profession. The work environment consists of physical, psychological, and social stimuli, each of which can be a factor in the development of stress. Members of the medical team are those who experience high levels of stress, and since nurses are also considered part of this team, stressors can be considered a psychological or psychosocial threat to them.(13)

Method

The research design was a causal comparative study and the statistical population of the present study was all nurses of Parse, Sajjad and Labafinejad Hospital in 2016, who were selected by convenient sampling method, 100 nurses and 100 non-nurses.

The research instrument

"Reiff Psychological Well-Being Scale - Revised Version" introduced by Reiff and Kayes in 1995, consists of 18 items and 6 subscales: self-acceptance, consisting of 3 items, items 2, 8, 10; positive relationship, consisting of 3 items, items 3, 11, 13; autonomy, consisting of 3 items, items 9, 12, 18; purpose in life, consisting of 3 items, items 5, 14, 16; personal growth and mastery of the environment, consisting of 3 items, items 1, 4, 6. Responses are assessed on a Likert scale from 1 = strongly disagree to 6 = strongly agree. The minimum score in this tool is 18 and the maximum score is 108, and a higher score in this tool means higher psychological well-being. A score of 63 is the cut-off point of the questionnaire, with a score greater than 63 indicating high psychological well-being and a score less than 63 indicating low psychological well-being (14). In a sample of 1108 adults over 25 years of age living in the United States, Reiff and Kays (14) reported the convergent validity of the "Reiff Psychological Well-Being Scale - Revised Version" based on its negative correlation with the "Zang Depression Scale" for the six subscales of self-acceptance, positive association, purpose in life, personal growth, autonomy, and environmental mastery as -0.45, -0.35, -0.14, -0.17, -0.18, and -0.50, respectively, and the reliability using the internal consistency method by calculating Cronbach's alpha coefficient in the above sample for the six subscales of self-acceptance, environmental mastery, positive relationship, purpose in life, personal growth, and autonomy as 0.52, 0.49, 0.56, 0.53, 0.50, and 0.57, respectively. Clark et al. (15) reported the construct validity of the "Reiff Psychological Well-Being Scale - Revised Version" in a sample of 4960 elderly people in Canada using factor analysis, confirming the existence of 6 factors, and the reliability using the internal consistency method by calculating Cronbach's alpha coefficient in the above sample for 6 subscales: self-acceptance, positive relationship, mastery of the environment, personal growth, autonomy, and purpose in life, respectively, 0.52, 0.48, 0.56, 0.56, 0.57, and 0.56. Bayani et al. (16) reported the convergent validity of the "Reiff Psychological Well-Being Scale - Revised Version" based on its positive correlation with the "Oxford Happiness Inventory" for 6 subscales of self-acceptance, positive relationships, autonomy, mastery of the environment, purpose in life, and personal growth, respectively, as 0.20, 0.65, 0.37, 0.43, 0.51, and 0.59, in a sample of 145 students of Islamic Azad University, Azad Shahr Branch. Reliability using the internal consistency method, calculated by Cronbach's alpha coefficient, was reported as 0.89 in the above sample. The stability coefficient by the test-retest method with a time interval of 2 months for the 6 subscales of self-acceptance, positive relationship, "autonomy, mastery over the environment, purpose in life and personal growth" was reported as 0.71, 0.77, 0.78, 0.77, 0.70 and 0.78, respectively. Khanjani et al. (17) confirmed the construct validity of the "Reiff Psychological Well-Being Scale - Revised Version" in a sample of 976 students of Shahid Beheshti University using confirmatory factor analysis and confirmed the existence of 6 factors. The reliability

by the internal consistency method by calculating the Cronbach's alpha coefficient in the above student sample was reported as 0.51, 0.75, 0.72, 0.76, 0.52 and 0.73 for the 6 subscales of self-acceptance, positive relationship, autonomy, mastery over the environment, purpose in life and personal growth, respectively.

"The Enrich Marital Satisfaction Scale was developed by Favours and Elson (18) in 1993 and consists of 47 items and 12 components including ideal distortion with items 3, 17, marital satisfaction with items 1, 2, 6, 14, 27, 34, personality issues with items 4, 22, 40, communication with items 13, 23, 32, 41, conflict resolution with items 7, 24, 33, 42, financial management with items 8, 15, 16, 25, leisure activities with items 9, 26, 31, 35, 43, sexual relations with items 10, 36, 44, marriage and children with items 11, 19, 28, 37, 45, relatives and friends with items 20, 29, 38, 46, egalitarian roles with items 5, 12, 18, and religious orientation with items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 18. Statements 21, 30, 39, and 47 are evaluated on a 5-point Likert scale from strongly disagree = 1, disagree = 2, neither agree nor disagree = 3, agree = 4 to strongly agree = 5. Statements 4, 6, 8, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 30, 31, 32, 35, 37, 38, 39, 40, 41, 42, 45, 46, and 47 are scored in reverse order. The minimum score in this tool is 47 and the maximum score is 235. A score of 47 to 94 means low marital satisfaction, a score of 95 to 141 means moderate marital satisfaction, and a score of 142 to 235 means high marital satisfaction. In the study by Wadspee (19), the construct validity of the "Enrich Marital Satisfaction Scale" was examined using confirmatory factor analysis on a sample of 142 couples from the general population of Sweden and the results confirmed 12 factors. The internal consistency reliability was reported as 0.69 to 0.97 for the above sample using the Cronbach's alpha coefficient. In the study by Nunes et al. (20), the construct validity of the "Enrich Marital Satisfaction Scale" was reported as 0.55 for the general population of Portugal using the "Parental Unity Questionnaire" and the internal consistency reliability was reported as 0.87 for the above sample using the Cronbach's alpha coefficient. In the study by Arab Alidoosti et al. (21), the construct validity of the "Enrich Marital Satisfaction Scale" using the convergent validity method on a sample of 300 ordinary people in Rafsanjan city with the "Kansas Marital Satisfaction Scale" was reported to be 0.40, and the reliability using the internal consistency method by calculating the Cronbach's alpha coefficient for the above sample was reported to be 0.74. In the study by Pourmidani et al. (22), the construct validity of the "Enrich Marital Satisfaction Scale" using the convergent validity method on a sample of married students of Isfahan universities with the "Health-Enhancing Lifestyle Questionnaire" ranged from 0.12 to 0.47, and the reliability using the internal consistency method by calculating the Cronbach's alpha coefficient for the above sample was reported to be 0.89.

Findings

Table 1. Frequency of companies by gender

Percentage	Abundance	Gender
48/5	97	Male
51/5	103	Female
100%	200	Total

.(%51.5) As can be seen in Table 1, 97 participants were male (48.5%) and 103 were female

Table 2. Descriptive statistics related to the years of service of the research participants

10/20	Average
6/97	Standard deviation
1	Minimum
30	Maximum

The average years of service of the participants is 10.20 with a standard deviation of 6.97. The minimum is 1 and the maximum is 30 years.

Table 3. Results of multivariate analysis of variance (MANOVA) of psychological well-being and marital satisfaction

Test power	Eta squared	Significance level	F	Mean squares	Degree of freedom	Sum of squares	Statistical indicators Variables	
1/00	0/163	0/001	38/58	1295/40	1	1295/40	Admission	Group
0/259	0/009	0/189	1/73	54/08	1	54/08	Positive relationships	
0/075	0/001	0/642	0/217	5/44	1	5/44	Autonomy	
0/990	0/085	0/001	18/44	477/40	1	477/40	Mastery	
0/840	0/043	0/003	8/81	220/50	1	220/50	Purposeful living	
0/582	0/023	0/031	4/74	171/12	1	171/12	Personal growth	
0/972	0/071	0/001	15/16	8243/28	1	8243/28	Overall well-being	
0/996	0/098	0/001	21/50	1132/88	1	1132/88	Marital satisfaction	
0/998	0/109	0/001	24/33	1711/12	1	1711/12	Communication	
0/996	0/099	0/001	21/82	756/60	1	756/60	Conflict resolution	
0/364	0/013	0/107	2/62	56/18	1	56/18	Distortion of ideal	
				33/57	198	6647/79	Admission	Error
				31/18	198	6175/20	Positive relationships	
				25/08	198	4967/43	Autonomy	
				25/88	198	5125/19	Mastery	
				25/01	198	4952/78	Purposeful living	
				36/08	198	7145/27	Personal growth	
				543/56	198	107626/22	Overall well-being	
				52/68	198	10430/80	Marital satisfaction	
				70/30	198	13921/27	Communication	
				34/66	198	6863/75	Conflict resolution	
				21/38	198	4235/00	Distortion of ideal	

Based on the findings of the results of multivariate analysis of variance (MANOVA) on psychological well-being and marital satisfaction;

In the variables of acceptance, mastery, purposeful living, personal growth, overall well-being, marital satisfaction, communication, and conflict resolution, $P < 0.01$ is significant. And the status of non-nurses in meaningful structures is better than that of nurses. But in positive relationships, autonomy, and ideal distortion, there was no difference between non-nurses and nurses. According to the results, in line with the first hypothesis of the study, there is a difference in psychological well-being and marital satisfaction in non-nurses and nurses. In line with the second hypothesis, in the psychological well-being of non-nurses, the average of the components of acceptance (40.89), mastery (41.50), purposeful living (41.99), personal growth (39.62), and overall well-being (238.97) is higher than that of nurses (35.80, 38.41, 39.89, 37.77, and 23.226). In the components of positive relationships, the average of non-nurses was 38.96 and nurses were 37.92, and autonomy was 36.01 and nurses were 36.34, which was not a significant difference. Regarding the third hypothesis, the average of non-nurses in marital satisfaction (34.42), communication (98.43), and conflict resolution (06.42) was higher than nurses (58.35, 13.38, and 17.38). However, in the component of ideal distortion, the average of non-nurses was 18.32 and nurses were 17.26, which was not a significant difference.

Discussion and Conclusion

In explaining the present findings, it can be said that nursing is a stressful and challenging profession due to its specialization, complexity, and need to deal with emergency situations. Issues such as

communicating with patients and their families, socializing with doctors and other nurses, heavy workload, long working hours, dissatisfaction with salaries and fringe benefits, and the need to work on holidays cause stress in nurses. Stress can lead to undesirable consequences and, if it exceeds the nurses' tolerance threshold, it can lead to work-related outcomes such as increased absenteeism, decreased job satisfaction, decreased productivity and organizational commitment, as well as reduced quality of patient care (Zarvijani et al., 2021). Today, the intensity of "nursing care" in hospitals worldwide is increasing to prevent increasing costs, which in turn increases the workload of nurses and makes them susceptible to health problems, and is likely to affect their performance and quality of care. Nurses are generally considered a high-risk group for work-related stress (Moghaddisi et al., 2013). Stressors are aspects of an individual's job that are associated with physiological and/or psychological costs because they require high effort or high skills (Aldrop et al., 2017). Low salaries and benefits, high workload, long working hours, and lack of manager support are stressors that challenge employees (Firoozabadi and Kootnai, 2018). As a result, most employees experience burnout and a decrease in motivation and efficiency in their jobs (Barik et al., 2017). According to the "effort-reward model", investing a large amount of energy and performance without any return will reduce the individual's personal reserves. If the imbalance between energy consumption and recovery continues over a long period of time, burnout may occur. Two processes contribute to burnout: the effort-based process, which involves high energy, pressure, and exhaustion, in which the demands of a job lead to the exhaustion of employees' energy, and the motivational process, in which there is a lack of resources to effectively cope with the demands (Salmella and Tinkinen, 2012). A large part of each person's life is spent at work, in fact, employed people spend more than half of their waking hours at work. Therefore, paying attention to the health of employees, especially their mental health, is of particular importance, so much so that the World Health Organization has placed mental health as one of the principles of primary health care on the agenda of its member countries (Goetzl, 2018). Apart from providing financial resources, work can satisfy some basic human needs such as physical and mental activity, social relationships, feelings of self-worth, trust and empowerment. It should also be noted that work is one of the most important factors constituting social identity, interpersonal relationships and, most importantly, the source of life for each individual, and this causes the personal and work lives of employees to mutually affect each other (Agbola and Elsanmi, 2016). However, work can also be a major source of stress. A satisfying job may become a source of dissatisfaction over time and lead a person to burnout. Psychological pressures from work can lead to physical, mental and behavioral complications in the individual, endangering his or her physical and mental health and ultimately threatening work goals and reducing the individual's performance (Salvaggioni et al., 2017). Every job has its own problems and conditions, but a common feature of many jobs is that they usually expose employees to psychological stress, which ultimately leads to burnout (Tahmasbi et al., 2019). Jobs that involve extensive social and interpersonal communication and relationships, and whose employees play a caring and therapeutic role, are naturally fertile ground for the development of various physical and mental illnesses. Among the variables that can play a preventive and modulating role in dealing with such issues and problems is "psychological well-being" (Kavoosi et al., 2014). Psychological well-being is very important and effective for the overall health of nurses and for improving their professional performance in caring for patients (Ansafdarani et al., 2011). Nursing is one of the professions in which nurses experience a lot of stress. Long-term work stress hurts the physical and mental health of nurses and reduces their psychological well-being (Dehghani and Bahari, 2012).

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