The Association between Socio-Demographic Characteristics and Marital Satisfaction among Nurses in Benin, Nigeria

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Abstract

Objectives: The objective of this study was to determine the potential socio-demographic characteristics (age, job experience, educational attainment and length of marriage) that could contribute to marital satisfaction among Nigerian nurses. Method: This study utilised a cross-sectional survey design and data were collected from 181 (173 female and 8 male) respondents selected through the purposive sampling technique at the University of Benin Teaching Hospital, Benin City, Nigeria. The mean age was 35.39 years (SD = 8.65, range = 21-59 years). Nurses completed a questionnaire consisting of the Revised Dyadic Adjustment Scale (α = .62). Results: There was a significant difference between the degree-holder nurses and the holders of each of the other two certificates (Registered nurse and Registered Midwife) on marital satisfaction. However, age, job experience, and length of marriage did not significantly influence marital satisfaction. Conclusion: Educational attainment is an important factor to be considered by employers of labour, clinicians, guidance counsellors, family life educators and nurses experiencing conflict between paid work and family life which affecting their marital satisfaction.

Keywords: Staff Nurses, Marital Satisfaction, Socio-Demographic Characteristics, Nigeria

Introduction

Marital satisfaction is an overall evaluation of the state of one’s marriage and a reflection of marital happiness and function [1]. It has been broadly examined in several studies of marriage and family. Family life and marital satisfaction, in particular, are known as main predictors of overall quality of life [2,3]. In the United States, the most prominent pointer to couple distress is a constant divorce rate of approximately 50% among married couples [4], with about half of these instances of divorce taking place within the first 7-8 years of marriage5. Just one third of married persons report being “very happy” with their marriage, which is down more than half from 25 years ago [5]. According to Animasahun and Oladeni, the condition could be worse in Nigeria, particularly in Lagos, where marital relationships are being broken on a daily
basis. Some divorce cases in 2005 at Grade “A” customary court, Somolu Local Government Area, Lagos showed that five (5) of the eight (8) cases (62.5%) ended up in divorce. One (1) of the eight cases (12.5%) did not end up in divorce; while two (2) of the eight (8) cases (25%) were yet to be decided [6]. This shows that marital relationships are in a serious mess.

Relationship researchers have suggested that nearly all, if not all, couples go through different phases that cause important suffering and put individuals at jeopardy [7]. Marital satisfaction can have an effect on not only the physical and mental health of both spouses [8,9], but also on children’s development, well-being, academic performance, social skills, and relationships [10,11]. Each couple brings a set of expectations, personality dynamics, a particular level of emotional or physical health and family background into the marriage. What determines marital satisfaction for the couple is how these components unite and interrelate with one another [12].

Professionals like nurses are, to a large extent, prone to have feeling of being displeased and discontented with marital relationship, as they are employed in a demanding occupation, which is further complicated by shift duty, long hours of duty and insufficient remuneration [13]. Nursing personnel are subject to psychological stress as a consequence of shift rotation, extended work schedules, and prolonged contact with irritable and depressed patients. Research on the physical, psychological and medical effects of night work agreed that if night shift work is repeatedly performed, it causes harmful effects on the health and family life of workers, whether male or female [14]. Cole and Nelson claim that 93% of nurses are frequently affected by workplace stress and that this can affect their physical and mental health [15].

Understanding the fundamental elements that lead to marital satisfaction is essential for identifying how to approach couples seeking treatment for distress in their marriages [16]. Individuals go into marriage with the intention of having a blissful marriage, which is conceived as a successful marriage. It is important to study those characteristics that can be relevant to marital satisfaction in order to determine what variables could potentially predict the effect of marital success. In this study, the potential socio-demographic characteristics that could contribute to marital satisfaction are explored in an effort to better understand the marital dyad, especially variables that contribute to its success.

Many studies have revealed that marital satisfaction is higher in men than in women [17,18,19]. Since Jessie Bernard’s provocative thesis that men achieve greater benefits from being married than women, a wide range of studies has examined gender differences in marriage [17]. On the basis of Bernard’s convincing statement, researchers on family have accepted that women consistently experience significantly less marital satisfaction than men [20]. For instance, one group of scholars reported that “women consistently report lower marital quality than men in national surveys” [21]. Definitely, several studies have established that wives reports of marital satisfaction are significantly lower than husbands [22,23,24,25]. Other studies, nevertheless, have found no gender differences [26,27]. For example, using national probability data from the National Study of Families and Households, Guger and Sanchez found no significant differences in the mean levels of
husbands’ and wives’ marital satisfaction [28].

It is widely accepted that, as we age, our marital relationships can offer emotional support and operate as a priceless basis of positive affect. Carstensen’s theory of socio-emotional selectivity postulates that an important goal of late life is to enhance emotional closeness in our significant personal relationships [29]. As a result; older individuals regulate their emotions such that emotional benefits will increase. In the study conducted by Weinstein et al. age was positively associated with marital satisfaction, with age ranging from young adult to early middle age [30]. This is consistent with a few other studies [31,32,33] who have found positive association between age, as evident in length, and marital happiness.

On the contrary, Edwards established that participants who were less than 45 years of age reported significantly greater satisfaction with their marriages than those who were more than 45 years old [34]. However, a study among the newly wedded couples in Nigeria showed that age did not have a significant effect on marital satisfaction [35].

There are a number of studies suggesting that the quality of marital relationships is positively associated with partners’ education 36,37,38,39,40]. In the same vein, Adler found that educational level is not a correlate of marital satisfaction [7], as measured by the Dyadic Adjustment Scale [41].

Creighton-Zollar and Williams found no association between education and marital quality of Blacks [42]. Edwards, however, found that participants with less than a high school diploma reported greater satisfaction with their marriage than those with a high school diploma [34]. Heaton found that education negatively correlated with divorce, unless the woman had more education than her spouse [43]. Heaton furthermore found that women with education higher than their husbands’ had a greater probability to have marriage that ended in divorce [43]. As women become more educated, they gain more power in the relationship and see more alternatives for their lives [44]. Broman discovered that wife’ educational level and having a higher income than their husbands’ among Blacks is a factor commonly projected to affect marital quality [45].

Zainah et al. found that the longer the duration of marriage, the more satisfied the individual was with his or her marriage. Their study claimed that couples who had been married for 10 years and above reported a better satisfaction in their marriage compared to couples who were less than 10 years in marriage. These authors assert that older couples in marriage may have passed the stage of adjustment and adaptation and will experience less psychological problems and distress [46].

Early cross-sectional surveys of marital satisfaction suggested that marital satisfaction declines steadily during the first 10 years of marriage [47,48,49,50]. In view of these findings, a continuing decline in marital satisfaction over the course of marriage might be expected. However, more recent surveys, which included marriages of longer duration, revealed a different picture. Marital satisfaction appeared to follow a curvilinear path over the course of marriage [51,52,53,54], starting high, dropping sharply after the birth of children, reaching an all-time low level when children leave home and couples retire [55].
While some cross-sectional studies with spouses at varying marital durations revealed that marital satisfaction follows a curvilinear path, waning from high levels at the start of marriage and the returning to near newlywed levels in the later years of marriage [56,57], other studies showed further stableness in marital satisfaction on a high, moderate, or low level [58] or indicated that marital quality decreases with age [59].

Despite the growing attention to work and family issues in the general occupational health literature, there is paucity of research investigating these issues among health care providers most especially the nursing profession. This study aims to begin to fill this gap by examining the socio-demographic characteristics as predictors of marital satisfaction among nurses in Benin City, Nigeria. As a result of the above discussions, the following hypothesis were formulated and tested: there will be a significant effect of age on marital satisfaction; nurses who have had longer period of job experience will exhibit higher marital satisfaction than other nurses who have had medium and shorter periods of job experience; nurses with university degree will report significantly higher satisfaction with their marriage than nurses with Registered Nurse and Midwife certificates; and nurses with longer length of marriage will experience significantly greater marital satisfaction than nurses with both medium and shorter lengths of marriage.

**Methods**

**Participants and Procedure**

One hundred and eighty one (181) married nurses were conveniently selected from the University of Benin Teaching Hospital (UBTH), Benin City, Nigeria, with age range of 21-59 years ($\bar{X} = 35.39, \text{SD} = 8.65$). This study was approved by the Ethics and Research Committee of the institutions before data collection ensued. The married nurses who participated in this study were given a detached informed consent document that described the current research, the minimal risks involved, and contact information on the investigators. The participants were informed that taking part in the study was voluntary and that precautions had been taken to ensure anonymity. Furthermore, the participants were told of their right to withdraw from the study at any time they feel like not continuing.

**Measures**

*Revised Dyadic Adjustment Scale:* The Revised Dyadic Adjustment Scale ((RDAS) [60] is a self-report questionnaire that assesses seven dimensions of couple relationships within three overarching categories, including consensus in decision-making, value and affection, satisfaction in the relationship with respect to stability and conflict regulation, and cohesion as seen through activities and discussion. The RDAS includes only 14 items on marital satisfaction, each of which asks the respondents to rate certain aspects of his/her relationship on a 5- or 6-point scale. Scores on the RDAS range from 0 to 69, with higher scores indicating greater relationship satisfaction and lower score indicating greater relationship distress. The RDAS appears to have excellent test-retest reliability. For the total RDAS, Cronbach’s Alpha was reported to be ‘90. Construct validity for the RDAS is supported by its high correlation (.68, <.01) with a similar measure, the Locke-Wallace Marital Adjustment Test (MAT). The coefficient alpha for this study was .62.
Statistical Analysis

The information obtained from the questionnaire was entered into a computer program, Statistical Package for the Social Sciences (SPSS). The data was analyzed by use of descriptive statistics, percentages and means. Other analyses included reliability assessment of the dependent scales (Cornbrash’s alpha), and one way ANOVA to determine the influence of age, length of marriage, job experience and educational level on marital satisfaction.

Results

The participants in this study were 181 married nurses who were staff at the University of Benin Teaching Hospital, Benin City. These nurses were attached to the different departments in the hospital. The sample comprised 8 men (4.4%) and 173 women (95.8%). The average age of the participants was 35.39 years (SD = 8.65, range = 21-59 yrs.). In terms of their self-reported demographics, 40 nurses had Registered Nursing Certificate (n = 40), while 23 had Bachelor’s Degree in Nursing (n = 23, 12.7%). With respect to self-reported job experiences, 109 had less than 10 years’ working experience (n = 109, 60.2%); 54 had between 11 and 20 years’ working experience (n = 54, 29.8%); and 18 had more than 21 years’ working experience (n = 18, 9.9%). A majority of the nurses (n = 117, 64.6) had married for less than 10 years; 45 (24.9%) had been married for between 11 and 20 years; while 19 (10.5%) had been married for more than 21 years (Table 1).

Table 1. Demographics descriptions of study participants

<table>
<thead>
<tr>
<th>Sample</th>
<th>Demographics</th>
<th>Total (%)</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>4.4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>95.6</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td>Less than 30 years</td>
<td>35.9</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>31 to 40 years</td>
<td>36.5</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>41 to 50 years</td>
<td>22.7</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>50 years and Above</td>
<td>5.0</td>
<td>9</td>
</tr>
<tr>
<td>Age</td>
<td>Shorter Job Experience</td>
<td>60.2</td>
<td>109</td>
</tr>
<tr>
<td></td>
<td>Medium Job Experience</td>
<td>29.8</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Longer Job Experience</td>
<td>9.9</td>
<td>18</td>
</tr>
<tr>
<td>Job Experience</td>
<td>Registered Nurse</td>
<td>22.1</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Midwife</td>
<td>65.2</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>Graduate Nurse</td>
<td>12.7</td>
<td>23</td>
</tr>
<tr>
<td>Educational Levels</td>
<td>Shorter Length of Marriage</td>
<td>64.6</td>
<td>117</td>
</tr>
<tr>
<td></td>
<td>Medium Length of Marriage</td>
<td>24.9</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Longer Length of Marriage</td>
<td>10.5</td>
<td>19</td>
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</tbody>
</table>

The results of the hypotheses tested are presented in this section. This study examined the influence of socio-demographic variables (age, job experience, educational attainment and length of marriage) on marital satisfaction. The results are presented in this section. The first hypothesis, which states that there will be a significant effect of age on marital satisfaction, was tested using One-way Analysis of Variance (ANOVA). This is because we wanted to determine whether there were any significant differences among the mean of the four age groups (<30
years, 31 to 40 years, 41 to 50 years and >50 years) in this study. As shown in Table 2, it can be ascertained that there was no statistically significant differences across the four age groups used for this study. [F (3,177) = .28, p > .05].

Table 2. Descriptive scores for all variables according to some demographic variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Levels</th>
<th>( \bar{X} ) (SD)</th>
<th>p-value (ANOVA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Less than 30 years</td>
<td>46.62 (7.56)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31 to 40 years</td>
<td>46.36 (9.57)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>41 to 50 years</td>
<td>46.90 (8.78)&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.838</td>
</tr>
<tr>
<td></td>
<td>50 years and Above</td>
<td>44.00 (10.00)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Job Experience</td>
<td>Shorter Job Experience</td>
<td>46.05 (8.46)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medium Job Experience</td>
<td>47.50 (8.66)&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.574</td>
</tr>
<tr>
<td></td>
<td>Longer Job Experience</td>
<td>45.83 (10.21)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Educational Levels</td>
<td>Registered Nurse</td>
<td>48.02 (8.23)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Midwife</td>
<td>44.53 (8.12)&lt;sup&gt;b&lt;/sup&gt;</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Graduate Nurse</td>
<td>53.65 (8.18)&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Lengths of Marriage</td>
<td>Shorter Length of Marriage</td>
<td>46.33 (8.63)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medium Length of Marriage</td>
<td>46.31 (8.41)&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.839</td>
</tr>
<tr>
<td></td>
<td>Longer Length of Marriage</td>
<td>47.58 (9.91)&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

Mean with the same superscripts (a, b, c) are not significantly different (p > 0.05)

Hypothesis two states that nurses who have had longer period of job experience will exhibit higher marital satisfaction than other nurses who have had medium and shorter period of job experience. This hypothesis was tested using One-way Analysis of Variance (ANOVA) and the result is presented in Table 2. From this table, it can be observed that there were no significant statistical differences across the three periods of job experiences used for this study [F(2,178) = .56, p > .05].

The third hypothesis, which postulates that nurses with university degree will report significantly higher satisfaction with their marriage than the nurses with Registered Nurse and Midwife certificates, was tested using One-way Analysis of Variance (ANOVA). As shown in Table 2, the result indicated that there was a significant difference between the degree-holder nurses and holders of each of the other two certificates (Registered Nurse and Registered Midwife) on marital satisfaction [F(2,178) = 13.02, p < .01].

To determine the direction of significant difference, a post hoc test (Duncan) was carried out for marital satisfaction. The result of the post hoc test showed that the mean score of nurses with the university degree (\( \bar{X} = 53.65 \)) was significantly higher in marital satisfaction than the mean scores for those who were Registered Nurses (\( \bar{X} = 48.02 \)) and Midwives (\( \bar{X} = 44.53 \)). However, the mean scores for the holders of the other two certificates: Registered Nurse and Registered Midwife were not statistically different from each other on marital satisfaction.

The last hypothesis states that nurses with longer length of marriage will experience significantly greater marital satisfaction than nurses with both medium and shorter lengths of marriage. The result of the One-way
Analysis of Variance (ANOVA) used to test this hypothesis is also presented in Table 2. Based on the results in this table, it can be concluded that there was no statistically significant difference across the three groups of length of marriage, \([F (2,178) = .18, p > .05]\).

**Discussion**

The result with regard to hypothesis one showed that age did not significantly affect marital satisfaction. This finding is in line with another study among the newly wedded couples in Nigeria, which revealed that age did not have a significant effect on marital satisfaction [35]. However, these finding are contrary to what other authors have reported. According to Carstensen, older individuals regulate their emotions such that emotional benefits will accrue [29]. In the same vein, Weinstein et al. claim that age was positively associated with marital satisfaction with age ranging from young adult to early middle age [30]. This is consistent with a few other studies [31,32,33] that found positive association between age, as evident in length, and marital happiness.

Furthermore, hypothesis two was also not significant. The hypothesized relationship was informed by the fact that 98% of nurses have been found to be frequently affected by workplace stress that can affect their physical and mental health [15]. Therefore, one would have expected those nurses who have long been on the job to have the tendency to develop job burnout which can latter impact negatively on their marital processes at the home compared to those who were new on the job. According to Abdul Azeez, professionals like nurses are much prone to have dissatisfaction from marital relationship, as they are engaged in a stressful job which has complications with regard to shift, long hours of duty and low payment [13].

Hypothesis three was confirmed. In line with the prediction, the results demonstrated that nurses with university degrees reported greater marital satisfaction than nurses with either Registered Nursing certificates or Registered Midwife certificates. According to Tampieri, acquiring higher education has several advantages at work – a better kind of job, a better salary and more bargaining power in the job market. All these advantages are expressed by a greater job satisfaction. It also increases the chances of marrying an educated partner, as the educational levels of partners are strongly interrelated [61]. Heaton found that education was negatively correlated with divorce, unless the woman had more education than her spouse [43].

The last hypothesis was not confirmed. The result suggested that length of marriage did not determine marital satisfaction. Corroborating the finding in this study, Osiki, who investigated the effect of marital duration, among others, on marital happiness, found that marital duration of married couples did not have any direct relationship with the level of marital satisfaction [62]. The findings in this study, is, however, at variance with several other studies. Most newly married couples reported very high satisfaction and any change from that point would probably be in a downward direction [63]. In a longitudinal study, Huston et al. found a substantial decline in reported marital satisfaction during the first year of marriage [64]. Glenn estimated that marital satisfaction, as indicated by the percentage of people who claimed that their marriages were “very happy”, decreased steadily for at least the first 10 years and maybe for 25 years or longer [65]. However, Zainah et al. aver
that the longer the duration of marriage, the more satisfied the individual is with his or her marriage. Their study noted that couples who had been married for 10 years and above reported a better satisfaction in their marriage than couples who were less than 10 years in marriage. They claim that older couples in marriage may have passed the stage of adjustment and adaptation and will experience less psychological problems and distress [46].

This study is not without limitations. The sample is not representative of the Nigerian population; therefore, the results may not be confidently generalized to the population at large. Also, only those nurses working in government hospitals were selected to be included in the sample. If significant differences exist between nurses working with government and nurses working with in private hospitals/clinics was not explored. This study also did not distinguish between dual-earner and single-earner families, and such structural differences can affect the type of work-family conflict experienced [66].

Another limitation of the study is that it was cross-sectional in nature and it sampled only one part of the participants’ lives. Thus, causality could not be determined. Also, marital satisfaction levels might change depending on what the individual experiences throughout his or her life. Moreover, the survey method was to obtain data from participants in this study. Inherent in all survey methods is the possibility that participants might give untruthful answers to conform to social norms or show social desirability.

**Implication of findings**

This study has some theoretical and practical implications. Theoretically, the results obtained could be used to improve existing theories of marital satisfaction or could be added to current marital satisfaction models. Practically, marital satisfaction studies are extremely useful in improving the quality of life, happiness, contentment and satisfaction within marriage. Marital satisfaction has been considered to be the health, well-being, and stability of marriage [67]. By pointing out the characteristics involved in increasing or decreasing marital satisfaction, employers of labour, clinicians, guidance counselors, family life educators and individuals experiencing conflict between paid work and family life can work towards reducing or promoting them. An example would be to have family groups for these couples to express their problems and concerns as well as find healthy and effective ways to deal with their negative marital relationships.

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