



Correlation between Marital Satisfaction and Mental Health in Nurses of Tehran Hospitals

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ABSTRACT: Mental health plays a significant role in ensuring of dynamics and functioning of any community. Those people who have higher life satisfaction, experience deeper affections and feelings and have over all higher health. The aim of this study was to identify any possible relationship between marital satisfaction and general health in nurses. A multi factorial correlation design was used to convey the study. Accessible sampling was used to select 200 married nurses, aged between 20 and 40 that were working in hospitals of Tehran. We used IMS marital satisfaction questionnaire and General Health Questionnaire (GHQ) to evaluate marital satisfaction and general health respectively among nurses. The data were analysed using Pearson correlation test, regression analysis and variance analysis. Results showed a positive significant correlation between marital satisfaction and general health ($p < 0.05$), but there were no significant correlations between the duration of job and marital satisfaction or general health ($p > 0.05$). Since the correlation between marital satisfaction and general health was positive, resolving marital problems and consequently increasing marital satisfaction can increase the level of general health which may increase the level of health in family and society.

Key words: Mental Health, Marital Satisfaction.

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INTRODUCTION

Successful marriage and married life will be able to meet many of mental and physical needs in a safe environment and significantly influence on individual's mental health. [1] One of the most common concepts to demonstrate the amount of happiness and stability of marriage ties is marital satisfaction. In fact, marital satisfaction is a unique relationship. Being a member of a couple requires supporting and being supported. It means that partner's personal needs should be perceived as his or her. This concern desires an opportune support. Reciprocal support in this give and take relationship is essential. Winch et al. [2] define marital satisfaction as a correspondence between existing and expected situation. According to this definition, marital satisfaction will be established when the existing situation in marital relationship is in agreement with the partner's expected situation. Also Ellis states that marital satisfaction is tangible feelings of happiness, experienced satisfaction and pleasure by either partner considering all aspects of their marriage [3] In this respect the association between psychological distress and lack of marital satisfaction in married clients who experience a wide range of psychological problems has been proved. Among main psychological disorders, depression has been widely investigated and revealed its connection with marital distress. Researchers also believe that there is a proven association between anxiety disorders and marital distress. In addition to mental disorders, there is also a correlation between communicative problems and physical diseases. For those individuals who have a satisfying and supportive relationship, being affected with a severe illness is less probable and they will recover very quickly even if they develop a disease [3] Also fulfilling a healthy society requires family's health, and a healthy family requires both benefiting its members from mental health and having ideal relationship with each other [4].

Therefore, society's mental health is one of the most essential evaluations of different societies' health. Mental health unquestionably plays a significant role in assuring every society's dynamism and efficiency [5]. The concept of mental health encompasses inner feelings of being good, ensuring self-competency, self-sufficiency, capacity to compete, dependence among generations, and self-actualization of conceptual and emotional potential abilities. Naturally considering cultural differences, it's impossible to present a comprehensive definition of mental health. However, there seems to be a consensus that mental health is something beyond lack of mental disorders, and one thing is for sure-maintaining mental health is also as substantial as maintaining physical health [6]. Cognitive views have conceived mental health and lack of mental health associated with the manner of individuals' perception and interpretation of the world and specifically, of the surrounding environment. According to these views, the state of experiencing reality is determined through perception. The closer individuals' perception of their surrounding environment and its reflection in mind gets to reality, the more logical relationship they will have with their surrounding environment and also the quality of their reaction to

events and circumstances will be more reasonable and closer to mental health [7]. According to the definition of the world health organization, health comprises a state in which individual is completely safe physically, mentally and socially and no symptom of illness and psychoneurosis is observed. This definition of health means while evaluating health, not only traditional health indicators, namely death rate and disease development, but also the quality of individuals' lives should be taken into consideration [8]. In this respect, various researchers have revealed that life satisfaction is one of the predictors of mental health. Life satisfaction is distinguishable from other psychological structures like positive and negative affection, self-respect, and optimism. Experimental evidence also indicates that the time dimension of satisfaction from life is notable. Satisfaction from the past, the present, and the future are three distinct dimensions of life satisfaction [9]. The higher life satisfaction is, the more individual is exposed to experiencing positive feelings and emotions. Research by Maltby et al. [10] showed that the individuals with high life satisfaction apply more effective and appropriate management mechanisms, experience deeper affections and feelings, and enjoy higher general health. The nursing profession is among other stressful jobs. According to National Institute of Occupational Safety and Health, the nursing profession topped the other 40 stressful jobs. In fact, job stress recurs in some jobs such as the nursing profession with high physical and mental demands and fairly low independence [11]. Briefly according to previous researches, life satisfaction as a variable influences on individuals' management of life stresses and their mental health. Considering the nurses' role in society's health, this research is going to answer this question: Is there a significant relationship between nurses' marital satisfaction and mental health?

MATERIAL AND METHODS

Considering the aim and hypothesis of the research, the present paper applies correlation method and investigates the relationship between the variables. Correlation method applies correlation coefficient to determine the relationship between various variables. Correlation method aims to study variance range and covariance of one or several variables with variance range of one or several other variables. The statistical population in this cross-sectional descriptive-analytic research involves 200 married female nurses, with the 20-40 age range in Tehran's hospitals in 2013. The sampling method is convenient sampling. Two questionnaires were used for gathering information, including:

The general health questionnaire (GHQ-28):

The 28-item general health questionnaire was designed by Goldberg and Hillier [23] and various researches have been conducted in 70 countries using this questionnaire. Two main categories of phenomena are taken into consideration in this questionnaire, individual's disability to benefit from a healthy activity and emergence of new phenomena with disabling nature. This questionnaire has 4 subscales and each scale has 7 questions. The mentioned scales include: the scale of physical indicators, the scale of anxiety symptoms and sleep disorder, the scale of social defective activities, and the scale of depression. Questions 1-7, 8-14, 15-21, 22-28 are related to the scales of physical indicators, anxiety symptoms and sleep disorder, evaluating the symptoms of social efficiency, and assessing depression symptoms respectively. To total the scores, the scores 0, 1, 2, and 3 fall into four options (none, same as usual, better than usual, and much better than usual) respectively. In each scale, the score higher than 6 and, in total the score higher than 22 indicate disease symptoms. Bahmani and Asghari [24] have investigated and proved its 4-factor structure using factorial analysis. The consistency of this test has been studied using Cronbach's Alpha method and the proven CFA of the amount of these coefficients has been reported 85%, 78%, 79%, and 91% for the small scales of physical indicators, anxiety, social efficiency, and depression respectively.

The indicator of marital satisfaction questionnaire:

This is a 25-item tool constructed for measuring the rate of intensity or the range of wife's problems and the indicator of husband's marital satisfaction in the marriage ties. This indicator doesn't regard the specificity of the relationship as a single whole but measures the range of relationship problems from couple's point of view. This indicator doesn't measure the rate of marital adjustment since it's possible for a couple to have an acceptable compatibility in spite of their severe conflict or dissatisfaction. This indicator includes two index scores. One of them is 30(5+/-). The scores lower than 30(5+/-) indicate the absence of significant clinical problems in the relationship. The scores higher than 30 signify the presence of notable clinical problems.

The other index score is 70. The scores higher than 70 almost always designate that the client suffers from severe stress and probably visualizing or applying a kind of violence for solving the problems can be clearly noticed. The average of this indicator's Cronbach alpha is 96% indicating an internal consistency and a standard error less than 00.4. This indicator has shown high validity with Luck-Wallis's marital adjustment test and the scales of sexual satisfaction and marital difficulties.

RESULTS

Participants in this research average 34.89 years of age and 10.86 years of working experience. Pearson correlation method and multivariate regression analysis were used for testing the hypotheses and the results

were presented in the tables. Table 1 presents the Pearson correlation between marital satisfaction and the components of mental health. The significance level for mental health and marital satisfaction along with the sub-scales of the mental health has been provided in the table below. In this respect, there is a significant relationship between marital satisfaction, physical efficiency, social efficiency, anxiety, depression, and the total score of the mental health test. Since its significance level has been calculated less than 0.05 and the obtained coefficient for correlation coefficient is positive, it can be concluded that mental health and its components have a positive and significant relationship with marital satisfaction; in other words, an increase in the amount of marital satisfaction leads to an increase in nurses' mental health. The results of the correlation test of statistical hypothesis are as the following table:

Table 1. The results of Pearson correlation test between mental health and marital satisfaction

Depression	Social Efficiency	Anxiety	Physical Efficiency	Mental Health	Correlation Coefficient	Marital Satisfaction
0.4932	0.376	0.474	0.444	0.509		
0.000	0.000	0.000	0.000	0.000	Significance Level	

Table 2. Regression analysis for predicting marital satisfaction by the components of mental health

Regression Model	R	Coefficient Of Determination	Adjusted Determination Coefficient	Standard Error Of The Measurement
1	.540a	.292	.277	18.5501

Variance analysis

Model	Squares total	Degree of freedom	Squares average	F	Significance level
Regression	27513.96	4	6878.49	19.989	0.000
Remainder	66756.51	194	344.106		
Total	9427.47	198			

Model	Non-standardized coefficients		Standard coefficients		t	Significance level
	B	standard error	Beta			
Constant	33.706	3.543			9.512	.000
Physical efficiency	.770	.482	.145		1.597	.112
Anxiety	1.109	.497	.214		2.230	.027
Social efficiency	-.394	.638	-.056		-.618	.537
Depression	1.778	.531	.299		3.348	.001

The determination coefficient of this model equals 0/292. Therefore, only 29/2% of the variations in marital satisfaction can be clarified by the components of mental health. In the presented model for predicting marital satisfaction, physical efficiency and social efficiency are not included in the model because the obtained significance for these two components has been calculated more than 0.05. So these two components are excluded from the model. The final regression model is as follows.

Table 3. The results of regression analysis for predicting marital satisfaction by anxiety and depression (The components of mental health)

Regression model	R	Coefficient of determination	Adjusted determination coefficient	Standard error of the measurement
1	.531	.282	.275	18.5799

Variance analysis

Model	Squares Total	Degree of Freedom	Squares Average	F	Significance Level
Regression	26608.445	4	13304.223	38/539	0.000
Remainder	67662.029	196	345.214		
Total	94270.47	198			

Model	Non-Standardized Coefficients		Standard Coefficients		T	Significance Level
	B	Standard Error	Beta			
Constant	33.670	2.492			13.509	.000
Anxiety	1.382	.416	.267		3.325	.001
Depression	1.884	.477	.317		3.950	.000

The determination coefficient of this model equals 0.282. Therefore, only 28.2% of the variations in marital satisfaction can be clarified by anxiety and depression (the components of mental health). In order to investigate the hypothesis "There is a significant difference between marital satisfaction and mental health along with the sub-scales of mental health in terms of age classifications", variance analysis test was used.

There is no significant difference between all components in terms of age classifications because the calculated significance for marital satisfaction and mental health along with the sub-scales of mental health is

more than 0.05. 'There is a significant difference between marital satisfaction and mental health along with the sub-scales of mental health in terms of working experience classification'.

In order to investigate this hypothesis, variance analysis test was used. There is no significant difference between marital satisfaction and mental health along with the sub-scales of mental health in terms of working experience classification because the calculated significance for marital satisfaction and mental health along with the sub-scales of mental health is more than 0.05.

DISCUSSION

This research was conducted to investigate the relationship between marital satisfaction and mental health in female nurses in Tehran. A positive significant relationship was observed between marital satisfaction and mental health which is consistent with the findings of Pato and Taheri, [21] and Bradbury et al. [15]. Statistical analysis in a research by Salimi et al. [16] indicated that there is no significant relationship between working experience, marital satisfaction and general health. Also, the relationship between individuals' age, their marital satisfaction and mental health is not significant. Bradbury et al. [15] accomplished a Para analysis on life satisfaction and realized that there is a correlation between less life satisfaction and more suicide risk. Maltby et al. [10] noticed that the more life satisfaction individuals have the more general health they benefit. Bakhshipour et al. [9] explained that life satisfaction and social support significantly predict mental health. Whisman [17] studied 774 American couples and proved the relationship between anxiety and depression with marital satisfaction. In this research, he found out the relationship between mental health and couples' satisfaction. This research also indicated that mental health problems in one of the partners will lead to the appearance of problems in the other. In a study by Bruce [18] on the relationship between marital dissatisfaction and depression, it was shown that the amount of marital dissatisfaction in depressed couples was three times more than that of non-depressed couples. In other words, there is a relationship between depression and the emergence of marital dissatisfaction. Ronald's study [19] showed a direct relationship between mental disorders and marital maladjustment which is consistent with the findings of the present research. The findings of Mirkheshti's research [22] entitled "the investigation of the relationship between marital satisfaction and mental health" verified a significant correlation between marital satisfaction and mental health. The findings of the present research are consistent with the above mentioned studies.

Results of the present study revealed a positive significant relationship between marital satisfaction and mental health. Owing to the relationship between mental health and marital satisfaction, solving marital problems and enhancing couple's satisfaction can promote the level of mental health which will certainly be followed by the promotion of society and family's health level. This paper can open up a new field of research to carry out researches for assessing the effectiveness of the interventions which will be fulfilled to promote marital satisfaction and mental health in the nurse population of the country. Also, psychological interventions for reducing nurses' job-related stresses and increasing both adaptation in working environment and social support of the nurses will elevate the quality of nurses' lives.

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REFERENCES

1. Shahsiah M, Bahrami F, Etemadi A, Mohebi S. 2011. Effect of Sex Education on Improving Couples Marital Satisfaction in Isfahan. *Journal of Health System Research*, 6(4): 690.
2. Nazari A M, navabiNejad S. 2007. The effect of marital satisfaction and solution-driven advice to couples both working Quarterly news and research Advisor, winter; 5(20): 53.
3. Soleimani, A. 2004. Effect of irrational thinking (cognitive-based approach) on marital satisfaction, senior thesis: teacher's training University. Tehran.
4. Mousavi R, Moradi A, Mahdavihrsini E. 2006. The Effect of the Structural Family Therapy to Increase Marital Satis Faction and family Performance of Children with Seperation Anxiety. *Journal of Family Research*, 1(4).
5. Saki C, Keykhani S, 2002. Check the status of mental health of medical students of Ilam, Ilam University of medical sciences journal, 10(34-35): 11-15.
6. Amini H, Alaghand-rad J. 2001. The world health report: mental health new understanding, new hope. Persian.
7. Younes SJ; Bahrami F. 2009. Predict marital satisfaction in couples-oriented thinking and decisive. *Developmental Psychology*, (19):241-250
8. Ghasemipoor M, jahanbakhshganje S. 2009. The relationship between the social support and mental health in Lorestan university students in 2009. *Journal of Lorestan University of Medical Sciences*. 12(1)
9. Bakhshipourroudsari A; Peyravi H; Abedian A. 2005. Investigating relationship between satisfaction with life and social support with mental health among freshman students of Tehran University. *The Quarterly Journal of Fundamentals of Mental Health*, 7(27-28):145-152

10. Maltaby J, Day L, McCutcheon LE, et al. 2004. Personality and coping: A context for examining celebrity worship and mental health. *British Journal of Psychology*, 95, 411-428.
11. Peiman Pak F, Mansur L, Sadeghi M, Purebraham T. 2012. The Relationship of Job Stress with Marital Satisfaction and Mental Health in Nurses of Tehran Hospitals. *Journal of occupational and organizational consulting*, Vol., 4/ No, 13/ Fall 2012, 27- 54
12. Fathi-Ashtiani, A. 2012. *Psychological tests: personality and mental health*, Ninth Edition, Tehran, Publishing Besat, year.
13. Sanaei, B. et al. 2008. *The scale of measurement of family and marriage*. Tehran, Publishing Besat, year 2008.
14. Bakhshayesh A.R, Mortazavi M, 2010. The relationship between sexual satisfaction, general health and marital satisfaction in couples, *Journal of Applied Psychology* Vol. 3, 4(12), 73-85
15. Bradbruy, T. N., Fincham, E. D., & Beach, S. R. 2003. Research on the nature and determinants of marital satisfaction: A decade in review. *Journal of Marriage and the Family*, 62(4): 64-98.
16. Salimi Sh, Azadmarzabadi E, AbediDarzi M, 2010. Mental health status and its relationship with job burnout and life satisfaction in employees of a military University in 2010. *Scientific research EBNESINA*, 13(3-4)
17. Whisman MA, Uebelacker LA, Weinstock LM. 2004. Psychopathology and marital satisfaction. *Journal of consulting and Clinical Psychology*, 72(5): 830-838.
18. Bruce ML, Whisman MA. 1999. Marital dissatisfaction and incidence of major depressive episode in a community sample. *J Abnorm psychol* 108(4): 74-8.
19. Ronald CK. The social consequences of psychiatric disorders. Probability of marital stability. *American Psychiatric Association* 1998.155(3):1092-1096
20. Jafari A, 2010. A study on effectiveness of communication skills training before marriage on marital satisfaction after marriage. *Behavioral Sciences*, 1(2): 31-51.
21. Pato M, Taheri S, 2008. The relationship between marital compatibility, mental welfare and perfectionism in The couple, *Abstracts of the third congress of family pathology, Shahid Beheshti University*, 85-87
22. Mirkheshti. F. 2005. Examining the relationship between marital satisfaction and mental health. Master's thesis, *Roodehen Azad University*.
23. Goldberg, D.P., & Hillier, V.F. 1979. A scaled version of the General Health Questionnaire. *Psychological Medicine*, 9, 139-145.
24. Bahmani, B., Asgari, 2006. National normalization and evaluation of psychometric indices of general health questionnaire for the students of medical sciences of the country. A collection of articles in the *Third Seminar of Students' Medical Health*. Iran University of Science and Technology, Tehran.