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Original Article

Association Between the Marital Status and Work-Related Quality of Life Among in Health Care Workers

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ABSTRACT

Marital status is one of the main Indicator of stress which affects the occupational tasks of healthcare workers in Pakistan. **Objective:** To find out the relationship among marital status, PSS and WRQoL due to which the occupational tasks in HCWs suffer. **Methods:** This study was an observational type of cross-sectional survey. 50 HCWs were include between the age of 20-40 who had no comorbid conditions. After taking approval from ERC of RIHS the study was conducted at Rawal Institute of Health Sciences and Holy family Hospital, Rawalpindi from June 2022 to Jan 30, 2023. Two groups were formulated on the basis of marital status of participants. Single HCWs were included in Group A (n=19) whereas married in group B (n=31). Man, Whitney U test for between groups analysis was carried out to find the relationship among marital status, PSS and WRQoL. Level of significance was <0.05 and CI=95%. **Results:** Mean and Standard deviation of age in group A was 29.53 ± 7.28 and in group B it was 30.39 ± 6.09. Man, Whitney U test showed insignificant difference (p>0.05) between PSS and marital status but there was a significant difference (p<0.05) on WRQoL on the basis of marital status. **Conclusions:** It was concluded that married HCWs had low QoL as compared to single workers. But level of stress was also high in married workers on the basis of percentages.

INTRODUCTION

Health care workers have always borne critical stressful incidents during their job in pursuit of their professional excellence [1]. Due to competitive environment of their workplace their stress level is always higher as compared to other professions [2,3]. Personal, professional as well as professional wellbeing of health care workers affects the quality of life due to prolonged stress which affects their performance level [4-6]. Such circumstances create the status of extra burnout which is a vital concern for such professionals. Marital status is one of the crucial components that also affects the occupational tasks of these individuals [7, 8]. This status quo determines their work efficiency of work. Responsibilities in term of family care, financial management and work affects their level of stress and makes them a unique subgroup of individuals [9]. These health care workers are considered as a "role model" in our society which heightens their responsibility due to which their personal as well as psychological health is ignored [10, 11]. Therefore, less attention is given to their personal and mental health. There is very scarce data available in literature about such conditions. Occupational tasks execution vary with respect to type of work and stress level are two streams in health care workers that can be predicted [12, 13]. Level of academic as well as clinical dedication, leisure time, workload pressure along with research have been the main areas of analysis by researchers in healthcare workers [14]. Marital status as one of stressful indicator in healthcare professionals had

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been ignored from the very first day as a cause of stress [15]. This along with gender difference remained controversial with respect to perception of stress in health professionals. [16, 17]. How the quality of life and stress is kept on heightening in these workers have not been investigated so far. The main objective of this study was to observe the effect of marital status on occupational tasks of health care workers in term of their quality of life and stress level. No single study has investigated the perceived level of stress among health care workers which affect their occupational tasks. Study results of this study will help to understand the social status of their married or single life and will help to support these workers in coping or management of their stress and how to support them in improving their quality of life.

METHODS

This was an observational type of study. After getting approval from Ethical Review Committee of RIHS, it was conducted at Rawal Institute of Health Sciences, Islamabad and Holy family Hospital Rawalpindi from June 2022 to January 30, 2023. Duration of this study was of seven months. Participants were informed about the purpose of this study and their written informed consent was taken. They were taken into confidence that their identity will be concealed, and no breach of confidentiality will be done in this study. Participants between 20-40 years of age were included who had no co-morbidity of any kind. Those individuals who had any kind of mental health issues or comorbidity were excluded from study. Sample size was calculated by WHO calculator which was 50. On the basis of inclusion criteria two groups were formulated on the basis of their marital status of participants. Group A was named to those who were single whereas married participants were included in group B. These individuals were given the WRQoL (Work related quality of life) Questionnaire which contain 23 items in it. WRQoL is polymetric scale with six sub-scale items in it e.g., general well-being (GWB), Home-work interface (HWI), Job and work Satisfaction (JWS), Control at work (CAW), Working conditions (WCS) and Stress at work (SAW) and Perceived Stress Scale which contain 10 items in it. Both of these scales are measure on five score Likert Scale. Data were analyzed by the use of SPSS version 21.0. Normality of data was checked by Shapiro Wilk test. As $p<0.05$ which revealed our data was non normally distributed. Therefore, we employed nonparametric test for between single and married individuals to compare the effects of their marital status on PSS and WRQoL. Demographic data were depicted in the form of frequency and test mean and Standard deviation was used for descriptive statistics. Mann was done between marital status and quality of like and perceived stress scale (PSS) to measure the association between marital status and these variables. The level of significance in this study was set as $p<0.05$ and confidence interval (CI) 95%.

RESULTS

There were 8(42.1%) were individuals between age group of 20-25 and 09(29.1%) were of married in group A and B respectively. Between age group of 26-30, 31-35 and 36-40 the frequency (%) of single participants were 01(5.3), 04(21.1) and 06(31.5%) whereas in married participants it was 05(16.5%), 09(28.8%) and 08(25.6% in each group respectively. Mean and Standard deviation of age in group A was 29.53 ± 7.28 and in group B it was 30.39 ± 6.09. Only 09(47.4%) were males in in group A and in group B it was13(41.9%). The frequency and percentages of occupation in both groups are depicted in table 1.

Table 1: Demographic data

Variables	Group A Frequency (%)	Group B Frequency (%)
Age		
20-25	8(42.1)	09(29.1)
26-30	01(5.3)	5(16.5)
31-35	04(21.1)	09(28.8)
36-40	06(31.5)	08(25.6)
Mean ± SD	29.53 ± 7.28	30.39 ± 6.09
Gender		
Male	09(47.4)	13(41.9)
Female	10(52.6)	18(58.1)
Occupation		
Doctors	04(21.1)	02(6.5)
Nurses	10(52.6)	11(35.5)
Physiotherapist	02(10.5)	09(29)
OT Assistant	02(10.5)	026.5)
Pharmacist	015.3)	07(22.6)

The frequency (%) of perceived stress scale in group A who had low stress level was 06(21.5), at moderate level it was 1062.6) and at high level of stress was 03(15.9). whereas in group B the level of stress at low, moderate and high level was 08(25.6), 1855.2) and 6(19.2%) respectively. WRQOL sub-groups frequency in group A and B are depicted in table 1. Mean ± SD of single individuals in perceived stress scale was 18.74±8.35 whereas in group B it was 19.06 ± 6.95. work related quality of life and in its sub-variables the Mean ± SD was 21.05 ± 4.06 and 16.06 ± 4.64 in GWB in group A and B respectively. Whereas in Mean ± SD HWI, JWS, CAW, WCS, SAW and Overall Score of WRQOL in group A 9.32 ± 2.03, 20.74 ± 3.80, 9.79 ± 1.65, 8.95 ± 2.44, 4.79 ± 1.51 and 74.63 ± 12.41 respectively. In group B the Mean ± SD of these variables was 16.06 ± 4.64, 8.32 ± 2.18, 16.71 ± 5.18, 9.03 ± 2.37, 8.71 ± 2.73, 4.87 ± 1.95 and 63.71 ± 14.74 (Table 2).

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Table 2: Descriptive Statistics

Variables		Mild	Moderate	Severe	Mean ± SD	p-value
PSS	Group A	06(21.5)	10(62.6)	03(15.9)	18.74 ± 8.35	0.70
	Group B	08(25.6)	18(55.2)	06(19.2)	19.06 ± 6.95	
WRQoL		**Low**	**Average**	**High**	**Mean ± SD**	**p-value**
GWB	Group A	09(47.4)	01(5.2)	09(47.4)	21.05 ± 4.06	0.00
	Group B	27(87)	02(6.5)	02(6.5)	16.06 ± 4.64	
HWI	Group A	07(36.9)	11(57.9)	01(5.2)	9.32 ± 2.03	0.11
	Group B	18(58.4)	13(41.6)	–––	8.32 ± 2.18	
JWS	Group A	05(26.2)	09(47.1)	05(26.2)	20.74 ± 3.80	0.01
	Group B	18(58.4)	11(35.1)	02(6.5)	16.71 ± 5.18	
CAW	Group A	06(31.7)	11(57.9)	02(10.4)	9.79 ± 1.65	0.25
	Group B	16(51.2)	14(45.6)	01(3.2)	9.03 ± 2.37	
WCS	Group A	14(73.7)	04(21.1)	0.1(5.2)	8.95 ± 2.44	0.80
	Group B	24(77.2)	05(16)	02(6.5)	8.71 ± 2.73	
SAW	Group A	08(42)	04(21.1)	07(36.9)	4.79 ± 1.51	0.91
	Group B	12(39.2)	10(32)	09(28.8)	4.87 ± 1.95	
Total Score	Group A	07(37.1)	07(37.1)	05(25.8)	74.63 ± 12.41	0.00*
	Group B	24(77.2)	06(19.6)	01(3.2)	63.71 ± 14.74	

The Mean Rank (MR) of PSS in group A was 24.63 whereas in Group B it was 26.03. WRQOL subgroup GWD, HWI, JCS, CAW, WCS, SAW and total score mean rank was 34.05, 29.58, 32.21, 28.50, 25.82, 25.79 and 32.84 in group A with $p>0.05$ in all subgroups except GWD and total score of WRQOL ($p<0.05$) which revealed that marital status affects the quality of life of married individuals and those who are married has low quality of life as compared to single individuals. But level of stress in both groups is same as $p>0.05$ which showed insignificant difference between both groups (Table 3).

Table 3: Association between marital Status and PSS and WRQoL

Variables	Mean Rank		p-value
	Group A (Single)	Group B (Married)	
PSS	24.63	26.03	0.74
Age			
GWD	34.05	20.26	0.001
HWI	29.58	23.00	0.11
JCS	32.21	21.39	0.01
CAW	28.50	23.66	0.24
WCS	25.82	25.31	0.90
SAW	25.79	25.32	0.91
Total Score WRQOL	32.84	21.00	0.005

DISCUSSION

This study was conducted to observe the relation of marital status and its impact on the Perceived Stress Scale and work- related Quality of Life of health care workers. It was observed that those participants who were single had mild level of stress were 06(21.5%) whereas in mild and high PSS their frequency was 10(62.6%) and 03(15.9%) respectively. This showed that more than half of individuals were in mild level of stress as compared to high- or low-level PSS. When PSS score were compared with group B participants who were married individuals had 0.8(25.6%) in mild level, 18(55.5) in moderate stress level and 06(19.2%) in severe stress. In married individuals the severe stress level (19.2%) was high as compared to single (15.9%) individuals. Whereas moderate level of stress was greater in single individuals (62.6%) as compared to married (55.5%) healthcare workers. This demonstrated that those healthcare workers who are married has higher susceptibility of severe stress as compared to single healthcare workers. Work related quality of life (QoL) in healthcare workers showed that single HCWs had higher quality of life as compared to the married HCWs. When GWB (general well-being) which is sub-scale of WRQOL was assessed in single HCWs it was revealed that out of 19 total workers 09(47.4%) of workers the QoL was low, 01(5.2%) had average QoL and 09(47.4%) whereas in married HCWs 27(87%) had low QoL score, 02(6.5%) had an average QoL whereas 02(6.5%) had high QoL. This comparison of GWB on the basis of marital status showed that married HCWs had low QoL (87%) as compared to single workers (47.4%). A study conducted in dental graduates to observe the relationship between marital status and their level of stress [18]. The result of our study is supported by Shetty *et al.*, study that married workers experience more stress as compared to those HCWs who are single. The more interesting thing about our study is that the WRQoL level with respect to HWI, CAW, WCS and SAW were same in both individuals but the general well-being (GWB), Job Career Satisfaction (JCS) and overall WRQoL in single HCWs is higher as compared to the married workers. A study on medical post graduate students was carried out to evaluate their level of stress regarding their job or career insecurities and their future concern [19]. It was

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demonstrated that clinical had higher level of stress and work pressure or burnout as compared to academic PGTs. The result of this study also positively reinforces our results that HCWs had higher level of stress. The WRQoL which we measured in our study depicted that the married HCWs had lower quality of life as compared to the single workers ($p<0.05$). the level of stress in both groups had depicted no significant difference. So, it is concluded that PSS is same in both single and married Healthcare -workers but work -related QoL in single HCWs is higher as to those who had marital status of married. Research conducted in dental graduates by Ghafoor *et al.*, to evaluate the effects of marital status and its impact as an indicator of stress in post graduate students [20]. The results of this study support our study that married workers are more stressed than single one.

CONCLUSIONS

It is concluded from this study that level of stress in in healthcare worker is same irrespective of their marital status but work related-QoL is low in married individuals as compared to single HCWs.

Conflicts of Interest

The authors declare no conflict of interest.

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