

## Research Article

### Work Related Stress, Time Management and Marital Satisfaction of Females Health Sector Professionals

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#### Abstract

**Objective:** To determine relationship between works related stress, time management and marital satisfaction in health sector professionals and to find out differences between work related stress, time management and marital satisfaction of nurses and doctors.

**Methodology:** The sample consist of (N=150) health professionals containing 75 doctors and 75 nurses. Data was collected from health sector professionals of different hospitals of Lahore by using Purposive sampling technique. Sample consisted of only female participants. Demographic questionnaire, Stress Scale Inventory, Time Management Behavior Scale, and Dayadic Adjustment Scale were used to measure the study variables. Analysis of data was done by using SPSS version 21.

**Results:** Significant relationship was found between work related stress, time management and marital satisfaction in females health sector professionals through parson product moment correlation. It means that professionals tend to have higher job stress level and lower marital satisfaction level, and both job stress and marital dissatisfaction can negatively influence on individual mental health, well-being and marital relationships. Regression analyses of demographics age, family system and work stress were negatively predicted marital satisfaction and overall work experience and monthly income were positively predicting marital satisfaction. The outcome of independent sample t test also exposed that there were no differences exist in work related stress, time management and married relationships. The satisfaction in nurses and doctors.

**Conclusion:** Professionals tend to have higher job stress level and lower marital satisfaction level, and both job stress and marital dissatisfaction can negatively influence on individual mental health, well-being and marital relationships. Nurses are predominantly at threat from problems that is related to stress, with great amounts of proceeds, non-attendance, and fatigue. Occupational stress, especially emotional exhaustion and depersonalization, is common and serious among doctors

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**Keywords** | Key Words: work related stress, time management, marital satisfaction, and health sector professionals, doctors, nurses.

#### Introduction

Work is the primary source of worry in individuals<sup>1</sup>. If there is stress in the work-station and it is interrelated to workplace influences,

this matter express occupational stress<sup>2</sup> and it take place when work necessities are not corresponding with abilities, balanced incomes, and necessities of professionals.<sup>3,4</sup> Nearby 29% of employment services in established kingdoms are suffering from occupa-

tional stress.<sup>5</sup> Health sector professionals are identified equally a work with great possibility of fatigue and illness. The clinic surroundings can be the reason of stress and somatic complications in health sector professionals.<sup>6</sup> In fact, job pressure can central to somatic wound or psychological complaint, and in the other way, can a source of damaging consequences in routine of professionals and eventually in hospital settings.<sup>7</sup> Several aspects of job pressure can effect on health sector professionals containing working in sick or closed atmospheres, passing, reserve circumstances, and move labor, pooled with a identical great level of accountability changing shifts, role conflict, profession discontent, anxiety of job defeat, experience to passing away and suffering of patients, and unidentified professional accountabilities.<sup>8,9</sup> In the time being, employment position of individuals shows a significant part in their contentment of matrimonial life. Occupational pressures perhaps prime to disappointment with occupation protagonists that lead a professional to disorganized time and this matter decreases entire marital satisfaction.<sup>10</sup> Marital satisfaction over period is linked with numerous professionals, intimate, and work-related influences such as alterations, work familiarity, and work settings.<sup>11</sup> While individuals have conjugal fulfillment, intimate power is worthy and can easily handle complications and be endangered commencing harms.<sup>12</sup> Landa indicated that by cumulative occupation stress lead toward disorganized time and increased marital dissatisfaction<sup>13</sup>. Burke and Weir cited by Owusu originate that appropriate wedding can central to anticipation of occupational strain, bad time management and rise of marital contentment.<sup>14</sup> The outcomes designated that the wedded individuals who are established and have sufficient matrimonial fulfillment, usually have extended survives; further probable persist disease; have in fine fettle and appropriate consumption and feel pain more from illness, hopelessness, and emotional difficulties.<sup>15</sup> Lushington and Dawson presented, according to thenurses' words, alteration work has adverse magnitudes on intimate and community concerns and disturbs communal doings mutual with partners, that meaningfully compromises their common wellbeing and consequently, alteration effort to them is a excessive basis of work and intimate engagement.<sup>16,17</sup> Lambert, quoting from Shahraki Vahed indicated that since his 29 researches,

health sector professionals nurses expanded rank 26 in stating to the doctor for difficulties initiated by shortage of common wellbeing.<sup>18</sup> The consequence of mental illnesses of work on one's psychological complaints and its retrieval is representative<sup>19</sup>. Consuming universal healthiness in nurses is noteworthy for the intention that it clues to expert harmony and consistency delivered in the sleuth of mental stability. Work overload, disorganized or unembellished lack of time, strain, and rigidity produced by work are related with serious psychological complaints. Recognizing and determining the fundamental reasons, constructing and preserving expressive, interactive, somatic, and mental responses in nurses are deliberated as an essential. Assumed that marital satisfaction is influence on person wellbeing, and stress and pressure in the labor atmosphere threaten mortal healthiness, health sector professionals are confronted with several stressors in the workstation to attain aims of confirming the strength and well-being of patients and also in the home-based atmosphere, due to a large quantity of starring role which are indisputable accountabilities; consequently, for being unoccupied by working, openly or incidentally are unprotected to corporal and emotional impairment and are vulnerable to work-family clashes. Burdens in the health sector professionals can disturb marital issues, family life and cause sensual difficulties, dissolution of communal collective matters, and rise work-family clashes and threaten their universal health. Our the time, occupational strain is recognized as some of the main vermin of societies on which one indicator disturbs publics' fitness of organization and attention and on the other hand clues individuals to undesirable magnitudes of marital satisfaction.<sup>20</sup> With the time passing and progression of present creation through all its strain would not be discounted, and by captivating into description the element that number of employees in the health sector professionals are females and in our culture females have constantly had a enormous portion of intimate accountabilities in matrimonial lifespan, the nurses and doctors work, owing to the explicit environment, life-threatening stress, and workload nursing leave-taking of females from the midpoint of the intimate. Therefore, the study intended to determine work related stress, time management and its relationship with marital satisfaction in health sector professionals.

## Objectives

Main objectives of the study was to investigate how work stress and disorganized or well-ordered time management affects marital satisfaction of females health sector professionals. Other objective included finding out if doctors and nurses differ on these variables.

## Methods

Approval for usage of questionnaire was taken from the corresponding authors through e. mail. Informed Consent was taken from the participants. Data was taken from health professionals of Sir Ganga Ram, Anmol Cancer hospital and sheik Zaid hospital of Lahore by using Purposive sampling technique. The sample consist of (N=150) health professionals containing (N= 75) doctors and (N=75) nurses. Sample comprised of only female participants because in our culture, professional females also have to do domestic work along with their jobs which increase their stress level. They have fewer times to accomplish their personal accountabilities that may possibly central to marital displeasure. Three questionnaires were administered. Stress Scale Inventory consists of 8 items which are measured on a 5-point likert scale, 1= never, 2 = once in a while, 3= sometimes, 4 = frequently, 5 = all the time.<sup>21</sup> The reliability coefficient of this scale was .73. Time Management Behavior Scale was used to assess time management. The 25 items of the TMBS were set as the input of the confirmatory factor analysis and which are measured on 3 point likert scale 0= never, 1 = sometimes, 2 =always. On the other hand, primarily the cogency and consistency did not grip for the process and establishing factor of time administration and Dayadic Adjustment Measure stayed useful in measuring the study variables.<sup>2</sup> However, higher scores represent higher marital adjustment. The participants were instructed to mark only one option against each item that best reflect their feelings. Tool time or total time to assess the participants was 15 to 20 minutes. Regarding inclusion criteria only married nurses and doctors were included, Participants with at least 2 years of experience were included and only female health professionals were included. Participants diagnosed with psychological or physical illness were excluded because their illness can affect the results. It was informed to the participants that

they have right to withdraw from participation when they wish. Correlational research design was used in this study. Descriptive statistics were taken to estimate mean and standard deviation of demographics (age, occupation, family system, monthly income, work experience, no of children, husband employment status no of independence). Correlation analysis was used to invent association in work stress time management and matrimonial fulfilment. Hierarchical regression, analysis was used for expectation and Independent, sample, t-,test was used to analyse the difference among health professionals.

## Results

The outcomes of descriptive statistics of demographics revealed that the mean and standard deviation of age was 38.09 (4.71), education 16.05 (2.51), monthly income 55465.91 (17860.85), work experience 9.23 (2.42) No of children 2.86 (1.11) 50% individuals were doctors and 50% participant were nurses. 53% persons were in joint family system and, 47% were in nuclear family system. 71% participant's husbands were employed and 29% were unemployed. (Table 1) To assess the reliability of each scale analysis of reliability was conceded. Work stress scale has reliability of .72, Time management scale has .87 and marital adjustment scale has .71. (Table 2) The internal consistency of all the subscales is high. The reliability values of the scale were good to carry out further analysis. Results from Pearson product moment correlation showed that in both doctors and nurses work stress was negatively significantly correlated with marital satisfaction with  $r = -.32$  and  $.34$  respectively,  $p < .001$ , (Table 3), which means higher job stress level accompanied lower marital satisfaction in doctors and nurses. Further Hierarchal, regression analysis indicated that age and complete once-a-month salary remained the constructive predictor's of marital adjustment although domestic system was a negative predictor of marital satisfaction. Monthly income and work experience had positive predictors of marital satisfaction. All the other demographic variables were not the significant predictors of marital fulfillment. In the second model, 52% variance explained by work stress as  $F(1, 55) = 113.57$ . The outcomes exhibited that work related strain was a noteworthy undesirable forecaster of matrimonial fulfillment (Table 4).

To see the difference the Independent sample t-test analysis was conducted and results showed that no differences exist among doctors and nurses on work stress, time management and marital satisfaction. (Table 5)

**Table 1:** Descriptive Statistics of Demographic Characteristics of Study Sample (N=150).

Characteristics	f(%)	M	SD
Age		38.09	4.71
Education		16.05	2.51
Monthly income		55465.91	17860.85
Work experience in this hospital		9.23	2.42
Overall work experience		10.40	2.65
Number of children		2.86	1.11
Number of dependent		3.67	1.31
Occupation			
Doctors	76 (50.7)		
Nurses	74(49.3)		
Family system			
Joint	79 (52.7)		
Nuclear	71 (47.3)		
Husband employment status			
Employed	107(71.3)		
Unemployed	43(28.7)		

**Table 2:** Cronbach's Alpha of the Measures (N=150).

Variables	k	.	M	SD	Range	
					Potential	Actual
Work stress	8	.72	2.69	.56	1-5	1.38 – 4.50
Time management	23	.87	1.14	.38	1-3	.12 – 3
Marital adjustment	14	.71	3.53	.63	1 – 6	2.14 – 4.79

Note. k = No of items,  $\alpha$  = Cronbach's alpha. M = Mean, SD = Standard deviation

The internal consistency of all the subscales is high. The reliability values of the scale are good to carry out further analyses.

Hierarchical Regression Analysis revealed work experience and work experience and work stress as

the significant predictors of marital satisfaction, after controlling the significant demographic variables of age, family system and monthly income.

**Table 3:** Relationships between Study Variables in Health Professionals Doctors and Nurses (N=150)

Variables	1	2	3
Doctors (n= 75)			
1. Work Stress	-	.08	-.32***
2. Time management			-.03*
3. Marital Adjustment			-
Nurses (n= 75)			
1. Work Stress	-	.15	-.34***
2. Time Management			-.19*
3. Marital Adjustment			-

Note: \*\*\*p<.001, \*\*p<.01, \*p<.05

**Table 4:** Hierarchical Regression Analysis Predicting Marital Fulfillment from Work stress in Health Professionals (N=150)

Predictors	$\Delta R^2$	Marital satisfaction
<b>Step I</b>	.22	
Control variables		
Age		-1.62**
Education		-.03
Family system		-.31***
Individual monthly income		-.36
Overall monthly income		.44*
No of children		.10
Work experience		.56*
Number of dependent		.07
<b>Step II</b>	.52***	
Work stress		-.77***
<b>Total R<sup>2</sup></b>	.74***	

Note: \*\*\*p<.001, \*\*p<.01, \*p<.05.  $\beta$ =Standardized coefficient,  $\Delta R^2$ =R square change

Table 5 showed mean, standard deviations, and t values of doctors and nurses on work stress, time management and marital satisfaction. No differences noticed between work stress, time management and

**Table 5:** Independent Samples t-test Comparing Work Related Stress, Time Procrastination and Matrimonial Satisfaction between Doctors and Nurses (N=150)

Variables	Doctors	Nurses	t(148)	p	95% CI		Cohen's d
	(N=75)	(N=75)			LL	UL	
Work Stress	M(SD) 2.73(.56)	M(SD) 2.64 (.58)	.87(147.9)	.39	-0.10	-0.26	0.14
Time management	M(SD) 1.15(.39)	M(SD) 1.02(.56)	.48(157.9)	.80	-0.11	-0.14	0.03
Marital Satisfaction	M(SD) 3.58(.68)	M(SD) 3.48(.37)	.92(145.2)	.36	-.13	-0.30	0.16

Note.; CI= Confidence Interval; M= Mean; SD= Standard and Deviation; L,L= Lower Limit; UL= Upper Limit

marital adjustment among doctors and nurses.

## Discussion

The aim of this exploration was to conclude the association among works related stress, time management and marital satisfaction in health sector professionals. In correlation between work stress, time management and marital satisfaction, our study revealed significant undesirable association among work stress and matrimonial fulfillment in doctors and nurse. The results indicated that professionals showed high level of job stress level and low marital satisfaction. Our results were in accord with findings of various other researchers who observed that work stress has a significant negative correlation with marital adjustment. Time management was negative significant correlated with work stress and marital satisfaction. Our result was consistent with previous literature which observed that there is noteworthy negative association between time managing and works strain means high level of work stress lead poor time management and low marital satisfaction<sup>22</sup>. In prediction, from demographics age, family system was significant negative predictor of marital satisfaction. Overall monthly income and work experience were also significant predictors of marital satisfaction. Our findings were in line with the findings of other researchers who observed that females' oldness grasp meaningful in the matrimonial alteration. The financial position and family system play an imperative measure in determining the level of matrimonial alteration as who live in joint family system have low satisfaction and in nuclear are high satisfaction and women of high earnings shows more satisfaction than the women of low earnings.<sup>23,24</sup> In comparison of doctors and nurses on work stress, time management and marital satisfaction Independent t test was conducted to find out differences. It was hypothesized that there would be differences in work related stress, time management and marital satisfaction of nurses and doctors. This hypothesis was not approved as the findings suggested that there is no differences in the work related stress, time management and marital satisfaction among nurses and doctors. Women are more well-mannered, subtle and animated than men while men are more prevailing and self-assured. So, the findings are contradicted with the previous literature. Nonetheless in the circumstance of spousal fulfillment, results are diverse<sup>25</sup>. Previous literature

originate that there are slight spousal alterations in matrimonial fulfillment. The reasons might be that doctors and nurses gave responses according to social desirability. Mostly doctors and nurses occupied the form composed. So, it might be the intention that they gave biased responses. Many researches ignore the differences between doctors and nurses. That's why; no differences were detected in this study. Hence, this area needs to be explored to understand the dynamics.

## Limitations

Sample size can be extended to make the valid and reliable generalization of the findings. For additional examination and compliance the study strategies similar to long-term or investigational and more demanding investigation strategies with better approach can be used. Moreover the participants were only selected from Lahore. The sample can be collected from other areas to make it more representative. The sample was only restricted to hospital but there are many other professions in which people facing same problem. The research can be further extended to investigate factors affecting stress and time management and marital adjustment. There should be appropriate system that can regularly check the performance of the employees.

## Conclusion

Hence, the outcomes of the current research revealed that work stress and time management were negatively correlated with marital adjustment in doctors. It was also found that work stress and time management were negatively correlated with marital adjustment in nurses. Age and complete once-a-month salary remained the constructive predictor's of marital adjustment although domestic system was a negative predictor of marital satisfaction. Monthly income and work experience had positive predictors of marital satisfaction. All the other demographic \*\*variables were not the significant predictors of marital fulfillment. Furthermore, it was also found that there were differences between work stress, time management and marital adjustment of doctors and nurses.

## Implications

This research can provide help for further research in future about work stress, time management and marital satisfaction. It can also provide awareness to

the health professionals to adapt time management skills so that their marital lives become better and they experience satisfaction in their relation. It is expected that findings of the present research would be beneficial for psychologist and counselors who deal with the marital issues.

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