Comparing Marital Satisfaction, Emotional Divorce and Religious Commitment among Nurses and Employees of Healthcare Centers in the City of Ahvaz

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Abstract

This study tries to compare marital satisfaction, emotional divorce, and religious commitment among nurses and employees of healthcare centers in the city of Ahvaz. The statistical sample consisted of 200 nurses and employees of healthcare centers selected through convenience sampling method. The data collection instruments included ENRICHES Marital Satisfaction Scale by Olson et al. (1998), Emotional Divorce Questionnaire by Razeghi et al. (2008), and Baraheni’s Religious Commitment Inventory (1991). In terms of research method, this study was of causal-comparative type. Given the means of two groups, the findings showed that employees of healthcare centers had higher levels of marital satisfaction than nurses. Considering the means of two groups, nurses and employees of healthcare centers were placed in the same position in terms of emotional divorce. Moreover, nurses had greater levels of religious commitment than employees of healthcare centers according to the means of two groups.

Keywords: Marital Satisfaction, Emotional Divorce, Religious Commitment.
Introduction
Among the factors that plays a vital role in the stability of marriage and family system is marital satisfaction because marriages do not exist in a vacuum. For example, children in dysfunctional marriages are more subjected to problems such as anxiety, depression, behavioral disorders, and physical illnesses. If couples feel baffled in a state of despair and powerlessness and do not know how to behave, if a spouse puts the other side under pressure to meet their wants and consequently make them feel obliged and surrender against their will, and if such conditions recur in marital life; couples need to learn skills and strategies required to have a good behavior in such circumstances (Mehrabadi, 2013).

In their study, Kariman and Erick Bern (2006) focused on the issue of why single and married people do not adore pleasurable and meaningful relationships. They reached to this consensus that many couples cannot talk to each other about their problems; furthermore, they cannot express their wishes and desires in explicit and intelligible forms. Kariman and Erick Bern (2006) argued that couples were in need of discovering their inner feelings and knowing what they want and then expressing their desires to deal with their problems. Simply, it should be noted that most of newly-married couples face problems due to unfamiliarity with and sometimes lack of sufficient knowledge about strategies to cope with marital and emotional relationships. Such problems sometimes turn into family crises which result in difficulties such as increased divorce rate in society, sexual diversity, etc. (Ya’aghoubi, 2008).

It is obvious that all couples encounter problems and difficulties in their marital relationships which can be severe or mild, short-term or long-term, and even originate from different sources. Thus, they are required to acquire enough skills to tackle such troubles, resolve disagreements, and accept differences. In this respect, dysfunctional couples generally have fewer positive interactions and take action with negative behaviors against the negative behaviors revealed by their partners. During their marital life, all couples are subjected to problems and it seems that marital conflicts as natural and inevitable events are not necessarily the sources of confusion and persistent disorders. Most of couples learn from their relationships how to tolerate differences and consider them as encouraging factors in their marital life. Moreover; due to such differences, they become more inclined and attracted to their partners. However, couples lose their tolerance towards their differences over time, consequently couples with conflicts of interests in their marital relationships must learn from some personality characteristics of their own and their partners to deal with these issues (Pak Gohar, 2008).

Differences can also be a source of severe emotional arousal in which each side makes an attempt to change the other side and adopt negative and repressive strategies such as nag, criticism, and avoidance accompanied by anger because of experiencing severe feelings and emotions. The more severe the attempts to make changes in the other side, the more they feel they have more acceptable behaviors and keep their own stands. Marital conflicts are not merely the main causes of disorders in relationships; rather the way to react to such differences by couples can lead to satisfaction or dissatisfaction with marital relationships. When couples become more accepting of these differences, the differences are better understood and reactive conflicts between them are reduced. Negative interaction patterns such as criticisms and demands accompanied by avoidance and defense arouse and maintain negative emotions in a way that making a safe and secure emotional bond becomes more and more difficult. Recent
research studies revealed that occurrence of conflicts and disputes is not the reason directing dysfunctional marriages to divorce rather decline in emotions and feelings, decreased positive emotional relationships, and couples’ sensitivity are of the factors which can predict the collapse of a marital relationship (Shahabi, 2011).

Emotional divorce as another factor considered in this study refers to cold relationships between spouses. In fact; poor emotional bonds between couples lead to emotional detachment in all the relationships experienced by couples including psychological, physical, emotional, and even speech-related ones. Existence of such problems in marital relationships can also result in lack of affection and decreased levels of positive energy among families. In such situations, couples get lost in the unknown world of each other and they become a housemate or an interlocutor for their partners. Due to emotional and physical distances between couples, they draw red lines for each other and accuse each other in their solitude. Misunderstanding in terms of behavior and speech, lack of sufficient knowledge about partners’ moods and consequently indifference and lack of libido towards each other all lead to emotional divorce in marital life. There are not exact statistics in terms of emotional divorce; however, it can be stated that figures and statistics associated with emotional divorce rate in Iran are higher than those of legal divorce rate (Ashrafi, 2013).

Emotional divorce often emerges from complaints made by couples of each other. There are always expectations that are expressed but not met; in fact, the needs of both sides are not met. In this regard, needs and desires are underestimated in a way that couples see each other but do not hear each other’s voices; which can be an early stage of emotional divorce. In the next stage, marital conflicts occur, i.e. expectations previously raised in peace are now expressed out loudly and in uncontrolled and destructive manner, and the relative tranquility is replaced with anger which shows itself in different forms. Inner anger turns into loud cries, throwing items, and physical encounter accompanied by insults and humiliations. Following these stages, conflicts become more severe and silence overshadows marital life which means couples do not see and hear each other. In this stage, couples become disabled in their relationships and finally overwhelmed in their own inner world. Accordingly, couples do not pay attention to each other and know their partners as a housemate and even separate their beds (Ashrafi, 2013).

In recent decades, religion has become one of the prominent phenomena. Research studies carried out on the role and use of religion in each field of science are considered as the outcomes of popularity granted to spirituality among people (Arian, 2009). Over the recent years, tendency to religion has raised lots of questions in different fields of science. Psychology has not been an exception in terms of the effects of religion and there have been attempts to provide appropriate answers to problems in the light of new trends in religion in this respect. Such answers have drawn researchers and psychologists to examining relationships between religion and human being in which a wide variety of factors and dimensions have been taken into account. For example; how do people imagine God? What pictures do children and adults have of God? What is the role and importance of these pictures in life? What are the relationships between various human issues and religion? How does religious faith act in the development of human personality? What are the differences between religious and non-religious people in terms of their personal and social conduct and behavior?, and thousands of new questions that psychologists are facing and are willing to tackle.

Today, thinking about the influence of religious restrictions on all human affairs especially emotional and spiritual issues is of importance more than ever. Nowadays, many scholars and
experts believe that religion has an undeniable effect on mental and physical health as well as other aspects of human life. According to Carl Gustav Yung, hundreds of patients have been examined and treated. Of the patients, those in the middle of their life (over 35 years of age), have been observed to be fundamentally in need of a religious orientation in life. All have been victims of psychological illnesses and deprived of what existing religions bestow. All the individuals could be completely treated only when they turned to religion and religious orientations (Dadfar, 2010).

In another research study, Hyland (2006) introduced values as one of the eight major psychological factors in achieving good mental health and developed personality. To him, health assessment was possible only on the basis of a person’s value system (Nikoogofar, 2011). However, some theorists had different views in this respect. In a letter to Yung, Freud wrote; “From the depths of my being, I can assure only one thing. I deeply believe that the whole foundation of all human needs for religion is based on their childish distress. After birth, no human can tolerate a world without parents and builds a God and a pleasant nature, as the worst human lies they could have imagined”. Therefore, this study was to investigate whether there were differences between marital satisfaction, emotional divorce, and religious commitment among nurses and employees of healthcare centers in the city of Ahvaz or not?

**Research Methodology**

The research method adopted in this study was causal-comparative and ex post facto type. The statistical population in this study included all nurses and employees of healthcare centers in the city of Ahvaz in 2014. The sample size was comprised of 100 nurses and 100 employees of healthcare centers in the city of Ahvaz selected based on convenience sampling method. The research instruments used in this study included ENRICH Marital Satisfaction Scale by Olson et al. (1998), Emotional Divorce Questionnaire by Razeghi et al. (2008), and Baraheni’s Religious Commitment Inventory (1991).

**ENRICH Marital Satisfaction Scale** was developed by Olson et al. (1998; cited in Soleimanian, 1994). The questionnaire contained 47 items and responses to questions were based on five-point Likert-type scale (strongly agree, agree, neutral, disagree, strongly disagree) scored 0, 1, 2, 3, 4 and 5; respectively. Score 30 represented extreme dissatisfaction, scores from 30 to 40 showed no satisfaction, scores from 40 to 60 indicated relative and average satisfaction, scores between 60 to 70 showed extreme satisfaction, and scores above 70 indicated extraordinary satisfaction with marital relationships. The questionnaire also included a key section in which a number of items were scored in reverse order, namely items 1, 2, 3, 5, 7, 9, 10, 17, 25, 26, 27, 28, 29, 34, 36 and 44. In addition, the minimum and the maximum scores for this questionnaire were 47 and 235, respectively. Olson et al. (1989; quoted by Shahnazi, 2004) estimated the reliability of marital satisfaction scale using Cronbach’s alpha by 0.92 and Soleimanian (1994) calculated it about 0.93 through testing 11 teachers from the city of Bojnoord. Sharifinia (2001) used Cronbach’s alpha and estimated the reliability coefficient of this questionnaire by 0.86 and Olson et al. (1989; cited in Amanollahi, 2004) obtained Cronbach’s alpha coefficients from 0.48 to 0.90 for the subscales of the questionnaire. All the coefficients were that of acceptable range. In the present study, the reliability of the questionnaire determined through Cronbach’s alpha for the whole questionnaire was equal to 0.82 which showed that the coefficients of the questionnaire were at a desirable level.
Another research instrument used in the present study was Emotional Divorce Questionnaire developed by Razeghi et al. (2008). The questionnaire included 22 items with 5 choices (always 1, most often 2, sometimes 3, rarely 2, never 1). To examine the construct of the questionnaire, the statistical analysis model with the analysis of the main components was used. Since no equal scale was obtained for the examination and calculation of the validity of this questionnaire, the validity was estimated through factor analysis method. Cronbach’s alpha coefficient was also used to test the reliability of the questionnaire that was equal to 0.90 for the whole questionnaire. In the present study, the reliability of the questionnaire estimated by using Cronbach’s alpha was equal to 0.92 for the whole questionnaire which showed that the reliability coefficients of the questionnaire were acceptable.

Baraheni’s Religious Commitment Inventory (1992) was another research instrument used in the present study. This inventory included 25 items based on a five-point Likert-type scale of 0 to 4 and the total score of 100. The scores were categorized from 0 to 100 based on four scales of excellent, good, average, and poor in which scores of 76-100 were assigned to excellent religious orientation, 51-75 for good religious orientation, 26-50 for average religious orientation, and scores of 25 or lower were given to poor religious orientation. The validity of this questionnaire was equal to 0.80 estimated by Allport, Vernon and Lindsey. To validate this questionnaire, known-groups validity method was used and the mean differences between the two groups (normal and religious) were significant according to the values obtained. The questionnaire was re-evaluated in recent years and its reliability using the Spearman-Brown was equal to 63% and its validity was 0.248. To determine the reliability of this questionnaire in the present study, Cronbach’s alpha was used and its value for the whole questionnaire was equal to 0.79 indicating the desirable reliability coefficients of the questionnaire.

Findings

Table 1: Results of multivariate analysis of variance (MANOVA) for the scores of marital satisfaction, emotional divorce, and religious commitment among nurses and employees of healthcare centers

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Hypothesis DF</th>
<th>Error DF</th>
<th>F</th>
<th>(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillai’s trace test</td>
<td>0.763</td>
<td>3</td>
<td>196</td>
<td>11.28</td>
<td>0.003</td>
</tr>
<tr>
<td>Wilks’s lambda distribution</td>
<td>0.562</td>
<td>3</td>
<td>196</td>
<td>11.28</td>
<td>0.003</td>
</tr>
<tr>
<td>Hoteling effect test</td>
<td>0.396</td>
<td>3</td>
<td>196</td>
<td>11.28</td>
<td>0.003</td>
</tr>
<tr>
<td>Roy's greatest root test</td>
<td>0.396</td>
<td>3</td>
<td>196</td>
<td>11.28</td>
<td>0.003</td>
</tr>
</tbody>
</table>

According to Table (1), levels of significance for all tests indicated significant differences between nurses and employees of healthcare centers in terms of variables such as marital satisfaction, emotional divorce, and religious commitment (p = 0.003 and F=11.28). To realize the differences, the results of univariate analysis of variance (ANOVA) in the context of MANOVA were illustrated in Table (2).
Table 2: Results of univariate ANOVA in the context of MANOVA for marital satisfaction, emotional divorce, and religious commitment among nurses and employees of healthcare centers

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sum of squares</th>
<th>DF</th>
<th>Mean squares</th>
<th>F</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Satisfaction</td>
<td>3265.58</td>
<td>1</td>
<td>3265.58</td>
<td>24.635</td>
<td>0.0001</td>
</tr>
<tr>
<td>Emotional Divorce</td>
<td>415.61</td>
<td>1</td>
<td>416.16</td>
<td>1.729</td>
<td>0.231</td>
</tr>
<tr>
<td>Religious Commitment</td>
<td>2151.61</td>
<td>1</td>
<td>2151.61</td>
<td>14.652</td>
<td>0.0001</td>
</tr>
</tbody>
</table>

As it was observed in Table (2), there was a significant difference between nurses and employees of healthcare centers in terms of marital satisfaction (p=0.0001 and F=24.635). In other words, according to the means of two groups, employees of healthcare centers had higher levels of marital satisfaction than nurses. Moreover, there was no significant difference between nurses and employees of healthcare centers in terms of emotional divorce (p=0.231 and F=1.729). Put differently; according to the means of two groups, nurses and employees of healthcare centers were placed in the same position in terms of emotional divorce. However, there was a significant difference between nurses and employees of healthcare centers in terms of religious commitment (p=0.0001 and F=14.652); i.e. according to the means of the two groups, nurses had higher levels of religious commitment than employees of healthcare centers.

Discussion and Conclusion

The purpose of this study was to compare the levels of marital satisfaction, emotional divorce, and religious commitment among nurses and employees of healthcare centers in the city of Ahvaz. The results showed a significant difference in terms of marital satisfaction among nurses and employees of healthcare centers. In other words; according to the means of two groups, employees of healthcare centers had higher levels of marital satisfaction than those of nurses. It was concluded that marital satisfaction associated with happiness and pleasure obtained from the relationships between couples meant a good sense of marital satisfaction as a psychological state which did not emerge by itself rather it required lots of efforts by spouses. It should be noted that several factors affect marital satisfaction of spouses including communication patterns. Marital relationships are processes in which couples exchange their feelings and thoughts in verbal and non-verbal forms. Considering the factors affecting marital satisfaction, it is expected that increased levels of satisfaction and mental health problems can lead to a decline in the rate of psychological, emotional, and social problems. Through promoting levels of marital and life satisfaction, individuals will grow and progress in their life and can make the best use of social, cultural, and economic developments in peace. Families will also benefit from these advances. Therefore, individuals’ satisfaction with their marriage is an underlying factor and the main component of satisfaction with family and life in general. In fact, it can be argued that public
health and family health depend on individuals’ satisfaction with their marriage. There are a hundred of research studies investigating levels of satisfaction and solidarity of marital relationships. Due to growing concerns about divorce rate in recent years, marital relationships and marriage have drawn researchers’ attention; therefore, research studies in this area can have practical and credible findings which can help in reducing the detrimental effects of such a problem.

Family is also a living and changing entity which establishes a whole through its members and their constant, interactive and patterned contacts with each other expanded during time and in different situations. Family can be considered as an emotional unit and a network of interwoven relationships which is founded though marriage. Individuals’ satisfaction with their life is taken into account as their satisfaction with their families which consequently facilitates growth, excellence, and financial and spiritual progress in society. Marital satisfaction can be considered as a psychological state which cannot emerge by itself rather it requires efforts by couples particularly at the early years of marriage wherein marital satisfaction is extremely unstable and at greater risk of failure. Considering the factors affecting marital satisfaction, it is expected that increased levels of satisfaction and mental health problems can lead to a decline in the rate of psychological, emotional, and social problems. Through enhancing the levels of marital satisfaction and life satisfaction, individuals will mature and progress in their life and can peacefully use social, cultural, and economic developments. Families will also benefit from these advances. Numerous studies conducted in this respect have shown that marital satisfaction has significant effects on people’s mental and physical health (Mahdavian, 2007). Furthermore, the results of studies by Olson et al. (2006) suggested that marital satisfaction was correlated with family life satisfaction by 70% and satisfaction with life by 67% in general. Marital satisfaction is also influenced by a range of different factors which are not individually enough to create satisfaction (although these factors can be different among couples and cultures). It can be concluded that numerous factors including personality, culture, belief systems, cogitation, communication, emotions, social aspects, etc. are effective on marital satisfaction.

There was no significant difference between nurses and employees of healthcare centers in terms of emotional divorce. In other words, according to the means of two groups, nurses and employees of healthcare centers were in the same position in terms of emotional divorce. The results of this study were in agreement with the findings of Jalili et al. (2009), Mollazade (2003), Ralph and Clones (2012), and Clark West (2011). In explaining this conclusion and according to the means of two groups, it can be stated that nurses and employees of healthcare centers were placed in the same position in terms of emotional divorce. Accordingly it can be argued that emotional divorce refers to cold relationships between spouses. In fact; poor emotional bonds between couples lead to emotional detachment in all relationships among couples including psychological, physical, emotional, and even speech-related ones. Presence of such problems in marital relationships can also result in lack of affection and decreased levels of positive energy among families. In such situations, couples get lost in the mysterious world of each other and become a housemate or an interlocutor for each other. Due to such emotional and physical distances between couples, they draw red lines for each other and lay blame on each other in their own loneliness. Misunderstanding in terms of behavior and speech, lack of knowledge about partners’ moods and consequently disinterest and coldness towards each other all lead to emotional divorce. In this hypothesis, it was shown that there was no difference between levels of emotional divorce among nurses and employees of healthcare centers.
Furthermore, there was a significant difference between nurses and employees of healthcare centers in terms of religious commitment. In other words, nurses had higher levels of religious commitment compared with employees of healthcare centers according to the means of two groups. The results of this hypothesis were consistent with the findings of studies by Degghan Tanha (2013), Bakhshipour (2011), Bashiri (2011), Abdollahpour et al. (2009), Sandra and Hogay (2011), and Speaka et al. (2011). To explain the results, it can be stated that it is required to reflect on the effects of religious obligations on all human affairs especially emotional and spiritual ones more than ever. Lots of scholars and experts believe that religion has an undeniable impact on physical and mental health as well as all aspects of human life. Thus, it is necessary to examine the causes of marital conflicts and failures in marriages through pathological views and discover the roles of factors such as personality characteristics and religious orientations in marital compatibility and satisfaction. It was concluded that lack of healthy atmosphere in family was one of the main obstacles of conveying customs, traditions, culture, and positive values of society to next generations. Employees with stronger religious beliefs have better levels of compatibility with stressful situations. They recover faster than non-religious individuals at the time of diseases, and experience lower levels of negative emotions and depression. Such religious individuals have higher levels of education, lower levels of anxiety, and enjoy more social supports. Moreover, it should be noted that inner religious orientation is in fact a comprehensive inspiring commitment; therefore, religion for a person with inner religious orientation is a motivating commitment and as the origin of all thoughts, states, and external behaviors, i.e. all the activities of an individual and even their states and thinking lines are associated with their religious beliefs. In this respect, religion and religious affairs become the sources of all motivations in someone’s life, i.e. breathing, eating, sleeping, getting married, etc. are all due to religious commitments which can lead to mental health and improve self-confidence and motivation associated with factors affecting academic achievement.

Religion can mediate in the early stages of assessment of the factors threatening life and the existence of a person. It can also have a decisive role in the process of re-evaluation and after the occurrence of a problem and raise more hope and senses in someone’s life. In addition, religion can have an effect on the results and consequences of stress in the interpretation stage of events. People with stronger religious orientations are better able to adjust their stressors and as a result, have more mental health. In fact, belief in God who is omnipresent and helps them in difficulties and troubles is the ray of hope for the human being to keep on living. While they face with problems such as illnesses or hardships, they will resist and do all their best. These individuals are certainly at a desirable state in terms of mental health.

Since religion and religiosity are considered as facts in human life, they can give identity and solidarity to society as the sine qua non of every culture. It should be noted that values derived from individuals’ ideologies and worldviews determine specific lifestyles for individuals, and religious worldviews in this respect lead people to feel connected to God and communicate with God in a religious framework. Maintaining such contacts and communications brings about peace and prevents imbalance in human life. Moreover, worldviews can shape the structure of ethical principles and values and lead to the emergence of desirable behaviors in human life, give meaning to lifestyles, and result in mental health. Finally, from such a perspective, the meaning of life is not possible except in the light of faith in God and doing religious practices with their highly positive values to make life meaningful and satisfying.
References


Zadhoosh, Somayeh. (2008). Assessing the effectiveness of cognitive-behavioral, religious, and classic group on women’s marital relationships and satisfaction, Published Master’s Thesis, University of Isfahan, Department of Psychology.