Original Article

Investigating the Predictive Role of Resilience and Psychological Hardiness in Marital Conflicts of Nurses Working in Educational Hospitals in Birjand

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Abstract

Background and Aim: Marital conflicts are unavoidable in family life, especially between a couple employed in a stressful job such as nursing. Therefore, identification and improvement of individualistic skills that can affect marital conflicts are important. The aim of the present study was to evaluate the association between resilience, psychological hardiness, and marital conflicts among nurses working in educational hospitals of Birjand, Iran.

Methods: In this descriptive, correlational study, the statistical population included all the married nurses from Birjand (n = 220) of whom 170 nurses were randomly selected as the sample. The instruments included Connor-Davidson Resilience Scale (CD-RIS) (25 items), Kobasa's Personal View Scale (50 items) and Marital Conflict Questionnaire (42 items). The collected data were analyzed in SPSS (version 16) using descriptive statistics, i.e., Pearson correlation and regression analysis at the significance level of $P < 0.05$.

Results: The results of the present study showed a negative significant correlation between resilience and marital conflicts (r = -0.17, $P = 0.025$). The relationship between hardiness and marital conflicts was also negatively significant (r = -0.21, $P = 0.005$). However, the relationship between challenge and marital conflicts was insignificant. Regression analysis showed that resilience and hardiness could predict about 20% of marital conflict variance.

Conclusion: Training and improvement of individualistic skills of resilience and hardiness can be effective in reducing marital conflicts in nurses.

Keywords: Family conflict, Resilience, Psychological, Hardness, Nurses

Introduction

Disagreement and conflict are not uncommon in close relationships including the marital relationship. Although couples get married imagining death as the only thing that can separate them and while no one starts marital life planning for separation, changes of life bring about conflicts, disagreement, emotional separation and sometimes divorce (1). Marital conflict is a reciprocal process in which one or both parties feel dissatisfied with their mutual relationship and try to solve it in any way (2). Several studies have demonstrated that marital conflicts will not be harmful in case the couple can handle and solve them in a positive way. In other words, the quality of marital life is not determined by the fact that there is marital conflict or not; instead, skills of the couple in handling these conflicts determines the quality of the marital relationship (3). Personal characteristics are

among effective determinants of (in)compatibility of the couple in the face of marital conflicts (4).

Resilience is one of the most important and effective components in mental health. Resilience is an important structure of positive psychology that plays an important role in family psychology, development and mental health. It refers to one's capability in adapting with problems and difficult situations (familial, business, financial, health) (5). Resilience is a multidimensional structure which consists of structural components including temperament, personal characteristics, and some special skills (such as problem solving). It helps to adapt to situations (6).

Hardiness is another personal component that can predict the compatibility and satisfaction in married life (7). Hardiness helps people to handle stressful situations positively and to consider problems as soluble issues (8). The dispositions embedded in hardiness include challenge,

control, and commitment. The foundation of challenge is based on the principle that change is a feature of natural life and this change is an exciting fight that leads to more growth. Challenge, by improving one's flexibility, helps an individual to confront problems and cope with difficult situations more easily (9). Psychologically speaking, people with high self-control are capable of performance appropriately at the time of changes in life. Sense of control leads to actions that try to change a situation in a way that corresponds to someone's life plans. Control is considered to respond to stressful situations so that people relying on it can safely pass through the situation with the right decision (10). Commitment is a fundamental, purposeful feeling with the sense of integration, which is the most comprehensive resistance source against all tensions. People who have high commitment are aware of their value and importance and properly identify life-threatening situations and take them seriously (11).

Because of their stressful job, nurses are at risk of job burnout. It has been found that the highest level of job burnout is among this group (12). On the other hand, stressful jobs like nursing can lead to work-family conflict which may in turn lead to marital conflict (13). Given the fact that nurses are exposed to unwanted situations, high work pressure, difficult and critical circumstances such as witnessing patients' suffering and pain, death and harsh accidents, etc., they seem to be a proper group to investigate the role of personal skills like resilience and hardiness on improving personal and social life quality and work performance. In this study, the researcher tried to investigate the role of personal characteristics such as resilience and hardiness in nurses' quality of married life. Therefore, the aim of this research is to evaluate the relation between marital conflicts and psychological characteristics of hardiness and resilience in nurses working in educational hospitals affiliated to Birjand University of Medical sciences.

Methods

This is a descriptive, correlational study. Statistical population included all the married female and male nurses working in educational hospitals (Imam Reza and Vali-e-Asr hospitals) affiliated to Birjand University of Medical Sciences in 2012. Inclusion criterion was one year job experience. The statistical population of this study included 220 nurses. Using Morgan table, the sample was estimated 123 individuals. To increase research reliability and reduce sampling error, 170 nurses were selected. They were selected by simple random sampling method and were asked to fill out the questionnaires of resilience, hardiness and marital conflicts. Before nurses completed the intended scale, the researchers explained to them the study's aim and the methods for completing the scales.

Research Tools
Connor-Davidson Resilience Scale
Connor-Davidson Resilience Scale (CD-RIS) was used to measure resilience. This questionnaire has 25 items with 5 options which are from 0 (completely disagree) to 4 (completely agree) and the score will range between 0 and 100 where the minimum resilience score is indicated by 0 and the maximum score is 100 on the scale. In normal people, the cut-off point is 80.4 and in people with stress disorder after stroke, it is 47.8. The scale designers reported that its reliability is 0.93 (14). In this study, Cronbach alpha was used for determining the reliability of scale (Cronbach alpha=0.81).

Kobasa's Hardiness Scale
For measuring hardiness, Kobasa's personal view survey is used. This test has 50 items on a 4-point Likert scale from 0 (completely disagree) to 3 (completely agree). There are 39 reverse-scored items on this test. It consists of 3 subscales, i.e., challenge, commitment and control whose subscales have 16, 17 and 17 items respectively. There is a separate score for each subscale. Unweighted average scores of these three subscales are considered as hardiness total score. A higher score on the scale indicates a higher degree of hardiness. The components of the test benefit from optimal reliability and validity, and factors analysis demonstrate that the three elements were correlated with each other. Previous studies have calculated the reliability of this scale as 0.75 and 0.82 (15,16). In this study, Cronbach alpha for total score of hardiness was calculated as 0.88, and for its three subscales, challenge, control and commitment, it was 0.73, 0.74 and 0.84, respectively.

Marital Conflict Questionnaire
A 42-item marital conflicts questionnaire is designed based on practical experience of Sanaee (17) to investigate and explain marital conflicts. This questionnaire evaluates a couple's marital conflict on 7 dimensions as well as the intensity of conflict. These dimensions include reducing cooperation (5 items), reducing sexual relation (5 items), increasing emotional response (8 items), increasing personal relationship with his\her family (6 items), reducing family relation with spouse's relatives or friends (6 items), increasing children's cooperation (5 items) and separating financial affairs (7 items). The answers to the items of this questionnaire were based on a 5-point Likert scale from 1 (completely disagree) to 5 (completely agree). The total score of the questionnaire is 210 and the lowest score is 42. Higher scores mean more conflict. Persons whose raw score is in the range of 70 to 114 have normal marital conflicts. Those whose score is in the range of 115 to 134 have marital conflicts exceeding the norm, and those whose score is 135 or higher have intense conflicts or highly vulnerable relationship.

Previous research has demonstrated that this questionnaire has an optimal content validity. Cronbach alpha for the whole questionnaire is 0.71 and for its 7 subscales it ranges from 0.6 (reducing sexual relation) to 0.81 (reducing family relation with spouse's relatives or friends) (18). In the current study, Cronbach alpha for the whole questionnaire is 0.90 and for its subscales, it ranges from 0.67 (increasing children's cooperation) to 0.76 (Reducing

cooperation between the couple). To observe ethical principles, all participants in the study were assured that personal information will remain confidential and that it is not necessary to write the full name. It was also said that they have the right to withdraw during this study if they decided to.

After entering the collected data into SPSS 16, they were presented using descriptive statistics (mean and SD) and were analyzed by applying statistical tests (Pearson correlation coefficient and stepwise regression). Pearson correlation coefficient test was used to investigate the relation between marital conflicts, resilience and psychological hardiness; multivariable regression method was applied to study the predictive role of resilience in marital conflicts. A significance level of $P \geq 0.05$ was considered.

Results

In this study 20.6% of the participants were men (n = 35) and 79.4% were women (n = 135). The mean (SD) age of the participants, respectively, was 33.23 and 7.54 years and the mean years of experience was 7.68 ± 9.48.

The mean score of nurses for the overall marital conflict was 86.97 ± 22.91, for resilience it was 74.74 ± 8.79, and for hardiness 90.12 ± 62.87. In Table 1, scores are compared separately according to gender. Based on this table, there was not a significant difference between male and female nurses in their mean scores of hardiness and marital conflicts. However, comparison of resilience mean scores between male and female nurses demonstrates that male nurses had significantly greater resilience than female nurses.

According to the results of Pearson correlation coefficient test, there is a significant reverse relation between marital conflicts and resilience ($P \leq 0.05$); in other words, increased resilience leads to reduced marital conflicts. There is

also significant reverse relation between hardiness, commitment, control and marital conflicts ($P \leq 0.01$). The relation between control and challenge was significant that can indicate the intermediary role of the challenge component in explaining the control component or vice versa (Table 2).

Multivariable regression method was applied to analyze the predictive role of resilience in marital conflicts. The results of variance analysis of regression model was significant (F = 6.27; $P \leq 0.00001$). This model can predict about 17% variance of marital conflict ($R^2 = 0.168$, R = 0.409). In Table 3, the repeated measure regression analysis was applied for regression analysis of resilience factors. The results show that resilience and hardiness have significant roles in explaining marital conflicts ($P \leq 0.01$). Further, the study demonstrates that the subscales of control and commitment could also have significant roles in explaining marital conflicts ($P \leq 0.01$); nonetheless, the subscale of challenge was not a predictor variable. Totally, the variables of resilience and hardiness could predict marital conflict variance about 8%, while the subscales of commitment and control could predict changes of marital conflict variance about 18%. The results showed that resilience and hardiness could have a significant role in predicting marital conflicts.

Discussion

According to the results, there is a significant relation between hardiness and resilience. The results are consistent with a number of previously conducted studies on resilience. For example, Meikaeilei et al study showed that resilience has a significant relation with marital conflicts and that it has a predictive role in marital satisfaction and mental health (19). In the current study, there was a relation between marital conflicts of nurses and psychological hardiness. The results also showed that the variable of hardiness, especially the subscales of commitment and control, can play a predictive role in marital conflicts. The findings of this research are consistent with previous ones that evaluated the effects of hardiness characteristics on life satisfaction and marital conflicts (6-8).

The fact that family relationships and marital life are influenced by couple's job is one of the main factors which lead to conflicts (20). Different studies have shown that

Table 1. Mean Scores of Marital Conflicts, Resilience and Hardiness According to Gender in Nurses

Variables	Men		Women		P
	Mean ± SD	No.		No.	
Marital conflicts	87.74 ± 22.51	35	0.19	135	0.19
Resilience	69.28 ± 10.50	35	0.01	135	0.01
Hardiness	88.31 ± 18.24	35	0.16	135	0.16

Table 2. The Correlation Matrix of Resilience, Psychological Hardiness Components, and Marital Conflicts

Variables	Marital Conflicts	Resilience	Hardiness	Commitment	Challenge	Control
Resilience	r = -0.17 P = 0.025					
Hardiness	r = -0.21 P = 0.005	r = 0.35 P = 0.0001				
Commitment	r = -0.29 P < 0.0001	r = -0.39 P < 0.0001	r = 0.93 P < 0.0001			
Challenge	r = 0.09 P = 0.24	r = 0.03 P = 0.67	r = 0.68 P < 0.0001	r = 0.42 P < 0.0001		
Control	r = -0.29 P < 0.0001	r = -0.39 P < 0.0001	r = -0.88 P < 0.0001	r = -0.78 P < 0.0001	r = -0.40 P < 0.0001	

Table 3. Predicting Marital Conflicts Based on Resilience and Hardiness

Variables	The Criterion Variable: Marital conflict				
Predictor variables	B	β	R²	t	P Value
Control subscale	-50.05	0.297	0.088	-3.93	≤0.0001
Commitment subscale	-36.98	0.290	0.084	-3.84	≤0.0001
Hardiness	-40.30	-0.219	0.048	-2.81	0.005
Resilience	-34.66	-0.176	0.031	-1.40	0.025
Challenge subscale	17.32	0.092	0.009	1.17	0.24

because the nurses have a stressful job, they are susceptible to work-family conflict and finally marital conflict (21). Scientific evidence shows that resilience, as a personal characteristic, enables nurses to accept problems and difficulties of their job, satisfying with it; it also helps them to maintain their mental health (22). The studies demonstrate that having resilience is necessary for success in a sensitive and high-risk job like nursing. To create and develop this characteristic in nurses, these 5 strategies are proposed: 1) building positive relationships with colleges and creating professional advice network in hospitals; 2) maintaining resilience through some mechanisms such as friendliness and smile, optimism and positive thinking; 3) increasing mental awareness about the issues that threaten nurses' health as well as the factors that can protect them from harm; 4) giving meaning to life with an emphasis on the spiritual aspects and maintaining stability and balance in life, and 5) trying to sensitize and prevent the creation of an atmosphere of indifference (23).

Recent interventional studies of burnout and other problems in the nursing profession have all emphasized and recommended the necessity to provide resilience teaching programs in order to reduce the impact of adverse conditions related to nursing (24,25). It seems that this research is the first one that studied the role of resilience in nurses' marital conflicts – which included their family life (rather than working life). The findings of this study demonstrated that resilience not only has positive effects on professional success of nurses but it should also be considered as a determining factor in marital life quality.

The research findings also demonstrate that there is a significant reverse relation between marital conflicts and hardiness, especially the subscales of control and commitment. The study of Shivarani et al on Iranian young couples shows that there is a significant relation between marital conflicts and all its subscales (26). Although there was not a significant relation between the subscales of challenge and marital conflicts in Shivarani et al study, the findings of the current study demonstrates that not only there is a significant relation between marital conflicts and hardiness, especially the subscales of control and commitment, but that they can be considered as predictive variables for marital conflicts. Also, along with these research findings, the study of Moein et al demonstrated that there is significant relation between marital conflicts and hardiness with all its subscales (27).

Conclusion

Resilience and hardiness are categorized as two personal characteristics in the positive psychology domain. This research, for the first time, studied these two characteristics in nurses' marital conflicts. Research findings demonstrated that not only resilience and hardiness can be considered as factors of mental health protection and burnout prevention for nurses, but also they can prevent from marital conflicts at home. Considering the fact that these characteristics can be acquired and be strengthened through education in the nursing society, it is suggested that they be included as a requirement in the in-service educational workshops for nurses.

Acknowledgments

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