Original Article

The survey of quality of life, perceived stress, and its relationship with marital satisfaction in married women working at health centers

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Abstract:

INTRODUCTION: Employed women experience a wide range of stresses that will potentially impact on their quality of life, mental status, and marital satisfaction. The aim of this study was to determine the relationship between the above components in employed women.

METHODS: The statistical population of this cross-sectional descriptive-analytical study was 124 married employed women of Khorramabad Health Center. The WHO Standard Questionnaire (SF-36), Perceived Stress Questionnaire (COHEN questionnaire), Marital Satisfaction Questionnaire (ENRICH questionnaire 47), and Demographic Information Questionnaire were used to collect data. Information was analyzed by SPSS software.

RESULTS: Most of the participants in the research had a good (45/2%) and very good (34/7%) quality of life. Most of them reported high (57/1%) and very high (15/3%) levels of marital satisfaction. Furthermore, the majority of women participating in the study had a low level (64/5%) of perceived stress. There was a significant inverse correlation between perceived stress and marital satisfaction ($r = -0/446$, $P < 0.001$) and quality of life ($r = -0/612$, $P < 0.05$). There was a direct correlation between marital satisfaction and quality of life ($r = -0/449$, $P < 0.05$). Linear regression analysis showed that the importance of quality of life and perceived stress scores, respectively, were significant predictors of marital satisfaction score. There was no statistically significant correlation between the total score of quality of life and marital satisfaction with demographic variables; only a weak relationship was found between perceived stress and family monthly income ($r = -0/184$, $P = 0/04$).

CONCLUSION: The findings of this study indicate that quality of life and perceived stress can be significant predictors of marital satisfaction in married employed women.

Keywords:

Marital satisfaction, perceived stress, quality of life

Introduction

The most important and fundamental human relationship has been described as marriage because it provides the basic structure for establishing a family and nurturing future generations. The relationship between men and women has been the longest-running relationship between spouses. Marriage is a process in which couples exchange thoughts and feelings verbally and nonverbally.[1]

Since family health depends on the continuity and health of the husband and wife and marital relationship is the core of the family system, one's satisfaction with the marital relationship means his or her satisfaction with the family.[2]

Low levels of marital satisfaction lead to lower levels of happiness, life satisfaction, self-esteem, and mental health and generally affect one's quality of life.[3] Researchers have long been interested in identifying

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factors affecting marital satisfaction. Studies show that individual and contextual characteristics can influence the quality of life.[4]

With the significant advancement in science and technology, despite the greater presence of women in society, women's responsibilities at home have not diminished and their expectations as a housewife beyond family and community remain strong. Given the fundamental role of women in family health, the necessity of dealing with marital satisfaction of employed women and some of the factors affecting it are highlighted.

Many factors can be effective in marital satisfaction. In their study, Litzinger and Gordon showed that quality of life is an important factor in predicting marital satisfaction and marital success.[5]

Quality of life is a multidimensional, subjective, and complex concept and a comprehensive and flexible process that encompasses all aspects of one's life. In other words, an individual's perception is unique and is a way of expressing one's feelings about health or other aspects of life, which is examined through the expression of people's opinions using standardized tools.[6]

The results of Long showed that there is a significant positive relationship between marital quality of life and marital satisfaction.[7]

Zolfaghari Barjouie *et al.*'s study of female teachers indicated that there is a significant relationship between quality of life and marital satisfaction.[8]

The results of Tofighi *et al.*'s research on married employees of the Welfare Office showed that there is a significant relationship between marital satisfaction and quality of life dimensions, and quality of life has a significant role in predicting marital satisfaction.[9]

Another factor affecting marital satisfaction of employees is perceived stress. An optimal level of stress is needed to create a sense of competition among individuals, especially employees, but if the level of stress goes beyond a certain level, so that people do not have enough time to balance, they will gradually lose strength, and the effects of stress will lead to reduced job and family functioning and manifests itself in marital dissatisfaction and a decline in quality of life.[10]

Hamidi *et al.*, in a study of health workers, found that there is a negative relationship between quality of working life and stress.[11]

The results of Mohammadi *et al.*'s research on teachers showed that the more supportive and shared the way

of coping with stress, the higher the level of marital satisfaction between them and vice versa.[12]

Furthermore, the findings of Mahboubifar's study showed a significant inverse relationship between perceived stress and teachers' marital adjustment.[13]

Parental marital satisfaction plays a vital role in maintaining the balance of family life and emotional climate and is an effective factor in coping with stress and having proper functioning in life. Increasing dissatisfaction in marriages and their adverse effects on the physical and mental health of spouses, necessitate improvement of marital interactions and formulation of various plans to improve the quality of life. Therefore, considering the simultaneous relationship between three variables of quality of life, marital satisfaction, and perceived stress was less studied in employed women. The present study aimed to determine the quality of life, perceived stress, and its relationship with marital satisfaction in employed married women.

Methods

This is a cross-sectional descriptive-analytic study. This cross-sectional descriptive study was conducted to determine the quality of life, perceived stress, and its relationship with marital satisfaction of employed married women in the health center of Khorramabad city in 2018. Ethics code is IR.MUI.RESEARCH. REC.1397.226. Inclusion criteria were as follows: willingness to participate in the study, 20 years of age or older, with diploma or higher education, and official or contractor married women working in health center of Khorramabad city in 2018, and exclusion criteria were as follows: not willing to participate in study and not completing the questionnaire. The statistical population of this study was all married women working in health center of Khorramabad city. The sampling method was a census in which all 152 married women working in Khorramabad Health Center were enrolled in the study. Finally, 124 individuals were collected and the rest refused to participate in the study due to various reasons. A questionnaire consisting of four sections was used for data collection. The first part included demographic characteristics (type of job, number of children, age, education, length of marriage, husband's occupation, and monthly family income), and the second part contained the World Health Organization Quality of Life Questionnaire (SF-36) standard 36. The questionnaire was developed by Ware and Sherbourne and included 36 questions in 8 domains (physical functioning, role limitations due to physical problems, role limitations due to emotional problems, vitality, general mental health, social functioning, bodily pain, and general health perceptions). The Quality of Life Questionnaire provides

two general measures of performance, including physical and mental health assessments.[14] Each questionnaire question has a continuous quantitative scale ranging from 0 to 100. Two-choice questions with scores (0 and 100), three-choice questions with scores (0, 50, and 100), 5-choice questions with scores (0, 25, 50, 75, and 100), and 6-choice questions with scores (0, 20, 40, 60, 80, and 100) are considered. In the 11 questions of this questionnaire, a score of 0 indicates the worst and 100 indicates the best possible for the individual. Moreover, in the other 25 questions, 0 score represents the best possible for the individual. By subtracting the scores for each subscale and dividing the number by the number of questions on the subscale, its subscale score is obtained, mean score is 50, and its standard deviation is 10. A score of nearly 100 indicates high quality of life, and a score below 50 is a low level of quality of life.[15]

The third tool consisted of the standard Cohen's Perceived Stress Questionnaire, which surveyed individuals' thoughts and emotions over the past month. In this study, a 14-item version was used.[16] This questionnaire is scored on the basis of a 5-point Likert scale of no (0), very low (1), somewhat (2), relatively high (3), and very high (4). Questions 4-5-6-7-9-10 and 13 were reversed, and their scores were calculated by summing the scores of the other questions on the scale. The lowest score was 0 and the highest score was 56. A cutoff score was 21.8, and a higher score indicated greater perceived stress.[16] The fourth section consisted of the ENRICH Marital Satisfaction Questionnaire 47. The original version of this test has 115 questions that due to the length of the scale questions, the 47-question form was also developed and it was used in this study. The answer to each of the 5-point Likert scale questions is strongly agree, agree, disagree, disagree, disagree, and strongly disagree. Some questions scored 1–5 and others scored 5–1, respectively. Finally, after answering, the individual scores were aggregated. The maximum score in this questionnaire was 235, and a higher score was a sign of more marital satisfaction.[17]

The validity and reliability of the Quality of Life Questionnaire with Cronbach's alpha coefficients of subscales of physical functioning, role limitations due to physical problems, bodily pain, and general health were reported 0.90, 0.85, 0.83, and 0.78, respectively. Cronbach's alpha coefficients of subscales of role limitations due to emotional problems, vitality, general mental health, and social functioning were calculated 0.77, 0.84, 0.65, and 0.77, respectively.[18]

The reliability of the Persian version of the Cohen's Perceived Stress Questionnaire was calculated by Bastani *et al*. with internal consistency method, and Cronbach's alpha coefficient was 0.74.[19]

Fowers and Olson reported the reliability of the Marital Satisfaction Questionnaire using Cronbach's alpha coefficient of 0.92.[20] In Iran, Soleymanian reported a reliability coefficient of 0.95 for this questionnaire.[21]

Data collection was done by the study participants in the workplace. After the initial justification, the questionnaires were filled out. The information was entered into SPSS version 20 software (SPSS Inc., Chicago, IL, USA). Data were analyzed using the Pearson correlation coefficient, multiple linear regression analysis, Spearman correlation coefficient, independent *t*-test, and one-way ANOVA.

Results

Findings showed that most of the participants (79.8%) were in the field of occupational health care and others were in the administrative field.

Most of the studied participants (69.4%) were undergraduates and most (60.5%) were 36–50 years old. Most of the respondents' spouses (66.9%) had a governmental position, and most of them (66.9%) were married for 5–20 years. In most cases (80.7%), the monthly income of the family was 2–5 million USD. Meanwhile, the mean number of children of the participants was 1.5, with a standard deviation of 0.9.

The relationship between perceptions stress scores, quality of life with marital satisfaction is presented in Table 1. The relationship between perceived stress scores and marital satisfaction is presented in Table 2. The relationship between marital satisfaction score and total quality of life score is presented in Table 3.

Table 1: Pearson correlation coefficient between perceptions stress scores, quality of life, and its dimensions with marital satisfaction

Predictive variables	Criterion variable	Statistical indicators	
		r	*P*
Perceived stress	Marital satisfaction	-0.446	<0.001
Total score of quality of life		0.449	<0.001
Physical functioning		0.204	0.02
Role limitations due to physical problems		0.252	0.005
Role limitations due to emotional problems		0.260	0.004
Vitality		0.400	<0.001
General mental health		0.436	<0.001
Social functioning		0.497	<0.001
Bodily pain		0.300	0.001
General health perceptions		0.428	<0.001

Pearson correlation coefficient showed that there was an inverse relationship between perceived stress scores and marital satisfaction (*P*<0.001). In other words, with the increase in the perceived stress score, the marital satisfaction score decreased. Furthermore, Pearson correlation coefficient showed that marital satisfaction score was directly related to total score of quality of life and all its dimensions (*P*<0.05)

The relationship between perceived stress score and total quality of life score and its dimensions is presented in Table 4. The results of linear regression analysis to predict marital satisfaction score based on perceived stress scores and quality of life is presented in Table 5. The Frequency distribution of quality of life, perceived stress, and marital satisfaction is presented in Table 6.

Discussion

The purpose of this study was to determine the quality of life, perceived stress, and its relationship with marital satisfaction in married women working in health center of Khorramabad city.

The findings showed that most of the women in the study had a good and very good quality of life. Most reported high and very high levels of marital satisfaction. Previous studies were consistent with these findings.[22,23]

These results suggest that employment, financial independence, and active participation in society in most cases lead to greater security and consequently improved quality of life and marital satisfaction in women.

Furthermore, the majority of women in the study had low levels of perceived stress, which was inconsistent with the results of the previous study.[24] The inconsistency of these results may be due to the

fact that in the Hosseini study, nurses were studied and the environment and nature of nurses' jobs varied with health workers.

The results showed that there was an inverse relationship between stress scores and marital satisfaction. This finding is in line with previous studies.[12,25] Explaining this relationship, it can be said that people who are under greater stress or facing life's trivial issues are more stressed, lose their strength when confronted with difficult living conditions, and feel more powerless, and their body's immune system gets weaker; as a result, they are affected by their mental health and ultimately less satisfied with their marital relationship. No matching studies were found.

The results of this study also showed that there was a direct relationship between marital satisfaction scores and total score of quality of life, which was in line with previous research findings.[26,27] Researchers acknowledge that one of the most important aspects of quality of life is the satisfaction that spouses experience in their relationship.[28]

Among the dimensions of quality of life, the highest correlation coefficient was observed between social functioning and marital satisfaction ($r = 0.497$).

Table 2: Pearson correlation coefficient between perceived stress scores and marital satisfaction

Variable	Perceived stress score	
	r	P
Marital satisfaction score	−0.446	<0.001

Pearson correlation coefficient showed that there was an inverse relationship between perceived stress scores and marital satisfaction (*P*<0.001). In other words, with increasing perceived stress score, marital satisfaction score decreased

Table 3: Pearson correlation coefficients between marital satisfaction score and total quality of life score

Dimensions of quality of life	Marital satisfaction score	
	r	P
Total score	0.449	<0.001
Physical functioning	0.204	0.02
Role limitations due to physical problems	0.252	0.005
Role limitations due to emotional problems	0.260	0.004
Vitality	0.400	<0.001
General mental health	0.436	<0.001
Social functioning	0.497	<0.001
Bodily pain	0.300	0.001
General health perceptions	0.428	<0.001

Pearson correlation coefficient showed that marital satisfaction score was directly related to total score of quality of life and all its dimensions (*P*<0.05)

Table 4: Pearson correlation coefficients between perceived stress score and total quality of life score and its dimensions

Dimensions of quality of life	Perceived stress score	
	r	P
Total score	−0.612	<0.001
Physical functioning	−0.175	0.049
Role limitations due to physical problems	−0.275	0.002
Role limitations due to emotional problems	−0.456	<0.001
Vitality	−0.715	<0.001
General mental health	−0.696	<0.001
Social functioning	−0.605	<0.001
Bodily pain	−0.346	<0.001
General health perceptions	−0.606	<0.001

Pearson correlation coefficient showed that the perceived stress score was inversely correlated with the total score of quality of life and all its dimensions (*P*<0.05)

Table 5: Linear regression analysis to predict marital satisfaction score based on perceived stress scores and quality of life

Variable	Raw coefficients	Standardized coefficients	t	P
Perceived stress score	1.051	0.275	2.76	0.007
Quality of life score	0.509	0.281	2.82	0.006

Linear regression analysis indicated that the importance of quality of life scores and perceived stress, respectively, were significant predictors for marital satisfaction score (*P*<0.05). Meanwhile, the equation for predicting marital satisfaction score (Y) based on perceived stress score (X_1) and quality of life (X_2) was obtained as follows: $Y=160.1-1.051X_1 +.509X_2$

Table 6: Frequency distribution of quality of life, perceived stress, and marital satisfaction in the participants

Variable	Level	*n* (%)
Quality of life	Very weak	1 (0.8)
	Weak	3 (2.4)
	Medium	21 (16.9)
	Good	56 (45.2)
	Very good	43 (34.7)
Perceived stress	None	15 (12.1)
	Low	80 (64.5)
	Medium	29 (23.4)
	Much	0 (0)
Marital satisfaction	Severe discontent	1 (0.8)
	Relative dissatisfaction	6 (4.8)
	Medium Satisfaction	26 (21)
	High satisfaction	72 (57.1)
	Very satisfying	19 (15.3)

The quality of life of most of the participants (79.9%) was good and very good. Most of them (64.5%) had low perceived stress and most of them (57.1%) had high level of marital satisfaction

In explaining this finding, it can be said that the social functioning dimension reflects one's satisfaction with communication with family, friends, and ultimately society, and marital communication is one of the most important relationships of individuals; individuals who are more satisfied with their marriage have a higher level of social functioning.

There was also a strong inverse relationship between the perceived stress score and the total score of quality of life and its dimensions. Among the dimensions of quality of life, the highest correlation coefficient was found between vitality and perceived stress, followed by general mental health, total quality of life score, general health, and social functioning. Results of other studies were consistent with the findings of the present study.[29-31]

The strong negative correlation between vitality dimension and perceived stress indicates the role of stress erosion on individuals' mental and physical ability. Overall, the findings of these results strongly support previous studies.[32]

Furthermore, the findings of this study showed that the scores of quality of life and perceived stress were significant predictors of marital satisfaction score which was in line with the results of other studies.[25-32] Explaining this finding can be said to be a consequence of the stressor response and the person's perception of the stressful situation, and the amount of stress experienced may affect one's ability to cope effectively with stressful events.

Limitations of the present study include lack of cooperation, time consumption to complete the questionnaires due to the number of questions, the probability of participants not being honest, and factors such as mental state at the time of completing the questionnaires.

Conclusion

The results of this study showed that there is a direct relationship between quality of life and marital satisfaction on the one hand and there is an inverse relationship between perceived stress with quality of life and marital satisfaction on the other hand. Because stress affects people's health and leads to a decrease in their quality of life and marital satisfaction, the necessity to address them is identified.

Generally speaking, in order to increase marital satisfaction of working women, it is better to reduce their stress. This requires further efforts by health officials and managers, especially health centers, to hold classes to increase staff awareness and training in optimal stress management.

Conflicts of interest
There are no conflicts of interest.

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