Influence of Job Burnout and Work-Family Conflict on Marital Satisfaction among Married Nurses in Benin City, South Nigeria

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Abstract:  
This study examined the influence of job burnout and work-family conflict on marital satisfaction among married nurses in Nigeria. The research was conducted on a convenience sample comprising of 181 (173 female and 8 male) married nurses (X̄ = 35.39, SD = 8.65) at a tertiary hospital in Benin City, Nigeria. Respondents completed a questionnaire consisting of the Revised Dyadic Adjustment Scale, Maslach Burnout Inventory, and Work-Family Conflict scale. Three hypotheses were tested in the study. Percentages and means, independent samples t-test, and multiple regressions were used for analysis. Results indicated that depersonalization (β = -.31; t = -3.25; p < .01) and personal accomplishment (β = .34, t = 4.69; p < .01) independently predicted marital satisfaction. Emotional exhaustion, depersonalisation and personal accomplishment jointly predicted marital satisfaction (F [3, 177] = 13.51, p < .01) with R² = .186. Furthermore, behaviour-based conflict (β = -.23, -.23, p < .05) was the only form of work-to-family conflict that significantly and independently predicted marital satisfaction. Depersonalisation, personal accomplishment, and behaviour-based conflict are important predictors of marital satisfaction. Therefore, hospital managements, mental health professionals and marriage counsellors should always look out for elements of such negative reactions and tendencies, as these may provide potent grounds for interventions.

Keywords: Job burnout, work-family conflict, marital satisfaction, married nurses, Nigeria

1. Introduction

Medical personnel are presented with loads of tension at work, such as high levels of responsibility and daily encounters with people suffering from different types of diseases, pain, and even having to do with patient dying (Rahimi, Ahmadi, & Akhound, 2004; Laranjeira, 2011). This stress can endanger the physical health, mental health and marital relationships of medical staff (Lewis, Barnhart, Howard, Carson, & Nace, 1993; Ramirez, Graham, Richards, Cull, & Gregory, 1996; Wu, Li, Wang, Yang, & Qiu, 2011; Peimanpak, Mansour, Sadeghi, & Purebraham, 2013).

Watching the relationships between husband and wife permits us to discover how the remainder from a spouse’s work is carried home at the end of the workday and whether the couple is affected in ways that are likely to endanger the prospect of their marriage (Roberts & Levenson, 2001). The nursing profession is generally perceived as stressful and demanding. It is both physically and psychologically challenging, as nurses deal with people who are suffering from major or minor health problems and life-threatening situations (Bakker et al., 2000).

Nursing is related to high levels of emotional, cognitive and physical damage (Bakker, Killmer, Siegrist, & Schaufeli, 2000; Aiken et al., 2001; Le Blanc, Bakker, Peeters, Van Hees, & Schaufeli, 2001; Janiszewski & Goodin, 2003) and is, for that reason, typified by a high risk of ill health (Cheng, Kawachi, Coldley, Schwarts, & Colditz, 2000). There are several emergency conditions where nurses have to act swiftly, regularly unaccompanied, exercising tremendous effort under stress (Erlen & Sereika, 1997; Reis Miranda, Ryan, Schaufeli, & Fidler, 1998). Moreover, nursing entails working in uncomfortable postures, prolonged standing and lifting loads (Estryn-Behar, 1990; Bakker, Demerouti, Taris, Schaufeli, & Schreurs, 2003).

Shift duty that is observed by nurses has also been acknowledged as stressful and is found to have physiological and psychological effects. Estryn-Behar (1990) notes that shift duty causes fatigue and sleep impairment. Shah (1990) attributes social and health problems to shift work for those who engage in it. This heavy responsibility combined with limited resources, long hours, marginal working conditions, and often unreasonable demands from those receiving
services, lead to chronic stress and, ultimately, burnout (Dworkin, 1987). The incidence and strength of these extremely challenging workplace interactions may put a significant emotional load on them (De Rijk, Le Blanc, Schaufeli, & De Jonge, 1998; Bourbonnais, Comeau, & Ve’zina, 1999) which, in the long run, can have a devastating effect on the family.

Marriage as an institution has a fundamental responsibility in assisting two persons to have personal development and enrichment from established family life (Abdul Azeez, 2013). According to Fowers (1995), love and marriage are the most important foundation of individual happiness and meaning in life. Fulfilment, happiness and positive development will be possible only when the relationship between couples is coherent and satisfactory (Abdul Azeez, 2013). Marital satisfaction (MS) has been defined as the subjective evaluation that a marital relationship is good happy, satisfying or successful (Callan & Noller, 1987). High marital satisfaction is indicated by good adjustment, adequate communication, and a high level of marital happiness, interaction, and quality, while low marital satisfaction results from the opposite of these (Mbunga, 2010).

Between the 1950s and 1980s, the American society witnessed a significant growth in both the number of dual-earner and dual-career marriages (Cherpas, 1985; Bedeian, Burke & Moffett, 1988). This rise in dual-career marriages was principally due to the proportion of married women in the workforce more than doubling from 1950 to 1980 (21.6 percent to 50.2 percent) (Thomas, Albrecht & White, 1984). In recent years, a pattern of families with two heads of household, in which both spouses pursue full-time careers, has become the most common family unit in the American Society (Perrone & Worthington, 2001).

Nigeria is also experiencing transformation as the number of dual-career families is on the increase. Women’s crossing of the role-boundary by incorporating paid work to their previously existing nurturance role has brought major challenges to many households (Ugwu, 2009). The role expectations and boundaries between family and career do not always go well together, developing conflicts and issues between work and family life (Netemeyer, McMurrian & Boles, 1996). In fact, the spill over of family and work demands is bidirectional, meaning that family demands can spill over and negatively impact work life, and work demands can spill over and negatively affect family life (Galvin, Byland & Brommel, 2001).

In 1974, Freudenberger coined the term ‘burnout’ to illustrate workers’ response to the chronic stress widespread in jobs concerning frequent direct exchanges with people. Job burnout brings negative emotions, such as pessimism and anger, as a result of hopelessness and despair; and negative feelings lead to the stability of emotional fatigue symptoms in person. On the other hand, burnout can be contagious among colleagues and, by creating interpersonal and intrapersonal disorders, lead to psychosocial disorders (Maslach, 1994).

As described by Maslach and Jackson (1981), the three facets of burnout are high levels of emotional exhaustion, low levels of feelings of personal accomplishment, and high levels of client depersonalization. Individuals suffering from burnout may develop a cynical or impersonal attitude towards their clients, be unable to recognize any positive aspects of their work or feel a sense of pride and/or feel emotionally drained. The latter of these, emotional exhaustion, is characteristically regarded as the key feature of burnout (Cordes & Dougherty, 1993; Maslach, 2001; Collins & Long, 2003).

Exhaustion drains an individual’s energy, making it more difficult to produce the kinds of effective responses that facilitate social interactions (Roberts & Levenson, 2001). Employees who come home exhausted have been found to be angrier, to be anxious, to complain more, and to be less cheerful (Zedeck, Maslach, Mosier, & Skitka, 1988). When fatigued, it becomes more difficult for couples to engage in positive interactions and to communicate and solve problems effectively (Litterst, 1983). Physical exhaustion resulting from inadequate sleep can lower an individual’s threshold for activating negative emotional responses (Dahl, 1996).

Furthermore, acute and chronic stressful experiences significantly influence the development of close relationships and marital satisfaction (Neff & Karney, 2004). The effect of stress on marital relationship can be in three ways: negative effect on communication, decrease in time spent together, and increase in health problems (Rostani, Ghazinour & Richter, 2013).

Work-family conflict is a form of inter-role conflict in which the demands of work and family roles are incompatible in some respect so that participation in one role is more difficult because of participation in the other role (Greenhaus & Beutell, 1985). Examination of the literature brings to light three forms of work and family conflict: time-based conflict, strain-based conflict and behaviour-based conflict. Time-based conflict refers to the numerous roles that compete for an individual’s time. Strain-based conflict refers to strain produced by a particular role, and behaviour-based conflict refers to specific patterns of role behaviour incompatibility (Greenhaus & Beutell, 1985). This conflict can take two forms: work-to-family conflict, in which the demands of work make it difficult to perform family responsibilities; and family-to-work conflict, in which family demands limit the performance of work duties (Voydanoff, 2000).

The effect of work on the family has been looked into by developmental psychologists and work-family sociologists (Piotrowski, Rapport & Rapoport, 1987) interested in the fate of the family in the era of working mothers, put in motion by fears that working mothers could negatively affect the children and the family. Researchers have shown that work-family conflict is related to a decrease in satisfaction, dividing life satisfaction, marital satisfaction, and job satisfaction (Bedeian et al., 1988; Netemeyer et al., 1996; Perrone, Aegisdottir, Webb, & Blalock, 2006).

Studies have reported negative relationships between work-family conflict and marital satisfaction. Allen, Herst, Bruck, & Sutton (2000), in a review of 67 articles, found a negative correlation between work-family conflict and marital satisfaction. Likewise, in a meta-analysis of 120 studies, Ford, Heinen, & Langlamer, (2007) found a negative correlation between work-family conflict and family satisfaction. In a model that compiled the funding of 211 studies, work-family conflict was negatively correlated with family satisfaction, a construct that included marital satisfaction (Michel, 2003).
Mitchelson, Kotrba, LeBreton, & Baltes, 2009). Another meta-analysis of 72 studies (Hill, Fellows, Chiu, & Hawkins, 2011) reported a moderately strong negative correlation between work-family conflict and couple relationship quality. In addition to numerous studies in the United States, this relationship between work-family conflict and marital satisfaction has been found in Taiwan (Wu, Chang, & Zhuang, 2010), Scotland (Swanson & Power, 1999) and the Netherlands (Bakker, Demerouti, & Burke, 2009).

With regard to the relationship between work-family conflict and marital satisfaction of married nurses, available research evidence revealed that marital satisfaction decreases when role strain (for example, work-family conflict) is present in the relationship (King, 2005). Also, Hughes, Galinsky, & Morris (1992) found a correlation between work-home interference, which, in turn, lowered the marital quality of the individuals. In addition, Milkie and Peltola (1999) found that those who experienced marital happiness experience more success in balancing family and work. In his work, Bodenmann, Ledermann, & Bradbury (2007) also found that external stress created more stress within the marriage relationship which, in turn, is associated with lowered relationship functioning and marital satisfaction.

In the face of the increasing attention to work and family matters 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 filled this gap by examining the role of work-family conflict and job burnout in marital satisfaction among married nurses in Nigeria. Exploring the consequences of work on marriage and on marital interaction is an essential initial point for attaining an understanding of the effects of work on the larger family unit (Roberts & Levenson, 2001).

This study focused on job burnout and work-to-family conflict as types of strain or distress that may develop in response to the demands of clinical work. As burnout and stress at work increase, they may spill over into married nurses’ family lives. In view of the facts above and the need for further investigation in the literature, the following hypotheses arose: Dimensions of job burnout (emotional exhaustion, depersonalisation and personal accomplishment) will independently and jointly predict marital satisfaction; forms of work-to-family conflict (time, strain and behaviour-based strain) will independently and jointly predict marital satisfaction; and there will be a significant effect of work-to-family conflict on marital satisfaction.

2. Materials and Methods

2.1. Study Population

A purposive sample of married nurses (n = 181) was selected from University of Benin Teaching Hospital (UBTH), Benin City, with age range of 21-59 years (\( \bar{X} = 35.39, SD = 8.65 \)). There were 8 (4.4%) males and 173 (95.6%) females in the study. The education level of the married nurses ranged from Registered Nurse (RN) (n = 40, 22.1%), Registered Midwife (n = 118, 65.2%), to Bachelor of Science (BSc) in Nursing and above (n = 23, 12.7%). The average years of work experience of the married nurses were 10.23 years (SD = 7.01), ranging from 2-31 years.

2.2. Measures

The measure contained four sections. The first section consisted of participants’ demographic profile, such as age, gender, length of marriage, years of working experience, and highest professional qualifications.

The second section of the measure consisted of Revised Dyadic Adjustment Scale (RDAS: Busby, Christensen, Craned & Larson, 1995). This is a self-report instrument measuring marital satisfaction, which has been widely used in different cultures. The original version was developed by Spanier (1976) according to his theory about quality of marital relationship. Busby et al. (1995) published a revised version of the scale, which contains 14 items and includes Likert scale. Bradbury, Fincham, and Beach (2000) introduced this scale for assessing quality of marital relationship. Three components of marital adjustment are conceptualized: consensus, satisfaction and cohesion. Higher scores indicate better marital adjustment (Hollist & Milker, 2005). The confirmatory factor analysis in the US has already confirmed the 3-factor structure and its validity (Busby et al., 1995; Alonzo, 2005). The Cronbach’s alpha coefficients in previous studies have been reported from 0.80 to 0.90 (Hollist & Milker, 2005). Reliability coefficient of .62 was found for RDAS on the current sample.

The third section of the questionnaire consisted of Maslach Burnout Inventory (MBI, Maslach, Jackson & Leiter, 1996). The MBI consists of 22 items distributed across three dimensions. Emotional exhaustion (EE) was measured using more items; depersonalization (DP) was measured using five items; and personal accomplishment (PA) was measured using eight items. The frequency of burnout symptoms was rated on a 7-point Likert-type scale, ranging from 'never' to 'always'. The results of this inventory consisted of three separate scores, one for each factor. Accordingly, high scores relating to emotional exhaustion and depersonalization corresponded to a higher degree of burnout; but a high score for personal accomplishment corresponded to a lower degree of burnout on that dimension. Maslach, Jackson and Leiter (1996) reported reliability of the MBI. Past work reported Cronbach’s alpha coefficients for the subscales to be 0.90 for EE, 0.79 for DP and 0.71 for PA with test-retest reliability ranging from 0.50 to 0.82 for the three subscales. The Cronbach alphas for this study were 0.82 for EE, 0.89 for DP and 0.76 for PA.

The fourth and final section of the measures consisted of the Work-Family Conflict Scale (WFC, Carlson, Kacmar, Williams, 2000). It is a multi-dimensional measure of work-family conflict. This scale measures work-to-family conflict (WFC) and family-to-work conflict (FWC), using 9 items for each direction and assessing three forms of conflict, namely: time-based, strain-based and behaviour-based. It is rated on a five-point scale, ranging from 'strongly disagree' to 'strongly agree'. A sample item for WFC is 'I have to miss family activities due to the amount of time I must spend on work responsibilities.' A sample item for FWC is 'Tension and anxiety from my family life often weakens my ability to do my job.'
In this study, the 9 items measuring work-to-family conflict (WFC) were considered and they generated an alpha coefficient of .77.

2.3. Procedure
Copies of the questionnaire were distributed to participants within the hospital after confirming that they were married. They were later briefed on the purpose of the study. The participants also filled a consent form to indicate an understanding that their participation in the study was voluntary and that they could pull out at any time should they wish to do so. To ensure confidentiality, the participants were told not to record their names or any identification number on the questionnaire. They were given sufficient time to fill the questionnaire and any question they had were answered by the researchers. It took most participants less than 10 minutes to complete all the scales.

3. Data Analysis
Data analysis was performed using SPSS (Version 16.0) for window. Descriptive statistics, including frequency distributions, percentages and means, were calculated. Reliability assessment of the independent and dependent variables were also assessed. Correlation analysis was done to assess the relationship between the important variables. Multiple regression analysis was performed to examine the contribution of burnout and work-family conflict on marital satisfaction. A p-value of 0.05 or less was considered statistically significant.

4. Results
The means, standard deviations and zero-order correlations measured with interval scales and the results of the hypotheses tested are presented in this section. Table 1 shows a correlation matrix of the important variables measured in the continuous format in the study. This study examined the influence of job burnout and work-family conflict on marital satisfaction. Toward achieving these objectives, two hypotheses were tested. The results are presented in this section.

5. Inter-correlation Analyses between Work-family Conflict, Job Burnout and Marital Satisfaction
First, inter-correlation analyses were performed in order to explore the relationships among the variables of the study. The results showed that emotional exhaustion was significantly related to marital satisfaction (r = -.24, p < .01). The negative relationship of emotional exhaustion with marital satisfaction implies that the more the emotional exhaustion, the lower the levels of marital satisfaction are. Depersonalization was also negatively correlated with marital satisfaction (r = -.29, p < .01). The negative relationship of depersonalization with marital satisfaction showed that, increase in depersonalization was associated with decrease in marital satisfaction. However, personal accomplishment was positively correlated with marital satisfaction (r = .21, p < .01). This suggests that the higher the married nurses’ level of personal accomplishment, the higher their levels of marital satisfaction. In the domain of work-to-family conflict, behaviour-based conflict was negatively related to marital satisfaction (r = -.13, p < .05). The negative relationship of behaviour-based conflict with marital satisfaction suggests that the more the behaviour-based conflict with regard to work-to-family conflict, the less the nurses were satisfied with their marriage. However, there were no relationships between both time-based and strain-based conflict and marital satisfaction.

| S/N | Variables | X   | SD  | 1   | 2   | 3   | 4   | 5   | 6   | 7   |
|-----|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1.  | EE        | 24.82 | 8.90 | .70** |     |     |     |     |     |     |
| 2.  | DP        | 15.78 | 7.32 | .26** | .31** |     |     |     |     |     |
| 3.  | PA        | 29.47 | 7.22 | .18*  | .21** | -.14 |     |     |     |     |
| 4.  | TBC       | 9.13  | 2.26 | .20** | .26** | -.16* | .44** |     |     |     |
| 5.  | SBC       | 10.57 | 3.26 | .19*  | .24** | -.22** | .26** | .66** |     |     |
| 6.  | BBC       | 9.87  | 3.53 | .23** | .32** | -.22** | .63** | .89** | 86** |     |
| 7.  | WIF       | 29.59 | 7.37 | .24** | .29** | -.21** | -.07 | -.06 | -.17* | -.13 |

Table 1: Zero Order Correlation

This study examined the influence of job burnout and work-family conflict on marital satisfaction. Toward achieving these objectives, two hypotheses were tested. The results are presented in this section.

| Variables | R   | R²  | F   | P   | β   | T   | Sig |
|-----------|-----|-----|-----|-----|-----|-----|-----|
| EE        | .432 | .186 | 13.509 | <.01 | -.112 | -1.180 | >.05 |
| DP        |     |     |     |     | -.313 | -3.253 | <.01 |
| PA        |     |     |     |     | .336  | 4.694  | <.01 |

Table 2: Summary of Multiple Regression Showing the Joint and Relative Contributions of Job Burnout (Emotional Exhaustion, Depersonalisation and Personal Accomplishment) on Marital Satisfaction

It can be seen in Table 2 that emotional exhaustion, depersonalisation and personal accomplishment, as predicted variables, jointly predicted marital satisfaction (F [3, 177] = 13.51, p < .01) with R² = 186. This suggests that all the predictor variables together accounted for 18.6% of the proportion of variance in marital satisfaction, while the remaining
84.4% could be attributed to other alienated factors not considered in this study. Furthermore, depersonalization (β = -.31; t = -3.25; p < .01) and personal accomplishment (β = .34; t = 4.69; p < .01) independently predicted marital satisfaction. This indicated that, among the married nurses, the more they were depersonalised and less personally accomplished, the lower their levels of marital satisfaction were. Hypothesis two was also tested using multiple regression analysis to examine the predictive ability of the forms of work-to-family conflict on marital satisfaction.

| Variables | R  | R²  | F    | P   | β   | t     | Sig |
|-----------|----|-----|------|-----|-----|-------|-----|
| Time      | .187| .035| 2.132| > .05| .120| 1.130 | > .05|
| Strain    |    |     |      |      | -2.31 | -2.324 | < .05|

Table 3: Summary of Multiple Regression Showing the Joint and Relative Contributions of Forms of Work-To-Family Conflict (Time, Strains and Behaviour-Based Conflict) on Marital Satisfaction

As shown in Table 3, all forms of work-to-family conflict, as predictor variables, did not jointly predict marital satisfaction (F[3, 122] = 2.13, p > .05). Furthermore, behaviour-based conflict (β = -.23, -2.32, p < .05) was the only form of work-to-family conflict that significantly independently predicted marital satisfaction. This implies that the higher the score on behaviour-based conflict, the higher the tendency to experience marital dissatisfaction.

6. Discussion

Job burnout and work-family conflict play important roles in modern societies. For this reason, stress research has received increased attention and, recently, stress research in couples has gained more attention which is reflected in a growing number of theoretical contributions and empirical studies on this issue (Randal & Bodemann, 2009).

The first hypothesis reveals that all the job burnout variables (emotional exhaustion, depersonalisation and personal accomplishment) jointly predicted marital satisfaction. Furthermore, this study showed that the more depersonalised and the less personally accomplished the nurses were, the lower their levels of marital satisfaction. Surprisingly, emotional exhaustion was the only dimension of burnout that did not independently significantly predict marital satisfaction. De Sousa (2013) notes that emotional exhaustion is regarded as the most apparent expression of the intricate syndrome of burnout. When individuals consider themselves experiencing burnout, they very frequently report the presence of exhaustion. Oscharoff (2011) reported that, among professional psychologists, those who expressed feeling emotionally drained or burned out from their work were also more likely to report that it was difficult for them to fulfil family responsibilities and duties. These psychologists also tended to report less satisfaction with their marital relationships. Medical staff face many stressors in their job. Patients’ pain and distress, work time pressure, profound workload, insufficient salary, and inequality at work are perceived as most important sources of constant worry by hospital employees (Roberts et al., 2011). Studies point out that job stress can negatively affect individuals’ quality of life, and their marital relationship (Mauno et al., 2012). However, just like the findings concerning emotional exhaustion in this study, other researchers have provided evidence that there may be some situations in which stress does not have a negative effect on marital satisfaction, and may, in fact, function to strengthen the marital relationship (Gritz, Wellisch, Siau, & Wang, 1990). Bodenmann et al. (2007) reported that husbands who experienced more external daily hassles reported higher marital satisfaction. These results are consistent with the personal growth model, which suggests that challenging events provide opportunities for couples to deepen commitment and intimacy (Story & Bradbury, 2004).

The second hypothesis of this study shows that all the various forms of work-to-family conflict (time-based, strain-based and behaviour-based conflicts) did not jointly predict marital satisfaction. However, the more the manifestation of the behaviour-based conflict, the greater the tendency to experience marital dissatisfaction is. This finding implies that behaviour-based conflicts contribute to role interference with family. It appeared that married nurses were unable to change their behaviour to conform to the various role expectations in their families. When individuals invest time and energy in the work domain without sufficient time for recovery, negative load interference develops and spills over into the family domain (Geurts et al., 2005). Being a working mother with children has consequences for general health and well-being (Herbst, Coetzee, & Visser, 2007). A major challenge for working women is the clash between the roles they hold as spouses and mothers and the roles they occupy as employees (Vosloo, 2000). This study has proved that managing the various roles contributes to an increase in stress and can lead to difficulty for working women who are married.

This study has demonstrated that depersonalisation, personal accomplishment, and behaviour-based conflict are important predictors of marital satisfaction among the married nurses. Therefore, findings from this study have implications for hospital managements, mental health professionals (psychologists, psychiatrists, and medical social workers), marriage counsellors, and married nurses experiencing conflict between their jobs and their families. These professionals should look out for elements of such negative reactions and tendencies, as these may provide potent grounds for interventions.

It is important to explore interventions that will reduce the job burnout and the work-to-family conflict experienced by married nurses. Findings from studies of this nature could have a positive effect. By reducing the stressful nature of the nurses working environment, nurses could be more satisfied in their positions. This role satisfaction could lead to enhancing greater marital satisfaction.
There are a number of practical implications of these findings. Hospital managements should be aware of the fact that job burnout and work-to-family conflict could have serious consequences, not only for the nurses who are the closest to the patients, but also for their families. Nurses’ work stress might have been escalating since the mid-1980s due to the increasing use of technology, continuing rises in health care costs (Jennings, 1994) and turbulence within the work environment (Jennings, 2007). Given this, it is important to devote resources to finding ways of dealing more effectively with job burnout and work-to-family conflict in the context of marriage and other intimate relationships. An important way to achieve this is to empower the nurses structurally (for example, through opportunity, information, support, resources, and power) and psychologically (for instance, through confidence, autonomy, and impact). Hatcher and Laschinger (1996) contend that, as perception of empowerment increases, nurses reported less emotional exhaustion, depersonalisation, along with a greater sense of personal accomplishment. Fostering the awareness of depersonalisation, personal accomplishment and behaviour-based conflict in the workplace is a critical step toward enhancing better marital relationships.

This study is not without limitations. The most noticeable of the limitations of the study is the small sample size, which has the tendency to engender concern about statistical power and the stability of predictions. This study was based solely on self-reported instruments, which may have compromised the internal reliability of the study. Although self-report scales provide ease of use and an ability to address topics that are difficult to measure experimentally, they also introduce potential falseness. This study also focused on married nurses in one geographical location in Nigeria-Benin City as a result, the findings may not be generalized to married nurses in other parts of the country. Again, the sample size of married nurses for this study was not randomly selected. These factors present potential threats to external validity.

7. References

i. Abdul Azeez, E. P. (2013). Employed Women and Marital Satisfaction: A Study among Female Nurses. International Journal of Management and Social Sciences Research (IJMSSR), 2(11), 17-22.

ii. Abed-Saeed, J. (2002). Stress amongst Emergency Nurses. Australian Emergency Nursing Journal, 2(5), 19-24.

iii. Adeb-Saeedi, J. (2002). Stress amongst emergency nurses. Australian Emergency Nursing Journal, 5(2), 19-24.

iv. Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., et al. (2001). Nurses' reports on hospital care in five countries [electronic version]. Health Affairs 20, 43-53.

v. Allen, T. D., Herst, D. E. L., Bruck, C. S., & Sutton, M. (2000). Consequences associated with work-to-family conflict: A review and agenda for future research. Journal of Occupational Health Psychology, 5, 278-308. doi: 10.1037/1076-8998.5.2.278

vi. Alonzo, D. J. (2005). Working with same-sex couples. In M. Harway (Ed.), Handbook of couples therapy (pp. 370-385). Hoboken, NJ: John Wiley & Sons Inc.

vii. Ardekani, Z., Kakoei, H., Ayatollahi, S., Choobineh, A., & Seraji, G. (2008). Prevalence of mental disorders among shift work hospital nurses in Shiraz, Iran. Pakistan Journal of Biological Sciences, 11(12), 1605-1609.

viii. Aryee, S., Luk, V., Leung, A., & Lo, S. (1999). Role Stressors, inter-role conflict, and well-being: The Moderating influence of spousal support and coping behaviors among employed parents in Hong Kong. Journal of Vocational Behaviour, 54(2), 259-278.

ix. Bakker, A. B., Demerouti, E., & Burke, R. (2009). Workaholism and relationship quality: A spill over–cross over perspective. Journal of Occupational and Organizational Psychology, 82, 143-23. doi: 10.1037/a0013290.

x. Bakker, A. B., Demerouti, E., Taris, T., Schaufeli, W. B. & Schreurs, P. (2003). A multi-group analysis of the job demands-resources model in four home care organizations. International Journal of Stress Management, 10, 16-38.

xi. Bakker, A. B., Killmer, C. H., Siegrist, J., & Schaufeli, W. B (2000). Effort-reward imbalance and burnout among nurses. Journal of Advanced Nursing, 31(4), 884-891.

xii. Bedeian, A. G., Burke, B. G., & Moffett, R. G. (1988). Outcomes of work-family conflict among married male and female professionals. Journal of Management, 14(3), 475-491.

xiii. Bodenmann, G. (2000). Stress und coping bei paaren. [Stress and coping in couples]. Göttingen (Germany): Hogrefe.

xiv. Bodenmann, G., Ledermann, T., & Bradbury, T. N. (2007). Stress, sex, and satisfaction in marriage. Personal Relationships, 14, 551-569.

xv. Bourbonnais, R., Comeau, M. & Ve’zina, M. (1999). Job strain and evolution of mental health among nurses. Journal of Occupational Health Psychology, 4(2), 95-107.

xvi. Bradbury, T., Fincham, F. & Beach, S. (2000). Research on the nature and determinants of marital satisfaction: A decade in review. Journal of Marriage and the Family, vol. 62, no. 4, pp. 964-980.

xvii. Busby, D. M., Crane, D. R., Larson, J. H., & Christensen, C. (1995). A revision of the Dyadic Adjustment Scale for use with distressed and non-distressed couples: Construction hierarchy and multidimensional scales. Journal of Marital and Family Therapy, 21, 289-308.

xviii. Callan, V. J. & Noller, P. (1987). Marriage and the Family. North Ryde: Methuen Australia Pty Ltd.

xix. Carlson, D.S., Kacmar, K.M., & Williams, L.J. (2000). Construction and initial validation of a measure of work-family conflict. Journal of Vocational Behaviour, 56, 249-276.

xx. Cheng, Y., Kawachi, I., Coakley, E. H., Schwartz, J., & Colditz, G. (2000). Association between psychosocial work characteristics and health functioning in American women: prospective study. British Medical Journal, 320, 1432–1436.

xxi. Cherpas, C. C. (1985). Dual-career families: Terminology, typologies, and work and family issues. Journal of Counselling and Development, 63, 616-620.
Cole, D., & Nelson, L. (2001). Stress at work: The relationship between hope and health in hospital nurses. *Psychosocial Nursing*, 26, 7–18.

c. Collins, S., & Long, A. (2003). Working with the psychological effects of trauma: Consequences for mental healthcare workers—A literature review. *Journal of Psychiatric and Mental Health Nursing*, 10, 417–424.

c. Cordes, C. L., & Dougherty, T. (1993). A review and an integration of research on job burnout. *Academy of Management Review*, 18, 621–656.

c. Cory, C. W. (2007). *The relationship between professional burnout and marital satisfaction*. (Doctoral dissertation). Capella University, Minnesota.

c. De Rijk, A. E., Le Blanc, P. M., Schaufeli, W. B. & De Jonge, J. (1998). Active coping and need for control as moderators of the job demand-control model: effects on burnout. *Journal of Occupational and Organizational Psychology*, 71(1), 1–18.

c. De Sousa, V. A. G. F. (2013). Family-Work Conflict, Job Satisfaction and Burnout of Working Women with Children. A Thesis Submitted in partial fulfilment of the requirements for the degree Philosophy Doctor (Phd) in Organizational Behaviour.

c. Dworkin, A. G. (1987). *Teacher Burnout in the Public Schools: Structural Causes and Consequences for Children*. State University of New York Press.

c. Erlen, J. A., & Sereika, S. M. (1997). Critical care nurses, ethical decision-making and stress. *Journal of Advanced Nursing*, 26(5), 953–961.

c. Estryn-Behar, M., Kaminski, M., Peigne, E., Maillard, M. F., Pelletier, A., Berthier, C., et al. (1990). Strenuous working conditions and musculo-skeletal disorders among female hospital workers. *International Archives of Occupational and Environmental Health*, 62(1), 47–57.

c. Estryn-Behar M. 1990. Stress at work and mental health status among female hospital workers. *British Journal of Medicine*, 47(1), 20–28.

c. Ford, M. T., Heinen, B.A., & Langkamer, K. L. (2007). Work and family satisfaction and conflict: A meta-analysis of cross-domain relations. *Journal of Applied Psychology*, 92, 57–80. doi: 10.1037/0021-9010.92.1.57.

c. Fowers, B. J. (1998). Psychology and the good marriage. *American Behavioural Scientist*, 41(4), 516–542.

c. Freudenberg, H. J. (1974). Staff burn-out. *Journal of Social Issues*, 30(1), 159–85.

c. Galvin, K. M., Byland, C. L., & Brommel, B. J. (2011). *Family communication: Cohesion and Change*, 8th Ed. Glenview: Scott Foresman.

c. Geurts, S.A.E., Taris, T.W., Kompier, M.A.J., Dikkers, J.S.E., Van Hooff, M.L.M., & Kinnunen, U.M. (2005). Work-home interaction from a work psychological perspective: Development and validation of the SWING. *Work and Stress*, 19, 319–339.

c. Greenhaus, J.H. & Beutell, N.J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10(1), 76–88.

c. Gritz, E. R., Wellisch, D. K., Siu, J., & Wang, H. (1990). Long-term effects of testicular cancer on marital relationships. *Psychosomatics*, 31, 301–312.

c. Hamadeh, S. (2012). Occupational stress, social support, and quality of life among Jordanian mental health nurses. *Issues in Mental Health Nursing*, 33(1), 15-23.

c. Hatcher, S., & Laschinger, H. K. S. (1996). Staff nurses’ perceptions of job empowerment and level of burnout: a test of Kanter’s theory of structural power in organizations. *Canadian Journal of Nursing Administration*, 9(2), 74–94.

c. Herbst, L., Coetze, S., & Visser, N.D. (2007). Personality, sense of coherence and the coping of working mothers. *South African Journal of Industrial Psychology*, 33(3), 57-67.

c. Hill, E. J., Fellows, K. J., Chiu, H.-Y., & Hawkins, A. J. (2011, August). *Work-family conflict and couple relationship quality: A meta-analytic study*. Poster session presented at the meeting of the American Psychological Association, Washington, D.C.

c. Hollist, C.S. & Miller, R.B. (2005). Perceptions of attachment style and marital quality in midlife marriage. *Family Relations*, 54, 46-57.

c. Hughes, D. L., Galinsky, E., & Morris, A. (1992). The effects of job characteristics on marital quality: Specifying linking mechanisms. *Journal of Marriage and the Family*, 54, 31–42.

c. Janiszewski Goodin, H. (2003). The nursing shortage in the United States of America: an integrative review of the literature. *Journal of Advanced Nursing*, 43, 335–350.

c. Jennings, B. M. (1994). Stressors of critical care nursing. In: Thelan LA, Davie JK, Urden LD, et al., editors. *Critical Care Nursing Diagnosis and Management*. St. Louis, MO: Mosby. pp. 75–84.

c. Jennings, B. M. (2007). Turbulence. In: Hughes R, editor. *Advances in patient safety and quality: an evidence-based handbook for nurses*. Rockville, MD: AHRQ; pp. 2, 193–202.

c. Kalliath, P., Kalliath, T., & Singh, V. (2011). When work intersects family: A qualitative exploration of the experiences of dual earner couples in India. *South Asian Journal of Management*, 18 (1), 37-59.

c. King, J. J. (2005). Gender Ideology: Impact on Dual-Career Couples’ Role Strain, Marital Satisfaction and Life Satisfaction. Unpublished PhD Thesis Texas A & M University.

c. Laranjeira, C. A. (2011). The effects of perceived stress and ways of coping in a sample of Portuguese health workers. *Journal of Clinical Nursing*, 21, 1755–1762.
li. Le Blanc, P., Bakker, A. B., Peeters, M. C. W., Van Heesch, N. C. A. & Schaufeli, W. B. (2001). Burnout in oncology care providers: the role of individual differences. Anxiety, Stress, and Coping, 14, 243–263.

lii. Lewis, J. M., Barnhart, F. D., Howard, B. L., Carson, D. I., & Nace, E. P. (1993). Work stress in the lives of physicians. Texas Medicine, 89(2), 62-67.

liii. Maslach, C. (2001). What have we learned about burnout and health? Psychology and Health, 16, 607-611.

liv. Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Occupational Behavior, 2, 99–113.

lv. Maslach, C., Jackson, S.E., & Leiter, M.P. (1996). Maslach burnout inventory Manual (3rd ed.). Palo Alto, CA: Consulting Psychologist Press.

lvi. Mauno, S. & Kinnunen, U. (1999). Job insecurity and well-being: A longitudinal study among male and female employees in Finland. Community. Work and Family, 2(2), 147-171.

lvii. Mbunga, J. M. (2010). An Exploratory Study of Marital Satisfaction of Forty Couples at the Africa Inland Church, Jericho, Nairobi, With the View to Inform Premarital Counselling Practices in Kenya. A Dissertation Presented to the Faculty of Asbury Theological. Asbury Theological Seminary.

lviii. Michel, J. S., Mitchelson, J. K., Kotrba, L. M., LeBreton, J. L, & Baltes, B. B. (2009). A comparative test of work-family conflict models and critical examination of work-family linkages. Journal of Vocational Behavior, 74, 199–218. doi: 10.1016/j.jvb.2008.12.005

lix. Milkie, M. A., & Peltola, P. (1999). Playing all the roles: Gender and the work-family balancing act. Journal of Marriage and Family, 61, 476-491.

lx. Mosadeghrad, A. M., Ferlie, E., & Rosenberg, D. (2011). A study of relationship between job stress, quality of working life and turnover among hospital employees. Health Services Management Research, 24(4), 170-181.

lxi. Netemeyer, R. G., McMurrin, R., & Boles, J. S. (1996). Development and validation of Work-family conflict and family-work conflict scales. Journal of Applied Psychology, 81(4), 400-410.

lxii. Oscharoff, A. (2011). Emotional Exhaustion, Work-Family Conflict, and Marital Satisfaction among Professional Psychologists: Master’s Theses. Paper 494. http://ecommons.luc.edu/luc_theses/494

lxiii. Peimanpak, F., Mansour L., Sadeghi, M., & Purebraham, T. (2013). The relationship of job stress with marital satisfaction and mental health in nurses of Tehran hospitals. Quarterly Journal of Career and Organizational Counselling, 4(13), 27-54.

lxiv. Perrone, K. M., & Worthington, E. L. (2001). Factors influencing ratings of marital quality by individuals within dual-career marriages: A conceptual model. Journal of Counselling Psychology, 48(1), 3-9.

lxv. Perrone, K. M., Aegisdottr, S., Webb, L. K., & Blalock, R. H. (2006). Work-family interface: Commitment, conflict, coping, and satisfaction. Journal of Career Development, 32(3), 286-300. http://dx.doi.org/10.1177/0894845305283002

lxvi. Piotrkowski, C. S., Rapoport, R. N., & Rapoport, R., (1987). ‘Families and Work’, in M. Sussman & S. Steinmatz (eds.), Handbook of marriage and the Family, Plenum, New York, pp 251-283.

lxvii. Rahimi, A., Ahmadi, F., & Akhound, M. (2004). Barresiye mizan va avamele moassber tanidegye shoghli parastarene sheghel dar bimareshtanaye shahre Tehran. ’An investigation of amount and factors affecting nurses’ job stress in some hospitals in Tehran’. Hayat, 10(3), 12-22.

lxviii. Ramirez, J. A., Graham, J., Richards, M. A., Cull, A., & Gregory, W. M. (1996). Mental health o hospital consultants: the effects of stress and satisfaction at work. Lancet, 347, 724-728.

lxix. Randal, A. K., & Bodenmann, G. (2009). The role of stress on close relationships and marital satisfaction. Clinical Psychology Review 29, 105-115.

lxx. Reis Miranda, D., Ryan, D. W., Schaufeli, W. B. & Fidler, V. (eds) (1998). Organisation and Management of Intensive Care. Springer, Heidelberg.

lxxi. Roberts, N. A., & Levenson. R.W. (2001). The Remains of the Workday: Impa...act. Philadelphia: University of Pennsylvania Press, 1990. Sleep and wakefulness pattern of nurses. Engaged in a rotational shift. Journal of Pakistan Medical Association, 40(10), 245-260.

lxxii. Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and the Family, 38, 15-28.

lxxiii. Story, L. B., & Bradbury, T. N. (2004). Understanding marriage and stress: Essential questions and challenges. Clinical Psychology Review, 23, 1139–1162.

lxxiv. Su, J. A., Weng, H. H., Tsang, H. Y., & Wu, J. L. (2009). Mental health and quality of life among doctors, nurses and other hospital staff. Stress and Health, 25(5), 423-430.

lxxv. Swanson, V., & Power, K. G. (1999). Stress, satisfaction and role conflict in dual-doctor partnerships. Community, Work & Family, 2, 67-88.

lxxvi. Thomas, S., Albrecht, K., & White, P. (1984). Determinants of marital quality in dual-career Couples. Family Relations, 33, 513-521.

lxxvii. Ugwu, L. (2009). Dual-Career Couples: Coping with Multiple Role Stress. Gender & Behaviour, Vol. 7, No. 1
Vosloo, S. E. (2000). *Rolkonflik by die werkende moeder: ‘ngeestesgesondheidsperspektief*. [Role conflict of working mothers: A mental health perspective]. (Doctoral Dissertation). University of South Africa, Pretoria.

Voydanoff, P. (2000). Social Integration, Work-Family Conflict and Facilitation, and Job and Marital Quality. *Journal of Marriage and Family, 67*, 666-679.

Wu, M., Chang, C. C., & Zhuang, W. L. (2010). Relationships of work-family conflict with business and marriage outcomes in Taiwanese copreneurial women. *The International Journal of Human Resource Management, 21*, 742-753. doi:10.1080/09585191003658912

Wu, S. Y., Li, H. Y., Wang, X. R., Yang, S. J., & Qiu, H. (2011). A comparison of the effect of work stress on burnout and quality of life between female nurses and female doctors. *Archives of Environmental & Occupational Health, 66*(4), 193-200.