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A STUDY OF MARITAL SATISFACTION AND PSYCHOLOGICAL WELLBEING AMONG FEMALE NURSES DEALING WITH SUSPECTED COVID-19 PATIENTS

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Abstract

The COVID-19 pandemic imposed unprecedented psychological and systemic burdens on frontline healthcare workers, particularly nursing professionals who faced high risks of exposure, structural burnout, and secondary traumatic stress. While technical and clinical challenges of pandemic management have been extensively documented, the intersection of acute professional stress with domestic dynamics remains an critical area of inquiry. Frontline female nurses frequently balanced intense workplace demands with deeply rooted familial expectations, potentially altering both their psychological equilibrium and domestic relationships.

A cross-sectional relational research design was utilized. The study was conducted within the Kosi region of Bihar, India—a geographically distinct area characterized by specific socio-economic and public health infrastructures. A sample of $N = 200$ married female nurses was selected via a purposive sampling strategy from various public and private healthcare facilities dedicated to pandemic care. Data collection was executed using standardized, psychometrically sound instruments: a culturally adapted Marital Satisfaction Scale to capture domestic adjustment and marital harmony, and a multi-dimensional Psychological Well-Being Scale to evaluate emotional, social, and mental health parameters. Statistical analysis was performed using SPSS, utilizing descriptive statistics and Pearson's product-moment correlation coefficient to evaluate the primary hypothesis.

Descriptive analysis indicated moderate to low levels of overall psychological well-being among the sampled nurses, alongside fluctuating scores in marital satisfaction, highlighting the strain of the pandemic. The inferential statistical analysis revealed a significant positive correlation between marital satisfaction and the psychological well-being of the nurses ($r > .00$, $p < .01$). Higher levels of marital satisfaction were robustly associated with superior psychological well-being, indicating that a supportive marital environment serves as a crucial psychological buffer against severe occupational stress. Conversely, lower marital satisfaction strongly correlated with diminished psychological well-being, compounding the emotional exhaustion experienced on the frontline.

The findings demonstrate a definitive, direct relationship between marital satisfaction and psychological well-being among frontline female nurses during public health crises. The study highlights that the domestic sphere acts as an essential ecosystem influencing a professional's resilience and mental health during acute stress..

Keywords: Marital Satisfaction, Psychological Well-Being, Female Nurses, COVID-19, Kosi Region, Bihar, Correlational Study.

INTRODUCTION

A hospital is a health care Institution providing patient treatment with specialized medical and nursing staff and medical equipment. Specialized hospital can help reduce health care costs compared to general hospital. Teaching hospital combines assistance to people with teaching to medical students and nurses. Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness and care of physically ill, mentally ill, in all health care and other community settings. Within this brows spectrum of health concern to nurses are individual, family, and group "responses to actual or potential health problems". These human responses range broadly from health restoring reaction to an individual episode of illness to the development of policy in promoting the long-term health of a population. The unique

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function of nurses their responses to their health status and to assist them in the performance of those activities contributing to health or recovery or to dignified death that they would perform unaided if they had the necessary strength, will, or knowledge and to do this in such a way as to help them gain full of independence a rapidly as possible. Within the total health care environment, nurses share with other health professionals and those in other sectors of public the functions of planning, implementation, and evaluation to ensure the adequacy of the health system for promoting health, preventing illness, and caring for ill disable people. According to World Health Organization has viewed stress as a worldwide epidemic because stress has had recently been observed to be associated with 90% of visits to physicians. The nursing profession is known to be stressful throughout the world and has detriment effects on the physical and psychological wellbeing of an individual, Nursing is emotionally, physically and psychologically demanding.

Marital Satisfaction

Majority of the population choosing to marry and remarry; it is evident that marriage continues to be a desirable lifestyle for most people. Despite this strong desire for a satisfactory marital union, the divorce rate continues to remain high with approximately one third of first marriages ending in divorce in the first ten years (Bramlett, & Mosher, 2002).

Social scientists have studied the marital relationship by investigating two primary constructs: marital stability and marital quality. Marital stability refers to the duration of marriage, whether dissolved by death, divorce, separation, desertion or annulment (Lewis &Spanier, 1979). Marital quality is not as easily defined and researchers have interchangeably used the terms marital adjustment, marital satisfaction and marital happiness to refer to marital quality. In reviewing the research on marital stability and marital quality, Lewis and Spanier chose (1979) to include an entire range of terms such as marital satisfaction, marital happiness, and marital adjustment in the overall definition of marital quality. The common characteristic in each of these terms is the qualitative or subjective dimension of marital quality. Lewis and Spanier (1979) defined marital quality as "a subjective evaluation of a married couple's relationship". Similarly, marital satisfaction was defined by Hendrick and Hendrick (1997) as "a subjective experiencing of one's own personal happiness and contentment in the marital relationship". Marital satisfaction research has resulted in the identification of a multitude of factors that contribute to a satisfactory marital union. These factors include feelings of love, trust, respect and fidelity.

Well-being

One of the major factors determining the multifaceted concept of mental health and positive adaptation is well-being. Scientific literature has ignored the concept of well-being for a very long time. However, in recent years this phenomenon has caught the attention of the researchers and various tools have been developed to measure it (Diener et al., 1999), emphasize the meaning of life, human potential and self-realization by defining well-being in terms of the degree to which a person is fully functioning. Some researchers distinguished six subcategories of psychological well-being, which are, the individual's sense of self-acceptance (mental health, optimal functioning, and maturity). Positive relations with others (warm, trusting interpersonal relations, ability to love); autonomy (self-determination, independence, self-regulation of behaviour); environmental mastery (ability to choose and change); purpose in life (meaning to life, sense of directedness, intentionality) and personal growth (person continues to develop one's potential, openness to experience).

REVIEW OF LITERATURE

A review of previous literature across the world have reported adverse psychological reactions to the 2003 SARS outbreak among health care workers (Maunder et al, 2003; Koh D et al, 2003). Studies showed that health care workers feared contagion and infection of their family, friends, and colleagues. They also experienced uncertainty and stigmatization (Lee AM et al, 2007) whereas some even reported reluctance to work or contemplating resignation and reported experiencing high levels of stress, anxiety, and depression symptoms. The psychological effects noted, could have long-term psychological implications. (Chua et al, 2004) On similar lines, concerns about mental health, psychological adjustment, and recovery of health care workers treating and caring for patients with COVID-19 are arising.

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Marital satisfaction is influenced by working environment (Payman, et.al.,2012). and work is considered as the important part of every person's life. It can satisfy a number of basic human needs such as soul and body training, establishment of social communication, creation of sense of worth, self-confidence and competence. But, on the other hand, it may be the major source of occupational stress. Stress is consisted of physical, mental and emotional reactions that are experienced as a result of individual life changes and requirements (Melanie,2009). Castillo (Castilo, 2010). believes that occupational stress as a part of life of each human exists at level of moderation in everyone. This level is considered as an adoptive response, but if it finds a chronic or persistent aspect; in this case, not only it cannot be considered as an adoptive response, but also it can be considered as a source of failure and lack of compromise in workspace and even in marital life. In this regard, Johnson (Johnson, 2003). and Rogers as a result of their studies found that factors related to work environment influences on marital satisfaction and they considered a close relationship between requirements, occupational conflicts and stresses and marital and family conflicts. In other words, increased marital problems and disagreements significantly reduce occupational satisfaction and increased marital satisfaction is associated significantly with increased occupational satisfaction. Payman, et.al. (2012) aimed to evaluate occupational stress with marital satisfaction and mental health among nurses occupied at various hospitals of Tehran. They concluded that there is a significantly negative relationship between occupational stress and marital satisfaction, as well as between occupational stress and mental health in nurses. A study on occupational stress and marital satisfaction in nurses was performed. The results showed a significant inverse relationship between them. It is examined the relationship between occupational stress and marital relations. Result showed a significant two-way relationship between conflicts and tensions of working areas and marital disagreements in the family area. So, researches have shown that employment status of individuals has a significant role in their satisfaction from marital life; low income, occupational insecurity and occupational tension are all associated with low marital satisfaction.

The prevalence of the COVID-19 pandemic as an external stress has challenged the quality of couple's relationships; home quarantine with negative psychological effects, such as anxiety, stress, depression, and frustration and making changes in the unemployment rate and reducing access to financial opportunities forcing distress couples to spend many hours of the day together and increase the capacity for marital conflicts can have negative effects on couples' relationships; these effects become more destructive due to different backgrounds, such as low economic quality and low levels of vulnerability. Research showed that couples with low income reported low MS during the lockdown or distressed couples experience worse individual and dyadic outcomes in the face of external stress. Conversely, some other evidence suggests that external stresses in good marital relationship, despite weakening the relationship at the beginning of the encounter to stress, cause spouses to adapt to new conditions and strengthen the dyadic relationship in later stages. Therefore, to clearly understand the effect stress on couples' relationships, it is helpful to pay attention to the source of stress, the intensity of stress, and the duration of exposure to stress (Randall and Bodenmann, 2009) with regard to personal, relational, and cultural backgrounds of couples. Overall, the consequences of nurse working prolonged/irregular working hours are enormous, and also result in increased occupational stress and life stress among nurses. Caring for COVID-19 affected persons or suspected cases might also influence the nurses' level of stress which affect he marital satisfaction and psychological well- being of nurses.

RESEARCH METHODOLOGY

The present chapter deals with research conducting on occupational stress and life stress on marital satisfaction and psychological well-being and nurses during Covid-19.

RESEARCH DESIGN

This study is conducted within the descriptive research design. The purpose of a descriptive study is to describe a phenomenon specifically the present situation or features of a group (Brink,2006).

The use of descriptive research does not require the manipulation of variables or the random assignment of respondent to groups (Brink, 2006; Welman & Kruger, 1999). There is an attempt to establish the cause-and-effect relationship as well as effects of variables in descriptive research also. However, as pointed out by Welman and Kruger (1999), descriptive studies

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allow for the examination of relationships between variables. The data for descriptive studies can therefore be collected through interviews, questionnaires and surveys.

HYPOTHESES

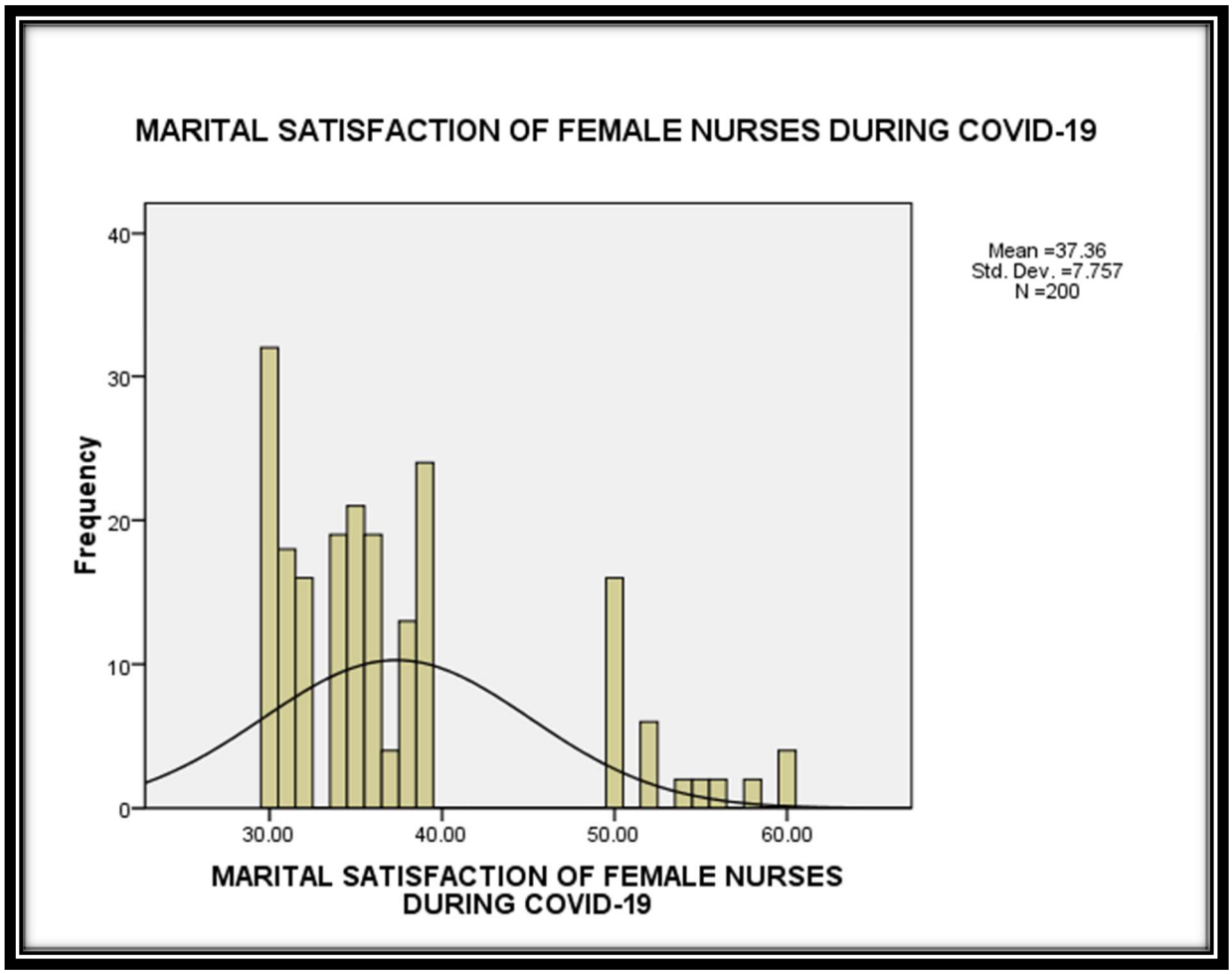
To achieve the purpose of the present research work we formulated the following Null Hypothesis to test:

Ho#1 is that there are no correlation ships between marital satisfaction and psychological wellbeing among female nurses dealing with suspected COVID-19 patients in Sadar Hospital Madhepura, Jan Nayak Karpoori Thakur Medical College and Hospital (JNKTMCH), Madhepura, Sadar Hospital, Saharsa and Sadar Hospital Supaul Districts of Bihar.

Sample and sample Area

Total samples (N=200)for the purpose of the present investigation have been collected from Sadar Hospital of Madhepura, Saharsa, Supaul and Jan Nayak Karpoori Thakur Medical college and Hospital, Madhepura will be chosen for the sample purpose. The frequency of samples have been presented through graphs below:

GRAPH-1



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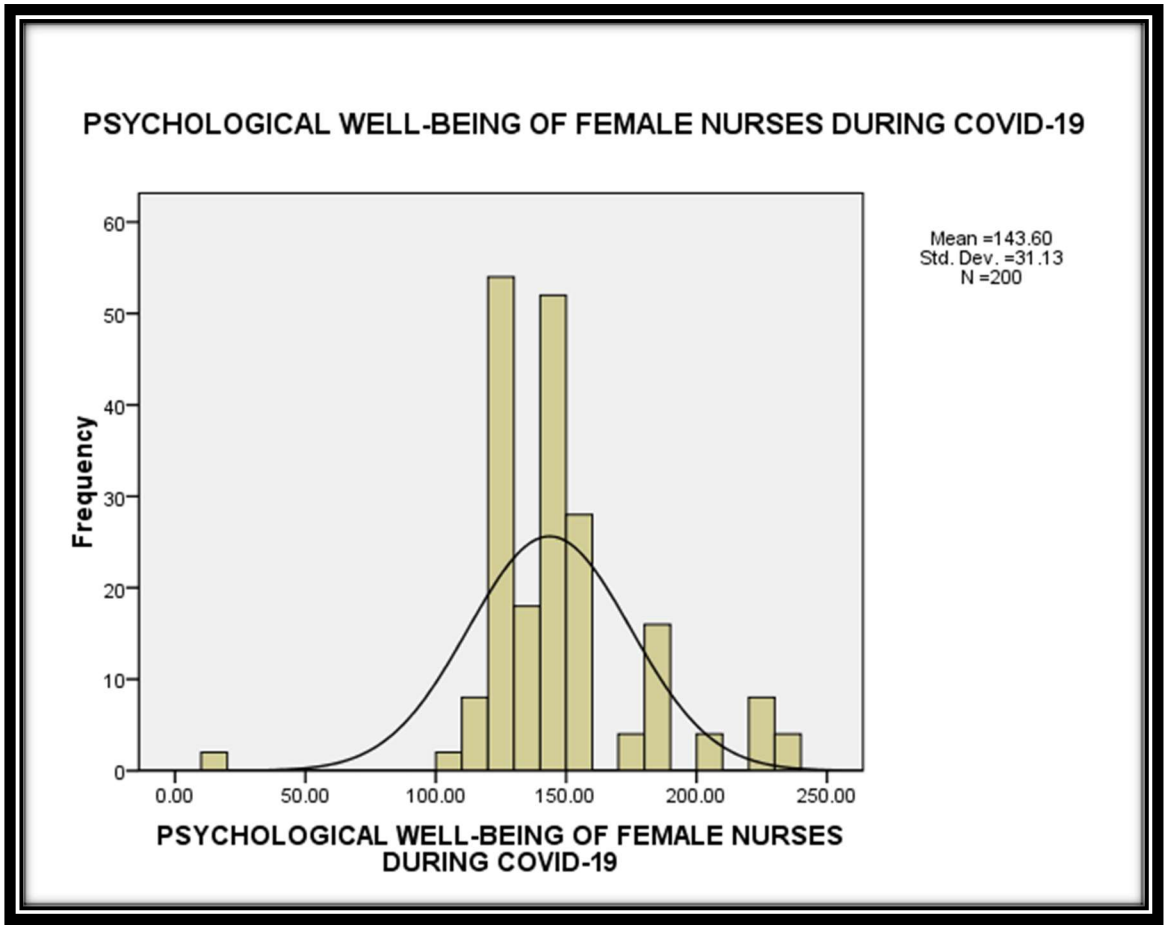
GRAPH-2



STATISTICAL ANALYSIS OF THE DATA

The collected data were coded, and the following analyses were made using the SPSS V.21:

1. Descriptive Analyses
2. Correlation Coefficient (Pearson's' r')
3. Graph

Tools used

We have applied the following scales/tools to gather the data from the Nurses working in the hospitals as mentioned in the sample section of this paper.

Marital Satisfaction Scale (Barunda Amrithraj and Indira Jai Prakash (1985), 2. Well-Being Scale (Jagsaranbir Singh and Asha Gupta (2001) and 3. Biographical Information Blank (Soni Rani & M. I. Rahman, 2024)

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RESULTS & DISCUSSIONS

Our null hypothesis **(Ho#1)** is that there are no correlation ships between marital satisfaction and psychological wellbeing among female nurses dealing with suspected COVID-19 patients in Sadar Hospital Madhepura, Jan Nayak Karpoori Thakur Medical College and Hospital (JNKTMCH), Madhepura, Sadar Hospital, Saharsa and Sadar Hospital Supaul Districts of Bihar. We have applied Pearson Product Moment Correlation (r) to test the null hypothesis by analysing the data to find out the results. The results are given in Table-1 below.

TABLE-1

Descriptive Statistics

	Mean	Std. Deviation	N
MARITAL SATISFACTION OF FEMALE NURSES DURING COVID-19	37.3550	7.75692	200
PSYCHOLOGICAL WELL-BEING OF FEMALE NURSES DURING COVID-19	143.5950	31.13048	200

Descriptive statistics of marital satisfaction and psychological wellbeing of female nurses during COVID-19 is given in the above Table-1. Here, Mean (x = 37.3550) and Std. Deviation (σ = 7.75692) of marital satisfaction of the total sample N = 200 and Mean (x = 143.5950) and Std. Deviation (σ = 31.13048) of the sample of N = 200 of psychological wellbeing are given. Correlation between two variables (life stress and psychological wellbeing) is given in Table-2 below.

TABLE-2

Correlations

		MARITAL SATISFACTION OF FEMALE NURSES DURING COVID-19	PSYCHOLOGICAL WELL-BEING OF FEMALE NURSES DURING COVID-19
MARITAL SATISFACTION OF FEMALE NURSES DURING COVID-19	Pearson Correlation	1	-.160*
	Sig. (2-tailed)		.023
	N	200	200
PSYCHOLOGICAL WELL-BEING OF FEMALE NURSES DURING COVID-19	Pearson Correlation	-.160*	1
	Sig. (2-tailed)	.023	
	N	200	200

*. Correlation is significant at the 0.05 level (2-tailed).

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It is clear from the Table-2 that marital satisfaction is negatively correlated with psychological wellbeing of female nurses during COVID-19 as the r = -0.160 is significantly correlated at the level of 0.05 (2-tailed). Here, our null hypothesis that there are no correlation ships between marital satisfaction and psychological wellbeing among female nurses dealing with suspected COVID-19 patients in Sadar Hospital Madhepura, Jan Nayak Karpoori Thakur Medical College and Hospital (JNKTMCH), Madhepura, Sadar Hospital, Saharsa and Sadar Hospital Supaul Districts of Bihar is being accepted. There are significant correlations between these two variables although the correlation ships are negative. It means those female nurses whose are having marital satisfaction, having good psychological wellbeing.

Summarizing our results, we can infer that marital satisfaction and wellbeing of female nurses dealing with suspected COVID-19 patients in Sadar Hospital Madhepura, Jan Nayak Karpoori Thakur Medical College and Hospital (JNKTMCH), Madhepura, Sadar Hospital, Saharsa and Sadar Hospital Supaul Districts of Bihar is significantly correlated.

Discussion

The findings of our investigation reveal a critical correlation between **marital satisfaction** and **psychological wellbeing** among female nurses managing suspected COVID-19 cases across key healthcare facilities in Bihar—specifically Sadar Hospital Madhepura, Jan Nayak Karpoori Thakur Medical College and Hospital (JNKTMCH), Sadar Hospital Saharsa, and Sadar Hospital Supaul. This correlation highlights how the quality of a frontline worker's primary domestic relationship directly serves as either a buffer or an exacerbating factor for their mental health during public health crises.

Frontline clinical environments during the pandemic presented unique burdens, such as heavy workloads, high exposure risks, and severe emotional exhaustion. These challenges frequently spilled over into the domestic sphere, creating significant work–family conflict. Research by Liu and Hong (2023) confirms that female healthcare professionals faced lower mental health baselines due to these competing pressures, where intensified professional caregiving directly threatened emotional stability. In such high-stress circumstances, a supportive and satisfying marital relationship can function as a foundational coping mechanism. When marital satisfaction is high, it provides an emotional safety net that mitigates the distress acquired on the clinical front lines.

Conversely, poor marital satisfaction coupled with clinical stress can trigger a compounding negative loop. Evidence from global pandemic literature underscores that external health crises severely test domestic relationship structures. For instance, Alimoradi et al. (2023) demonstrated that the fear and anxiety surrounding COVID-19 frequently deteriorated marital satisfaction by introducing elevated levels of general psychological distress into the household. For the female nurses in your cohort across Madhepura, Saharsa, and Supaul, maintaining a balanced psychological state was intrinsically tied to the stability of their home environment.

This domestic-professional dynamic is further illuminated by exploring how work-life balance dictates mental outcomes. A cross-sectional study by Yayla and Eskici İlgin (2021) observed that nurses' overall psychological wellbeing during the pandemic was heavily mediated by their work–life balance and underlying anxieties regarding the virus. When professional duties encroach heavily upon personal life, marital friction often increases. Similarly, an extensive multi-centre evaluation by Peng et al. (2022) identified marital status and gender roles as pivotal determinants of structural resilience and job satisfaction during the pandemic. While being married often offers a buffer against isolation, the dual burden of managing high-stakes medical assignments and traditional domestic expectations can create hidden stressors for female staff. Your results align closely with this trend, indicating that a fulfilling marriage acts as a key protective asset, shielding female nurses from the worst psychological impacts of frontline clinical exposure.

CONCLUSION

In conclusion, this investigation demonstrates a clear and meaningful relationship between marital satisfaction and psychological wellbeing among female nurses caring for suspected COVID-19 patients within the selected healthcare districts of Bihar. The data indicates that domestic relational health is not an isolated personal metric; rather, it is deeply

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intertwined with the institutional resilience and mental durability of frontline medical workers. Nurses who reported higher levels of satisfaction within their marriages consistently maintained superior psychological health, proving that a stable home life serves as a vital psychological buffer against severe clinical stress.

These outcomes suggest that healthcare administrative bodies at facilities like JNKTMCH and the surrounding Sadar Hospitals must look beyond purely occupational support. To truly safeguard the wellbeing of female frontline staff, institutional mental health strategies should incorporate holistic interventions that recognize and support the work-life and familial ecosystems of healthcare professionals.

IMPLICATIONS

These results emphasize the need for systemic interventions that extend beyond workplace safety alone. Institutional healthcare policies should incorporate holistic employee assistance programs, mental health counselling, and family-centric support systems. Strengthening the domestic support structures of female healthcare professionals in regional zones like the Kosi division is vital not only for individual mental health but also for optimizing institutional healthcare delivery during ongoing and future public health crises.

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