

Moderating Role of Religiosity in the Relationship between Occupational Stress and Marital Satisfaction in Female Nurses

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Abstract

Background and Objectives: Marital satisfaction is one of the factors that are related to mental health and occupational stress in nurses. Many studies have shown that religiosity is associated with greater stability and higher quality of marital life. In this regard, the present study aimed to investigate the modulating role of religiosity on occupational stress in female nurses and their marital satisfaction.

Methods: This descriptive-analytical research was performed on female nurses working in hospitals in the west of Tehran, Iran. In total, 230 people were randomly enrolled in this study according to Morgan table. The research instruments in this study were the ENRICH Marital Satisfaction Inventory developed by Olson et al. (1989), Religiosity Questionnaire developed by Khodayarifard (2009), and Occupational Stress Questionnaire (HSE) (2009). Finally, the collected data were analyzed using Pearson's correlation test and regression analysis.

Results: According to the findings, the mean values of religiosity, marital satisfaction, and occupational stress were 454.89 ± 63.46 , 158.58 ± 32.85 , and 143.97 ± 33.45 . Moreover, the results revealed a significant negative correlation between occupational stress and marital satisfaction in female nurses ($P=0.01$, $r=-0.21$).

Conclusion: The results indicated that religiosity cannot affect the relationship between occupational stress and marital satisfaction. However, there was a significant negative correlation between occupational stress and marital satisfaction in female nurses. Therefore, the increase in occupational stress leads to the decline of marital satisfaction.

Keywords: Marital Status, Nurses, Occupational Stress, Religion.

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Introduction

Numerous studies have been conducted about the positive psychological effects of communication with God and religiosity on the reduction of and coping with stress. According to previous research, religious beliefs affect the perception of stress in various ways and consequently, affect the physical and mental health as well as the lives of individuals (1).

Today, occupational stress has become a serious problem for organizations. It endangers the physical and mental health of the employees

and also imposes huge costs on these organizations. Occupational stress is known as the most common disease of the century. Medical and paramedical professions are among the most stressful ones due to dealing with human lives, accordingly, stress threatens the physical and mental health of those who work in such professions (2). According to the statistics, the prevalence of occupational stress is high among nurses (3). Given the large number of employees in our society and according to the statistics, the rate of dissatisfaction of

employees with their jobs is significant. This indicates the need for further research to identify mental health priorities and related factors in the workplace (4).

Previous research has shown that religious beliefs, rituals, and commitments lead to positive outcomes, such as physical and mental health, marital satisfaction, durable marital life, and positive work performance (5).

Marital relationship is the core of the family system and its disruption threatens the survival of the family. Dissatisfaction of couples with each other and their marital life leads to distress in the family and this has negative effects on the society, family, and individuals (4).

Over the years, the attitudes of people towards family as a social system, family life, and self have changed (6). Today, women have turned to employment in order to develop their abilities and increase their self-esteem. Therefore, the image of a traditional family in which the husband is the sole breadwinner of the family is gradually fading. Emergence of new roles, such as employment and its addition to the traditional prominent roles of women in the Iranian culture, such as wives and mothers, has led to the considerable increase of occupational and social pressures as well as family and marital conflicts. Accordingly, couples face pervasive difficulties regarding the establishment and maintenance of their intimate relationships (6).

The marital, maternal, and occupational responsibilities of employed women have created various expectations from them, and women are pressured to meet them in the family and society. This issue inevitably affects motherhood as one of the most important roles of women (7).

Employed women have less opportunity to express themselves, compared to men, and often suffer from physical and mental fatigue. Moreover, they are not rewarded at home for all the responsibilities they bear alone and are sometimes even judged by their dissatisfied husbands and demanding children (2). If family life makes it difficult for couples to satisfy their psychological needs, they will not be able to achieve mental health. Furthermore, it will have negative and sometimes irreparable effects,

such as neurological disorders, depression, and suicide. Such consequences have forced people to seek the components of marital satisfaction. Therapists can also effectively help couples only if they have an understanding of the specific contemporary challenges of couples and families (9).

Given the stressful nature of the nursing profession, a few more accessible coping strategies should be sought to reduce the negative consequences of occupational stress. One of the best ways to cope with stress is to use the benefits and positive consequences of religiosity and religious beliefs. As it is explicitly stated, the remembrance of God calms the hearts (10).

Islam, as an ideology, provides the most comprehensive lifestyle for human beings and its doctrines cover a wide range of moral, health, and social issues; however, most of the research conducted on this subject has made use of the beliefs of other religions. Given the need to find ways to reduce occupational stress and increase marital satisfaction, it is necessary to study the role and possible effects of religious variables on this issue. In this regard, the present study was performed to investigate the modulating effect of religiosity on the relationship between occupational stress and marital satisfaction in female nurses.

Methods

The statistical population of the study was the female nurses in Tehran, Iran and the sample size was calculated at 230 cases using the Morgan table. The subjects were selected using the stratified random sampling method from the list of the names of the staff and based on the ratio of the number of staff in each hospital. It should be noted that the researchers obtained permission for the conduction of this research project from the executive directors of the hospitals. The inclusion criteria were female gender, nursing profession, and willingness to participate in the study. The questionnaires were distributed in the hospitals in the west of Tehran (2 public hospitals), Iran. The present descriptive-analytical study was conducted based on a correlational design.

The required data were collected using the

ENRICH Marital Satisfaction inventory developed by Olson et al. in 1989, the Religiosity questionnaire developed by Khodayarifard in 2009, and the HSE Occupational Stress questionnaire (2009). It should be noted that all of the questionnaires had good reliability and validity (11-9).

Marital Satisfaction Questionnaire

In this study, part of the required data was collected using the 47-item form of ENRICH Marital Satisfaction Inventory. It includes 4 subscales with 35 items. The validity and reliability of the inventory were assessed by the researcher and the Cronbach's alpha coefficient of this inventory was 0.84 in the present study. Moreover, the subscales of marital satisfaction, communication, conflict resolution, and idealistic distortion obtained alpha coefficients of 86%, 84%, and 83% and repeatability values of 86%, 81%, 90%, and 92%, respectively. The items were scored based on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

The items 3, 5, 6, 7, 10, 13, 14, 18, 19, 21, 22, 23, 26, 27, 28, 29, 32, 33, and 34 were scored in reverse which means that in these questions, strongly agree was scored 1 while strongly disagree was scored 5. Higher total scores obtained in this inventory indicated higher marital satisfaction.

Religiosity Questionnaire by Khodayarifard

The final version of this questionnaire consists of 97 items that measure religiosity in three components of religious beliefs, religious emotions, and commitment to and performance of religious duties, as well as 5 questions which measure the social pretense or attempt to present a socially desirable image of oneself from a religious point of view. The items in this questionnaire were scored based on a six-point Likert scale that ranged from strongly agree to strongly disagree for some items and always to never for the rest of the items. The score of each component was obtained based on the score of the phrase in each component. The total score of religiosity was also obtained from the sum of the scores of each component. It should be noted that those who obtained scores above 29

and 30 on the social pretense scale were excluded from the study due to the invalidity of their scores. Moreover, the scores of the social pretense items were not calculated in the sum of scores of the components and also the total score of religiosity.

This questionnaire has been validated by Khodayarifard and the alpha coefficient of the four domains and the whole scale ranged from 0.76 to 0.95 (9).

HSE Occupational Stress Questionnaire

The Occupational Stress Questionnaire (HSE) has 35 items that are scored based on a five-point Likert scale ranging from never to always.

It should be noted that in this questionnaire, items 3, 5, 6, 9, 12, 14, 16, 21, 20, 18, 22, and 34 were scored in reverse. Accordingly, the "never" and "always" were scored 5 and 1, respectively. The obtained high scores in this questionnaire indicated low and appropriate occupations stress and pressure, while the low scores indicated a high level of stress.

The translation, validity, and reliability of this questionnaire have been evaluated by Azad Marzabadi et al. They have reported the validity coefficient of the questionnaire at 0.78 and 0.65 by Cronbach's alpha and split-half methods, respectively (11)

The questionnaires were filled by nurses working in the anesthesiology ward, surgery ward, and intensive care unit, nurses; medical emergency nurses (115 nurses); family nurses; emergency operation nurses; nursing services managers (matrons); nurse supervisors (rotating supervisors); educational supervisors; infection control supervisors; head nurses; expert nurses; anesthesiology nurses; and operating room nurses with different occupational and educational levels.

The ethical considerations were respected during the data collection. Accordingly, the objectives of the study were explained to the nurses and their oral informed consent was obtained before they entered the study. Finally, the collected data were analyzed in SPSS software (version 20) using descriptive and inferential statistics (i.e., Pearson correlation test and regression analysis).

Result

In total, 79.8% of the participants in the present study had a bachelor's degree. Regarding the socio-economic status, the majority of the subjects (41.9%) came from the middle class (Table 1). Table 2 summarizes the mean values of the research variables.

Based on the results of Pearson's correlation coefficient, occupational stress had a significant negative correlation with the subscales of conflict resolution ($r=-0.29$), financial management ($r=-0.21$), leisure time ($r=-0.25$), intercourse ($r=-0.19$), family and friends ($r=-0.19$) and the total score of marital satisfaction ($r=-0.20$). Moreover, it was found that occupational stress has no significant correlation with religiosity. Furthermore, the subscale of leisure time in marital satisfaction had a significant positive correlation with religious beliefs and the total score of religiosity (Table 3).

Based on simultaneous regression analysis

for prediction of marital satisfaction and the numerical value of the adjusted R^2 ($R^2=0.04$), it can be concluded that occupational stress predicts 4% of the variance of marital satisfaction.

According to Table 4, occupational stress in the first step can independently predict marital satisfaction ($P=0.02$). However, religiosity cannot act as a modulator of the relationship between occupational stress and marital satisfaction.

According to Table 5, in the first step, job stress as a predictor variable was able to predict only 4% ($R^2=0.04$) of the variance of marital satisfaction, while in the third step, the interaction of religious belief and job stress in this step. Only one percent was added to the coefficient of explanation ($R^2=0.05$) in the interaction of job stress and religious belief. It can be said that religious belief cannot act as a modulator of the relationship between job stress and marital satisfaction.

According to the third step in Table 6, it can be said that religious emotions cannot act as a modulator of the relationship between occupational stress and marital satisfaction.

Table 1. Frequency distribution of demographic characteristics

Demographic characteristics		Frequency	Percentage
Education level	High school and below	6	4.7
	Associate's degree	7	5.4
	Bachelor's degree	103	79.8
	Not answered	13	10.1
Socio-economic status	Middle to low	8	6.1
	Middle	54	41.9
	Middle to high	11	8.6
	Not answered	56	43.4

Table 2. Mean values of occupational stress, domains of marital satisfaction, and religious beliefs in nurses

Variable	Minimum	Maximum	Mean	SD
Occupational stress	11	244	143.97	33.45
Personal matters	9	30	20.19	5.05
Marital relationship	6	30	19.42	5.76
Conflict resolution	4	25	17.15	4.17
Financial management	4	25	17.10	4.02
Leisure time	3	25	17.06	4.17
Intercourse	5	25	17.64	3.81
Marriage and children	4	25	16.93	4.04
Family and friends	5	25	16.58	3.88
Religious orientation	3	25	17.47	4.73
Total score of marital satisfaction	27	221	158.58	32.85
Religious beliefs	55	271	229.50	32.22
Religious emotions	30	130	106.34	15.16
Commitment to and performance of religious duties	20	149	119.05	19.33
Total score of religiosity	87	541	454.89	63.46

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Table 3. Results of the correlation of occupational stress, marital satisfaction domains, and religiosity

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Occupational stress	1													
2. Personal matters	-0.13	1												
3. Marital relationship	-0.15	-0.79**	1											
4. Conflict resolution	-0.29**	0.73**	0.78*	1										
5. Financial management	-0.21*	0.67**	0.62*	0.65*	1									
6. Leisure time	-0.25**	0.53**	0.55*	0.62*	0.56*	1								
7. Intercourse	-0.19*	0.45**	0.52*	0.49*	0.48*	0.55**	1							
8. Marriage and children	-0.16	0.51**	0.53*	0.49*	0.45*	0.40**	0.46**	1						
9. Family and friends	-0.19*	0.61**	0.56*	0.53*	0.49*	0.46**	0.21**	0.56*	1					
10. Religious orientation	-0.14	0.64**	0.71*	0.74*	0.57*	0.55**	0.38**	0.52*	0.66**	1				
11. Total score of marital satisfaction	-0.20*	0.84**	0.86*	0.86*	0.78*	0.75**	0.64**	0.70*	0.73**	0.83**	1			
12. Religious beliefs	0.02	0.07	0.04	0.02	0.06	0.19*	0.09	0.09	0.14	0.01	0.08	1		
13. Religious emotions	-0.01	0.02	-0.20	-0.03	0.04	0.15	0.07	0.05	0.04	-0.08	0.02	0.84*	1	
14. Practical commitment to religion	0.02	-0.03	-0.09	-0.11	0.01	0.15	0.05	0.03	0.10	-0.08	0.03	0.84*	0.88*	1
15. Total score of religiosity	-0.01	0.03	-0.01	-0.03	0.04	0.18*	0.08	0.07	0.11	-0.04	0.04	0.97*	0.93*	0.94**

*P=0.05, **P=0.01

Table 4. Regression results of the modulating effect of religiosity on the relationship between occupational stress and marital satisfaction

Step	Predictor	Unstandardized regression coefficient	Standardized regression coefficient	T	P	Tolerance	Variance inflation factor	R ²
		B	Beta					
1	Occupational stress	-0.21	-0.20	-2/22	0.029	1	1	0.04
2	Occupational stress	-0.21	-0.20	-2.18	0.031	0.968	1.03	
	Religiosity	-0.006	-0.006	-0.06	0.952	0.968	1.03	
3	Occupational stress	-0.21	-0.20	-2/18	0.031	0.968	1.04	
	Religiosity	-0.01	-0.01	-0.12	0.902	0.889	1.12	
	Stress * religiosity	0.03	0.02	0.23	0.817	0.918	1.09	

Table 5. Regression results of the modulating effect of religious beliefs on the relationship between occupational stress and marital satisfaction

Step	Predictor	B (unstandardized regression coefficient)	Beta (standardized regression coefficient)	t	P	R ²
1	Occupational stress	-0.21	-0.20	-2.22	0.029	0.04
2	Occupational stress	-0.21	-0.20	-2.18	0.031	0.04
	Religious beliefs	-0.006	-0.006	-0.06	0.952	
3	Occupational stress	-0.21	-0.20	-2.16	0.033	0.05
	Religious beliefs	-0.32	-0.28	-1.06	0.292	
	Stress * religious beliefs	0.002	0.29	1.11	0.271	

Table 6. Regression results of the modulating effect of religious emotions on the relationship between occupational stress and marital satisfaction

Step	Predictor	B (unstandardized regression coefficient)	Beta (standardized regression coefficient)	T	P	R ²
1	Occupational stress	-2.21	-2.20	-2.22	0.029	0.04
2	Occupational stress	-2.21	-2.20	-2.21	0.029	
	Religious emotions	-0.02	-0.02	-0.17	0.867	
3	Occupational stress	-2.22	-2.21	-2.28	0.024	
	Religious emotions	-0.37	-0.33	-0.72	0.476	

Stress * religious emotions 0.002 0.32 0.70 0.488

Table 7. Regression results of the modulating effect of religious behavior on the relationship between occupational stress and marital satisfaction

Step	Predictor	Unstandardized regression coefficient	Standardized regression coefficient	T	P	R ²
		B	Beta			
1	Occupational stress	-0.21	-0.20	-2.22	0.029	0.04
2	Occupational stress	-0.21	-0.21	-2.32	0.022	0.45
	Religious behavior	-0.09	-0.07	-0.81	0.419	
3	Occupational stress	-0.23	-0.22	-2.42	0.017	0.05
	Religious behavior	-0.56	-0.48	-1.07	0.286	
	Stress * religious behavior	0.003	0.41	-0.93	0.357	

According to the third step in Table 7, religious behavior cannot act as a modulating variable in the relationship between occupational stress and marital satisfaction.

Discussion

Based on the results, there was a significant negative relationship between occupational stress and marital satisfaction in nurses. In other words, the increase of occupational stress in nurses reduced their marital satisfaction, which is in line with the results of the studies performed by Peyman Pak and Rostami.

In addition, Adib-Hajbagheri (12) in his qualitative study on nurses found that job stress had negative effects on all aspects of family lives of nurses. Moreover, Peyman Pak believes that high levels of occupational stress and its negative effects can lead to conflict, tension, and anxiety in the families and marital relationships and increase the likelihood of marital problems, such as divorce. In general, it can be said that the occupational stress of nurses can increase their level of anxiety and lead to changes in various systems of their bodies, including the endocrine system. This can reduce their power of social adjustment and endanger their mental health.

Loss of mental health due to occupational stress leads to a poor performance in the face of marital problems. Results of the studies conducted by Peyman Pak (13) and Shahi (14) revealed that there is a significant positive relationship between mental health and marital satisfaction. This could be due to the fact that poor mental health causes individuals to lose the ability to have a proper and healthy relationship, especially with their spouses which leads to a reduction in their expression of

love and other emotions and causes marital dissatisfaction. Adib-Hajbagheri (12) in his qualitative study on nurses also found that occupational stress had negative effects on all aspects of family lives of nurses.

Loss of mental health due to occupational stress can reduce marital satisfaction. In this regard, Shahraki and Mardani (15) in their study found that mental health is one of the main inhibitors of occupational stress and can also reduce the level of occupational stress and its complications as a strong facilitator.

Based on the results of simultaneous regression analysis, religiosity has a relationship with marital satisfaction and can positively and significantly predict it. Accordingly, 32.3% of the variance of marital satisfaction of nurses can be explained by these two variables. This finding is consistent with that of a research performed by Gruner (16) about the role of practicing religious beliefs in the marital adjustment of couples. It is also in line with the findings of a study carried out by Hosseindokht et al. (17) which indicated the significant positive relationship between spiritual intelligence and marital satisfaction and those of a research conducted by Moslehi and Ahmadi (18) which revealed that religious life can be one of the factors affecting marital satisfaction. In addition, it is consistent with the findings of a study performed by Sanagoie (19) which showed that women who adhere to religion, are less likely to choose defective communication styles and have higher levels of marital satisfaction.

Conclusion

Based on the findings, occupational stress plays a decisive role in marital satisfaction.

Moreover, it was found that religiosity and its components can positively and significantly predict marital satisfaction. Furthermore, the results indicated that religiosity has a positive effect on the marital satisfaction of nurses. Therefore, by adherence to spirituality and adoption of an Islamic lifestyle, the marital conflicts and dissatisfactions and their negative effects on the lives of couples can be prevented which results in higher levels of marital satisfaction.

Recommendations

Familiarization with the methods of stress control and management in work environments can help nurses better adapt to their work environment. Moreover, it leads to a calm work environment with minimal stress levels which can play a major role in marital satisfaction and mental health. Therefore, in addition to the causes and levels of occupational stress in the healthcare system, it is also necessary to consider methods of training stress control and management. Moreover, it is needed to hold training courses, seminars, and workshops to improve this skill in nurses. Furthermore, the findings of this study can be used in marriage and family counseling.

Research Limitations

The statistical population of this study was the nurses of hospitals in the west of Tehran province. Consequently, the results cannot be generalized to the whole community of married employed women. On the other hand, lack of control of the professional records and family backgrounds of nurses was another one of the limitations of the research. Therefore, it is suggested that this research be conducted among other working communities.

Other limitations of this study included the effect of factors, such as the mental state of individuals at the time of completing the questionnaire, which was beyond the control of the researcher. The limited sample size, as well as the conduction of research in only a few hospitals in Tehran, could have also reduced the generalizability of the results. Therefore, it is suggested to perform studies with larger sample sizes in different cities and medical centers.

Conflict of interest

The authors declare that there is no conflict of interest.

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