

## The Role of Religiosity in Predicting the Level of Job Stress and Marital Conflict among Married Nurses of Medical Education Centers in Hamedan, Iran

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### Abstract

**Background and Objectives:** The present study was conducted by the aim of predicting the role of religiosity in job stress and marital conflict among married nurses of medical education centers in Hamedan.

**Methods:** The present research is a descriptive-analytic one. The population of the research included all the married nurses in medical education centers in Hamedan at 2014-2015, which were over 270 individual. 155 individuals were selected through available sampling method. Data gathering was done by using Osipow Job Stress Questionnaire, Sanaee Marital Conflict Questionnaire and Religiosity Questionnaire of Glock and Stark. For analyzing the data, statistical tests of Pearson Correlation and step-by-step multivariate regression were used, and data analysis was conducted by SPSS18.

**Results:** Results of Pearson correlation indicated that there is a significant and negative correlation between religiosity and its components with job stress and marital conflict among nurses. Step-by-step regression analysis showed that religiosity can predict job stress and marital conflict among nurses. Also, among the components of religiosity, two components of consequences and belief could predict job stress by 0.24% and two components of affective and consequences could predict marital conflict by 0.21%.

**Conclusion:** Since religiosity plays a determining role in job stress and marital conflict, providing some educations in the field of religious teachings can be considerably effective for this group of society.

**Keywords:** Job Stress, Marital Conflict, Nurse, Religiosity.

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## Introduction

Health care professionals are prone to developing persistent stress due to some of their job demands (1). Tension and hard conditions in certain occupations such as nursing cause serious negative effects on people's physical and mental efficiency and severely affect their family and social relationships (2). Workplace stress is considered an important issue (3). This concept has caused significant impacts on mental health among hospital staff. Increased risk of acquiring psychiatric disorders is directly correlated with occupational stress (4). Hanif (5) considers occupational stress to be emotional, cognitive, behavioral, and biological response to annoying and stressful job aspects that is characterized by high levels

of arousal and anxiety, and is often associated with feelings of inability to cope with these aspects. Low argues that occupational stress represents certain conditions in which some causes or combinations of causes interfere with each other and disrupt physical and psychological or biosocial balance (6). Workplace stresses threaten satisfaction, survival, and longevity of marital relationships. The quality of marital relationships plays an important part in couples' mental health (7), and inappropriate marital relationships put their health at risk (8). Although such unsuitable conditions and conflicts may be unavoidable in any marital life, the rate and intensity of dispute are different in different couples (9). Marital conflicts start from

reaction to individual differences and if these conflicts increase in intensity, feelings of anger, revenge, hatred, jealousy, and verbal and physical abuse govern marital relationships. In such conditions, these conflicts occur in abnormal forms (10).

Halford (11) argues that marital conflict is some kind of continuous and significant dispute between the two spouses that is reported by at least one of them; dispute is considered significant if it influences the couples' function and continuous if it does not diminish over time. Marital conflicts lead to adverse health outcomes for family members (12) including depression (13), maladjustment and aggression in adolescents (14,15), and inappropriate communication patterns (16).

Adherence to religious orders is one of the important factors that helps couples achieve peace and marital life satisfaction (17). As an organized belief system accompanied by a set of ceremonies and practices, religion determines how normal people should respond to life (18). Adherence to religion culminates in development of tensionless and strenuous relationships between the couples, which in turn help them resolve the conflicts appropriately and experience greater levels of life satisfaction. Religiosity has been reported to contribute to the prevention of problems, resolution of conflicts, and formation of reconciliatory relationships (19-21). Besides that, religiosity is an effective factor in reducing occupational stress (22,23).

Given that nurses' physical and mental health and the levels of stress they experience is a determinant of quantitative and qualitative reduction in work efficiency and is associated with quality of their performance in delivering health care services to patients as well as since the level of marital life satisfaction of either of the spouses is one of the effective factors on long-term relationships between them, taking into account religion and religious background of Iran's community can greatly help reduce occupational stress and resolve marital conflicts.

In this regard, the present study was conducted to investigate the role of religiosity in predicting occupational stress and marital conflict in married nurses of health care centers in Hamedan, Iran.

## Methods

The study population of this cross-sectional, analytical study consisted of all married nurses working in health care centers in Hamedan in 2015-2016. This population consisted of 270 people 155 of whom were enrolled in the study according to Morgan Table sample size determination. Because it was not convenient to access all married nurses of the study population, the participants of this study were selected according to convenience sampling. To observe research ethics, we gave certain explanations about the questionnaire before administering it to the participants and ensured them that the results of the study would have no effect on their conditions.

### Study instruments

Osipow job stress inventory: This standard questionnaire was used by Osipow et al. (24) for the first time. The items of this questionnaire are rated by 5-point Likert scale. This questionnaire investigates job stress in six subscales: Role workload, role insufficiency, role duality, role boundary, responsibility, and physical environment, and 10 items have been developed to investigate each subscale. The scores of male and female responders are determined according to the questionnaire's guidelines and accordingly the levels of job stress at each subscale the responder experiences is determined. The scores are classified into four levels: Lower than normal stress, normal stress, moderate stress, and severe stress.

This questionnaire has been frequently used and its reliability and validity have been confirmed and reported to be acceptable in studies conducted in Iran according to test-retest method (25-28).

Marital Conflict Questionnaire (MCQ): This questionnaire consists of 24 items and was developed by Sanai (29) to investigate marital conflict based on clinical experiences. This questionnaire measures seven dimensions of marital conflicts: Reduced cooperation, reduced sexual intercourse, increased affective reaction, increased child support, increased personal relationships with relatives, reduced familial relationships with spouse's relatives and friends, and separating the financial issues

from each other. The items are rated by Likert scale. The minimum and maximum attainable score for this questionnaire is 42 and 210, respectively. The MCQ has an acceptable content validity. The Cronbach's alpha of this questionnaire was derived 0.94 (reduced cooperation: 0.70; reduced sexual intercourse: 0.72; increased affective reaction: 0.73; increased child support: 0.81; increased personal relationships with one's relatives: 0.75; reduced familial relationships with spouse's relatives and friends: 0.69; and separating the financial issues from each other: 0.68) according to a pilot study on 30 samples. Higher scores for this questionnaire represent higher levels of conflict.

Stark and Glock's Model of Religiosity: This questionnaire was developed by Stark & Glock (30) to measure religious attitudes and beliefs, and religiosity. To conduct standardization, this questionnaire was administered to the followers of Islam, Judaism, and Christianity in different countries in Europe, Americas, Africa, and Asia, and adapted to Islam (31). Stark and Glock's Model of Religiosity is a 5-aspect measure of religiosity consisting of belief, emotional, outcome, rites, and intellectual. Questionnaire used in this study measured four of the above mentioned aspects as the intellectual aspect was removed because of the extent of the advertisements in Iran. The current questionnaire consists of 26 items to measure the level of religiosity in terms of four aspects (belief: 7 items, emotional: 6 items, outcome: 6 items, and rites: 7 items)

Sharifi et al. reported this questionnaire's validity 0.45 and its aspects' validity 0.29-0.34 using correlation coefficient with Khodayarifard et al.'s Religious Attitudes Measure (32). Serajzadeh reported the validity correlation coefficients of this questionnaire to be 0.41-0.62 and confirmed them (33). The reliability coefficient of this questionnaire was estimated 0.75 and those of its aspects 0.53-0.76 by Sharifi et al. according to split-half method.

Data were analyzed by descriptive (mean, standard deviation, frequency, and percentage) and inferential (Pearson Correlation

Coefficient and stepwise multivariate regression analysis) statistical tests in SPSS 18.

## Result

One hundred and four (67.09%) participants were female. Total mean score for religiosity was derived 3.01 and 0.71. Considering 3 an average score for religiosity and 4 a high score for this variable, we can regard the mean score of the participants in this study for religiosity as a moderate mean score. Regarding religiosity different aspects, the highest and lowest mean score was derived for belief aspect (3.81) and outcome aspect (3.19), respectively. Tables 1 and 2 show descriptive data on the studied variables and Tables 3 and 4 show inferential data on these variables.

As Table 1 shows, there is an inverse, significant correlation of job stress and its aspects with religiosity and its aspects. Only role workload and emotional aspect, role boundary and belief, emotional, and outcome aspects and religiosity as well as physical environment and belief aspect were not significantly correlated. The highest correlation was derived between job stress and outcome aspect (-0.54) followed by correlation of responsibility with emotional aspect (-0.51).

Table 1. Correlation matrix of religiosity and its aspects with job stress its aspects

Variables	Belief	Emotional	Outcome	Rites	Intellectual
Role workload	-0.19*	-0.40	-0.35*	-0.27*	-0.32*
Role insufficiency	-0.22*	-0.32*	-0.18*	-0.37*	-0.31*
Role duality	-0.10 *	-0.13 *	-0.17*	-0.25	-0.41*
Role boundary	-0.28	-0.20	-0.15	-0.29*	-0.09
Responsibility	-0.38*	-0.51 *	-0.36*	-0.27*	-0.33*
Physical environment	-0.32	-0.19*	-0.32*	-0.23*	-0.27*
Job stress	-0.43*	-0.47*	-0.54*	-0.41*	-0.39*

Correlation is significant at  $P < 0.01$ .

As Table .2 shows, there is an inverse, significant correlation of job stress and its aspects with religiosity and its aspects. Only increased child support and belief and rites aspects, increased personal relationship with one's relatives and outcome and rites aspects, and reduced familial relationships with spouse's relatives and friends and rites aspect

were not significantly correlated. The highest correlation was derived between marital conflict and emotional aspect (-0.60) followed by correlation of separating the financial issues from each other with belief aspect (-0.46).

Table 2. Correlation matrix of religiosity and its aspects with marital conflict and its aspects

Variables	Belief	Emotional	Outcome	Rites	Intellectual
Reduce of collaboration	-0.39*	-0.30*	-0.28*	-0.30*	-0.30*
Decreased sexual relations	-0.19*	-0.32*	-0.34*	-0.25*	-0.32*
Increase of emotional reactions	-0.30*	-0.33*	-0.27*	-0.12*	-0.38
Increase of children supporting	-0.08	-0.14*	-0.40*	-0.30	-0.17*
Increase individual relations with relatives	-0.42*	-0.20*	-0.40	-0.22	-0.19*
Reduction of family relationship with wife's relative and friends	-0.21*	-0.07*	-0.30*	-0.40	-0.29*
Disagreements over financial affairs	-0.46*	-0.19*	-0.37*	-0.41	-0.36*
Marital conflict	-0.40*	-0.60*	-0.44*	-0.36*	-0.45*

Correlation is significant at P<0.01.

As Table 3 shows, according to stepwise regression analysis, outcome aspect and then belief aspect were first included in the regression analysis and belief aspect alone in the first step could predict 17% of variations in job stress ( $R^2=0.17$  and  $R=0.42$ ). According to  $\beta$  values, outcome aspect was able to predict job stress negatively and significantly ( $p<0.001$ ,  $\beta=-0.42$ ), i.e. if outcome aspect increased by one standard deviation, job stress decreased by 0.42 standard deviation. The result of F test was 72.13 ( $p<0.001$ ) for the significance of the correlation coefficient, and represented that outcome aspect was highly able to explain variations in the dependent variable appropriately.

Table 3. Stepwise regression analysis to predict nurses' job stress using religiosity aspects

Step	Predict	R	R <sup>2</sup>	F	$\beta$	T	P
1	Outcome	0.42	0.17	72.13	-0.42	-7.83	0.001
2	Outcome	0.49	0.24	40.41	-0.42	-6.29	0.001
	Belief				-0.15	-5.05	0.001

In the second step, outcome and belief aspects together predicted 24% of variations in job stress ( $R^2=0.24$  and  $R=0.49$ ). According to  $\beta$  values, outcome aspect with regression coefficient -0.42 ( $p<0.01$ ,  $\beta=-0.42$ ) followed by belief aspect with regression coefficient -0.15 ( $p<0.01$ ,  $\beta=-0.15$ ) had the greatest regression effect on the dependent variable, and F value was derived 40.41 ( $p<0.001$ ) representing that the dependent variable was highly capable of explaining. In addition, belief aspect alone could explain 7% of variations in religiosity.

Multivariate regression analysis indicated that out of the predictors, emotional aspect and then outcome aspect were included in the regression analysis. As seen, emotional aspect alone explained 16% of variations in marital conflict ( $R^2=0.16$  and  $R=0.40$ ). According to  $\beta$  values, emotional aspect was inversely and significantly correlated with marital conflict ( $p<0.01$ ,  $\beta=-0.40$ ), i.e. marital conflict decreased with increase in emotional aspect. F value was derived 47.33 ( $p<0.001$ ) for the significance of the correlation coefficient.

Then, outcome aspect and emotional aspect were simultaneously included in the analysis to investigate the prediction rate of marital conflict, and together could predict 21% of variations in marital conflict ( $R^2=0.21$  and  $R=0.46$ ). As observed, emotional aspect could predict marital conflict much more potently than outcome aspect that alone could predict only 5% of variations in the dependent variable.

According to  $\beta$  values, emotional and outcome aspects were inversely and significantly correlated with marital conflict ( $p<0.01$ ,  $\beta=-0.35$  and  $p<0.01$ ,  $\beta=-0.14$ , respectively), i.e. marital conflict decreased with increase in emotional and outcome aspects. F value was derived 43.16 ( $p<0.001$ ) for the significance of the correlation coefficient (table 4).

Table 4. Stepwise regression analysis to predict nurses' marital conflict using religiosity aspects

Step	Predict	R	R <sup>2</sup>	F	$\beta$	T	P
1	Emotion	0.40	0.16	47.33	-0.40	-7.55	0.001
2	Emotion	0.46	0.21	43.16	-0.35	-6.02	0.001
	Outcome				-0.14	-4.29	0.001

## Discussion

The current study was conducted to investigate the role of religiosity in predicting job stress and marital conflict among married nurses. This study demonstrated that religiosity and its aspects were inversely and significantly correlated with marital conflict and its aspects. Out of religiosity aspects, outcome and belief aspects predicted 0.24 of job stress and 0.21 of marital conflict, which is consistent with a number of studies (19-23).

To explain these findings, we can argue that religious beliefs system enables people to deal with adversities and stresses they face in working life more strenuously. People with higher levels of religiosity develop depression, anxiety, and psychiatric disorders less frequently and have healthier and more balanced lifestyle that positively affects all aspects of life including working life.

Religious commitment has positive effect on nurses' marital life and prevents marital conflicts and dissatisfaction and associated negative effects on marital life. Mahoney (20) argues that religion offers general guidelines to humans. If humans act according to these guidelines, marriage is strengthened. These guidelines address certain laws concerned with sexual intercourse, gender roles, dedication, and resolution of conflicts in marital relationships. When religious couples experience marital conflicts, religious serves as a strategy to resolve these conflicts.

A study demonstrated that religiosity developed strong and healthy relationship between spouses and helped them arrive at agreement on different issues such as child rearing, how to make decision and resolve conflicts, leisure, and expression of love (34).

## Conclusion

According to the definitions of spirituality, religion, and religiosity, the noticeable point is that religiosity connects us to others, nature, and the source of life. Such experiences are very valuable and help us make living conditions excellent. According to these findings, it can be argued that religiosity and religion play a remarkable role in predicting the levels of job stress and marital stress.

Accordingly, respective officials are recommended to develop specific and specialized programs to strengthen religious beliefs among nurses so that important measures are taken to help them achieve individual, organizational, and family health.

This study suffers from certain limitations. For example, in this study, only married nurses were enrolled and therefore the findings should be generalized to non-married nurses cautiously. Holding continuous training aimed to use religious teachings, and meetings and congresses attended by experts and advisors can greatly help disseminate religious knowledge among nurses. These are some of the implications of this study that should be sought out by the officials.

## Conflict of interest

The authors declare no conflict of interest.

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