

# The Comparative Study of Family-Work Conflict and Marital Satisfaction among Nursing and Midwifery Staff Working In Hospitals of Zabol University of Medical Sciences in 2014

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### Abstract—

**Background and Objective**: The work-family conflict is described as an incompatibility between work and family roles. There is a mutual relationship between marital satisfaction and occupation, so that tension in one of these two areas affects the other. The work-family conflict seems to be more colorful in shift workers. Therefore, the purpose of this study was to compare the work-family conflict and marital satisfaction among nursing and midwifery staff.

*Materials and Methods*: The method of this study is cross-sectional of descriptive type. Samples consisted of all nursing and midwifery staff of Zabol University of medical sciences hospitals selected by census method. Enrich marital satisfaction questionnaire and Carlson family work-life conflict questionnaire were used to assess the samples. Data after collecting were analyzed by SPSS software version 18 with a significant level (P < 0.05).

**Results**: Findings showed that there is a significant difference between nurses and midwives regarding marital satisfaction and family–work conflict, so that nurses experience more marital satisfaction and work-family conflict (P < 0.05).

**Conclusion**: By applying the results obtained by policymakers and managers, steps can be taken to reduce the stresses and increase the life skills of clinical staff.

Keywords— Marital satisfaction, work-family conflict, nursing, midwifery.

## I. INTRODUCTION

arriage is one of the most important events affecting the quality of life and well-being of the individual (1) through which the parties along with relative independence work together in the direction of their development and actualization (2). The emergence of acceptable behaviors by the spouse can form a two-way relationship and create the ground for mutual understanding among couples (3).

One of the most important aspects of the family system is the satisfaction that spouses experience in marriage (4). Fisher (2008) sees satisfaction from common life as a result of emotions associated with pleasure, satisfaction, and the experience of joy by husband or wife taking into account common aspects of life (5).

Two very important areas of life are occupation and family that creating a balance between the demands of this area is very important. In other words, the physical, mental and emotional health of individuals depends on the health of marital relationships. A person's satisfaction to marital life is considered as his/her satisfaction from the family, and satisfaction from the family is the concept of life satisfaction, and the result will be the facilitation of the issues of growth and excellence and the material and spiritual progress of society (6). Work-family conflict is described as an incompatibility between work and family roles, which results from the disproportionate pressure of family and professional roles. In other words, when a person observes playing two or more roles at the same time, and these roles are inappropriately interconnected, they experience conflict with the role (7). Logical and empirical reasons confirm the fact that reducing the level of conflict between work and family will increase the staff's satisfaction in terms of job satisfaction, family satisfaction and life satisfaction (8).

Almost all studies and researches conducted in the field of family-work interaction agree that work-family conflict can have a detrimental effect on individuals, families and organizations (9).

According to Elquist (2004), nursing work has had a negative impact on the family and social issues of nurses and has led to the breakdown of their joint social activities with their spouses (10). Coligan and Rosa (2001) also reported nurses who work at night and afternoon shifts are more likely to suffer from various illnesses than those who are constantly working, as their unusual hours of work affect their physiological rhythms and their physical and mental health (11).

Kossek's (2002) study also shows that shift work is a major source of conflict between work and family. Shifting work through social isolation, increased depression, and decreased



marital interaction reduce marital quality (12). Presser (2000) in study concluded that marital satisfaction of shift workers was significantly lower than others (13).

Marital life has various aspects of financial affairs up to sexual and emotional ones. Also, given the many roles that each person play nowadays, and regarding in many cases these roles have different demands, many people face the challenge of balancing their career and family roles. This issue is more colorful for nursing and midwifery workers in shift-based hospitals, but considering the past literature and the limited research in this area, the research team aimed at comparing work-family conflict and marital satisfaction in nursing and midwifery staff working in hospitals of Zabol University of Medical Sciences.

### II. METHODOLOGY

The present research is a descriptive study. The statistical population included all married nursing and midwifery staff working in hospitals of Zabol University of Medical Sciences in 2014. In order to increase the accuracy of the study, the total statistical population consisting of 289 (242 nurses and 47 midwives) were entered to study as sample using census method.

In this study, three questionnaires were used: a researchermade demographic questionnaire including age, sex, type of work shift, number of children and other individual characteristics of the subjects.

In order to assess marital satisfaction, a short form of Enrich questionnaire was used. For the first time in Iran, Soleimanian calculated and reported the internal consistency of the test for a short form of 0.95. The questionnaire is fiveoption (which is essentially a Likert-type self-report), and has five options for each one, "I fully agree", "agree", "neither agree nor disagree," "disagree" and "totally disagree." Each field has five questions, each with a score of 1 to 5.

In order to calculate the total score of the questionnaire, the scores of the individual are collected in all 47 items and constitute the marital satisfaction score, which it is enough obtained raw score, to be turned into the t score of the related normalized table. A score of less than 30 indicates severe dissatisfaction, a score of 30 to 40 indicates dissatisfaction, a score of 40 to 60 indicates a relative and moderate satisfaction, a score of 60 to 70 indicates a high degree of satisfaction, and a score of more than 70 indicates the extraordinary satisfaction of the spouses of marital relationship (17).

To assess family-work-life conflict, the Carlson family – work conflict questionnaire was used. This scale evaluates the three dimensions of work / family conflict with 9 questions. At this scale, the range of responses is arranged from option one (fully disagree) to option five (fully agree) using the Likert scale.

Carlson et al. reported the reliability of each of these scales through Cronbach's alpha between 0.76 and 0.89 (18). In the study by Rasouli and colleagues, the content validity of the questionnaire was verified by ten faculty members of Iran medical sciences university and **university** of social welfare and **rehabilitation** sciences (19). To determine the overall score of this tool, the scores of all 9 questions are added together and then divided by the total number of questions. As a result, the total score of this questionnaire is from 1 to 5, in which score 1 indicates the absence of conflict; score 2: mild conflict; score 3: moderate conflict; score 4: strong conflict; and score 5: extreme conflict.

In this research, in addition to descriptive statistics, inferential statistics methods including independent t-test were used to analyze the data by use of SPSS software version 18.

#### III. FINDINGS

In this study, conducted for the purpose of comparative study of family-work conflict and marital satisfaction in nursing and midwifery staff of Zabol University of Medical Sciences hospitals, 289 mentioned married workers were evaluated. The mean age of the nursing staff was  $35.42 \pm 7.28$ and the mean age of the midwifery staff was  $37.22 \pm 3.82$ . The majority of nursing staff were female (69.8%) and in terms of type of shift, most nursing (62.34%) and midwifery (59.98%) staff had circulating shift work. The findings showed that the mean score of marital satisfaction among nurses was  $169.79 \pm$ 14.32 and in midwifery staff 141.12  $\pm$  11.74 and there was a significant difference between them. However, according to the normal t-table for interpreting the total marital satisfaction score, the marital satisfaction score of nursing and midwifery staff in hospitals affiliated to Zabol University of Medical Sciences indicates the relative and average satisfaction from the relationship between the spouses (Table I).

TABLE I. Comparison of marital satisfaction in nursing and midwifery staff.

Group	Marital satisfaction	P value
	Mean±SD	
Nurses	169.79±14.32	0.03
Midwives	141.12±11.74	0.05

The findings also showed that the mean score of work-family conflict in nursing staff was  $3.88 \pm 0.11$  and in midwifery staff was  $3.21 \pm 0.21$ , which had a statistically significant difference. However, it can be said that nursing and midwifery staff experience a moderate conflict in terms of family –work conflict (Table II).

TABLE II. Comparison of work-family conflict in nursing and midwifery

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Group	Work-family conflict	P value	
	Mean±SD		
Nurses	3.88±0.11	0.04	
Midwives	3.21±0.21		

#### IV. DISCUSSION AND CONCLUSION

The findings of this study showed that the mean score of marital satisfaction in nursing and midwifery staff of hospitals affiliated to Zabol University of Medical Sciences indicating a relative and intermediate satisfaction of marital relations between spouses. In a study conducted by Mardani Hamoleh and Heidari (2010) that examined the relationship between attachment styles and optimism and marital satisfaction among hospital staff, the subjects were 88 married female employees at Fatemeh Al-Zahra Hospital in Najaf Abad. Their mean marital satisfaction was 180.11, indicating relative marital



satisfaction among the employees (20). These results were consistent with the findings from our research.

The obtained results showed that the mean work-family conflict in the staff suggests that the nursing and midwifery staff of Zabol University Medical Sciences hospitals experienced a moderate work-family conflict. In the study conducted by Hatam et al. (2013), the mean score of workfamily conflict in the clinical staff of Shahid Faghihi Hospital of Shiraz showed a moderate work-family conflict between these employees that is consistent with our results.

Studies show that marital satisfaction of nursing staff is more than midwifery staff. Regarding the higher marital satisfaction of nursing staff than midwifery staff, it may be more likely to point to more exposure of nursing staff to different diseases and caregivers. Because nursing staff may inevitably be affected by the scary scenes caused by physical and mental disorders of the patients due to their duties, some of which may lead to the death of the patients, and this makes a person have more realistic view about life, and his attitudes, emotions and beliefs build on realities of life, not based on misconceptions, unrealistic expectations, and jealousy, because according to Bernstein, these factors are of the factors negatively affect marital satisfaction (34).

Studies show that nurses experience more work-related conflicts than midwives. Perhaps the cause of higher conflicts in the role of nurses' work and family role compared to midwives can be attributed to shortage of nursing staff and high working hours to compensate, low salary in relation to the workload and inappropriate and destructive behaviors of the clientele, including the patients themselves and their companions. Of course, this inappropriate approach to midwives is less likely to occur due to work in a more closed environment and lack of direct contact with patients' companions. Since nurses receive low organizational support, and the results of the study by Sabok et al. (2011) showed a negative relationship between organizational support and work-family conflict (33), this can also be the reason for the increased work - family conflict of nurses than midwives.

In sum, the most important result of this study is the lack of marital satisfaction and work-family conflict in nursing and midwifery staff which can endanger the family as the basis of the constituent of a healthy society.

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