

# A Study to Assess the Level of Job Satisfaction and Quality of Marital Life among Staff Nurses Working in Shift Duties in a View to Develop a Booklet in Selected Hospitals of Jabalpur

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#### **Abstract**

Aim: The purpose of this study is to assess the level of job satisfaction and quality of marital life among staff nurses working in shift duties in a view to develop a booklet in selected hospitals of Jabalpur.

Materials and Methods: The study involved Jabalpur's Netaji Subhash Chand Bose Medical College and Hospital and Victoria's Seth Govind Das district hospital staff nurses. A non-probability convenient sample of 100 staff nurses was chosen.

Results: Staff nurses are 91% female and 9% male, with 46% aged 21–30 and 6% over 51. Arranged marriages 63%, love 18%. Nuclear families represent 46% and joint families 54%. 43% were married <5 years and 14% for over 15. About 40% of staff nurses have children, 22% did not. Compared to 9% of rural areas, 81% of staff nurses' dwellings are residential. About 72% of staff nurses had diplomas and 2% had M.Sc. Staff nurse spouses were 70% government workers and 7% entrepreneurs. Staff nurses stated 4% had a family history of mental illness and 94% did not. A family history of drug or alcohol abuse showed that 8% of staff nurses were dependent and 92% were not. About 95% are middle, and 2% are low. Staff nurse contentment. Job satisfaction was 97% good for staff nurses and 0% low. Standard deviation: 3.98, mean job satisfaction: 39. Staff nurses' marriage norm. About 13% of staff nurses were happy, and 42% were not.

**Conclusion:** Job satisfaction among staff nurses was most strongly connected with years after marriage, number of children, monthly salary, and clinical experience, with a family history of mental illness being significantly lower. Sociodemographic factors did not affect job satisfaction. Many sociodemographic factors mattered. Demographical factors connected with job satisfaction and married life quality among Jabalpur hospital staff nurses.

Key words: Booklet, job satisfaction, nurses working in shift, quality of marital life, staff nurses

#### INTRODUCTION

Over time, both the share of women working outside the home and the divorce rate have climbed. Two wage earners

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are common in happy relationships. Families that work outside the home experience less financial stress, but there are still additional stresses at work. Within the health-care system, nurses make up one of the largest and most diverse workforces. The Latin term "nutritious," which meaning "one who nourishes, fosters, and protects," is where the word "nurse" originates. Within the health-care system, the role of nurses is evolving and growing. Their responsibilities extend beyond providing treatment in institutions and include service delivery at different stages of the health-care system. Dealing with the sensitive human aspects of health and illness makes nursing a demanding career. Consequently, healthcare workers may eventually become dissatisfied with their jobs due to the

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stressful nature of nursing. Conflict between work and family roles is impaired marital functioning. Conflicts between work and family roles have been shown to result in poor marital adjustment, inadequate role performance, decreased verbal communication, and other negative outcomes.<sup>[1]</sup>

Dissatisfaction with work and life, poor mental health, burnout, diminished family and occupational well-being, and conflict between work and home duties have all been linked to subpar performance at work. In addition to having an impact on marital satisfaction, an uneven distribution of family responsibilities can also have an impact on an individual's wellness, which is typically demonstrated by elevated levels of anxiety and sadness.<sup>[2]</sup>

The rapidly evolving health-care landscape has an effect on the workload, work environment, and overall quality of life for nurses as well as their marriages. Research has indicated that the work environment has an effect on the quality of married life, nursing work life, and patient outcomes. Research indicates a strong correlation between a lack of healthy work environments and the nursing shortage, poor work-life balance for nurses, marital discontent, job unhappiness, and subpar patient outcomes.<sup>[3]</sup>

Social science has paid little attention to how marital status affects job satisfaction over the past 20 years. Numerous research endeavors have endeavored to establish connections between age, income, race, and sex and job contentment; however, they have persistently disregarded indications of an empirical correlation between married status and job satisfaction.<sup>[4]</sup>

The process of spillover between marital quality and job satisfaction among married individuals was investigated through a study that used structural equation modeling and data from a 12-year panel survey of a nationally representative sample of married people. The study examined three main questions: First, is there a long-term relationship between job satisfaction and marital quality? Second, is there a pattern of mutual effects between job satisfaction and marital quality? Finally, are job satisfaction and marital quality related in similar ways for married women and married men? It was discovered that there is a long-term relationship between job satisfaction and marriage quality, with marital quality having a greater influence. The long-term effects of marital quality on job satisfaction were found to have both positive and negative effects, according to the study. In particular, there was a strong positive correlation between rising marital contentment and rising job satisfaction, and a large negative correlation between rising marital disagreement and falling job satisfaction.<sup>[5]</sup>

Hospital nurses' physical and psychological reactions to shift work are little known, especially in developing nations, despite the abundance of research on the negative effects of shift work on health and the workplace. This necessitates more study. This study examined the prevalence of shift work disorders and their link to several dimensions of quality of life among serving nurses in an effort to close this gap.<sup>[6]</sup>

#### **Objectives of the study**

The objectives of the study are as follows:

- 1. Assess the level of job satisfaction among staff nurses working in shift duties.
- 2. Assess the quality of marital life among the staff nurses working in shift duties.
- 3. Association between job satisfaction and quality of marital life and related demographic variables among staff nurses.

#### MATERIALS AND METHODS

#### Research approach

The research approach adopted for this study was a descriptive survey.

#### Research design

In this study, non-experimental research design was adopted.

#### Setting of the study

The present study was carried out in the Seth Govind Das (Victoria) district hospital and Netaji Subhash Chand Bose Medical College and Hospital Government hospital at Jabalpur.

#### **Population**

Population will be the staff nurses at the Seth Govind Das (Victoria) district hospital and Netaji Subhash Chand Bose Medical College. The total numbers of staff nurses are 570. In which the male staff nurses are 18 and rest 552 are female staff nurses.

#### Sample technique

The sampling technique used was non-probability convenient sampling method.

#### Sample size

From the eligible population, 100 samples were selected.

#### **Statistics**

Descriptive statistics

- Frequency and percentage will be used to describe the distribution of staff nurses according to demographic characteristics.
- Mean, standard deviation, frequency, and percentage will be used to assess the level of job satisfaction and quality of marital life among staff nurses.
- Correlation will be worked out to find the relation between the level of job satisfaction and quality of marital life among staff nurses.

#### Inferential statistics

 Chi-square test will be used to determine the association of the level of job satisfaction and quality of marital life with demographic characteristics among staff nurses.

#### RESULTS

## Section-1: Distribution of sociodemographic characteristics of staff nurse

Table 1 shows that 46% were 21–30 years old, 43% were 31–40 years old, 5% were 41–50 years old, and 6% were

beyond 51. Staff nurses are 91% female and 9% male. About 63% of marriages are arranged, 18% are love, and 19% are love with arranged. Joint families account for 54% and nuclear families for 46%. After marriage, 43% of staff nurses had

Table 1: Frequency and percentage distribution of demographic variables among staff nurse (n=100)

S.	Variables	Frequency	Percentage
No	Vallables	rrequericy	i ci ccintage
1	Age in years	4.6	4.6
	21–30 years	46	46
	31–40 years	43	43
	41–50 years	5	5
2	51 years and above	6	6
2	Sex	0	9
	Male	9 91	91
2	Female	91	91
3	Type of marriage	63	63
	Arranged marriage	18	18
	Love marriage	19	19
4	Love with arranged marriage	19	19
4	Type of family  Joint family	54	54
	Nuclear family	46	46
5	Number of years after marriage	40	40
5	Below 5 years	43	43
	5–10 years	30	30
	11–15 years	13	13
	More than 15 years	14	14
6	Number of children	14	1-7
Ü	None	22	22
	One	40	40
	Two	37	37
	above two	1	1
7	Domicile	-	•
	Rural	9	9
	Urban	81	81
	Semi urban	10	10
8	Qualification		
	Diploma in nursing	72	72
	B.Sc. Nursing	21	21
	Post certificate B.Sc. Nursing	5	5
	M.Sc. nursing	2	2
9	Monthly Income		
	Rs. 20000 and below	6	6
	Rs. 20001–30000	34	34
	Rs. 30001–40000	50	50
	above Rs. 40000	10	10
10	Years of clinical experience		
	Below 5 years	29	29
	5–10 years	35	35
	11–15 years	25	25
	More than 15 years	11	11
11	Spouse employment status	-	_
	Self-employee/Business	7	7
	Private job	22	22
	Govt. Job	70	70
1.2	Agriculture	1	1
12	Family history of mental illness	4	
	Yes	4	4
1.2	No	96	96
13	Family history of substance	ρ	0
	Yes	8	8
14	No Socioeconomic status	92	92
14	High	3	3
	Medium	95	95
	Low	2	2
	LUW		

<5 years, 30% had 5-10 years, 13% had 11-15 years, and 14% had more than 15 years. About 22% of staff nurses had no children, 40% had one, 37% had two, and 1% had more than two. Staff nurses live in 9% rural, 81% urban, and 10% semi-urban areas. Diploma nurses made up 72% of the total, BSc nurses 21%, Post-BSc nurses 5%, and M.Sc. nurses 2%. Staff nurses' monthly income was 6% 20000 rupees or less, 34% 20001-30000, 50% 30001-40000, and 10% 40000+. About 29% of staff nurses had <5 years of clinical experience, 35% had 5–10 years, 25% had 11–15 years, and 11% had more than 15 years. Staff nurses' spouses were 7% self-employed/business, 22% private, 70% government, and 1% agriculture. About 4% of staff nurses had a family history of mental illness, while 94% did not. Staff nurses' family histories of substance/alcohol dependence were 8% yes and 92% no. The socioeconomic status of staff nurses is 3% high, 95% average, and 2% low.

## Section-2: Distribution of level of job satisfaction among staff nurses

Table 2 shows the frequency and percentage distribution of level of job satisfaction among staff nurses. The levels of job satisfaction were seen into three categories, low level, moderate level, and high level. Ninety-seven (97%) of the staff nurses had a high level of job satisfaction, 3 (3%) were a moderate level, and 0 (0%) had a low level of job satisfaction.

## Section-3: Distribution of quality of marital life among staff nurses

Table 3 shows the frequency and percentage distribution of staff nurses according to quality of marital life. The quality of marital life was seen into three categories, good quality of life, dissatisfied quality of life, and poor quality of life. 13 (13%) of the staff nurses had good quality of life, 42 (42%) of the staff nurses dissatisfied quality of life, 45 (45%) of the poor quality of life.

The statistical outcome such as mean and standard deviation of staff nurses was shown in Table 4. Out of the maximum score of 128, the staff nurses had mean of quality of marital life of 62.54 with standard deviation 11.85 [Table 4].

Table 2: Percentage and frequency distribution of level of job satisfaction among staff nurses (n=100)

Level of job satisfaction	isfaction No. of respondents		
	Frequency	Percentage	
Low Level of job satisfaction	0	0	
Moderate level of job satisfaction	3	3	
High level of job satisfaction	97	97	

Table 3: Percentage and frequency distribution of quality of marital life among staff nurses (n=100)

Quality of marital life	No of res	f respondents		
	Frequency	Percentage		
Good quality of life	13	13		
Dissatisfied quality of life	42	42		
Poor quality of life	45	45		

## Section-4: Correlation between the level job satisfaction and quality of marital life among staff nurses

Table 5 shows that the correlation between the job satisfaction and quality of marital life was computed through Karl Pearson's method and it was obtained as 0.887. It shows that there is a positive significant relationship between the job satisfaction and quality of marital life among staff nurses.

## Section-5: Association between the levels of job satisfaction, quality of marital life with selected demographic variables among staff nurses

The results of Chi-square analysis presented in Table 6 indicated that there was a significant association between level of job satisfaction with the age of staff nurses, sex of staff nurses, type of marriage, type of family, number of years after marriage, number of children, domicile, qualification, monthly income, year of clinical experience, spouse employment status, and family history of substance/alcohol dependency of staff nurses were significant. Mostly, sociodemographic variable was found significant. Hence, the research hypothesis H, was accepted.

The results of Chi-square analysis presented in Table 7 indicated that there was a significant association between the quality of marital life with the age of staff nurses, type of marriage, number of children, qualification, monthly income, spouse employment status, family history of mental illness, family history of substance/alcohol dependency, and socioeconomic status of staff nurses was significant. Mostly, sociodemographic variable was found significant. Hence, the research hypothesis H, was accepted.

#### DISCUSSION

In Dubey and Riasudeen (2021), this study supports hypothesis 1 ( $\beta$  = 0.533, F = 83.928, P < 0.001), indicating a positive link between perceived organizational support and job satisfaction. The study found considerable evidence ( $\beta$  = 0.257, F = 15.009, P < 0.001) supporting hypothesis 2 that perceived organizational support positively impacts worklife balance. The study confirmed hypothesis 3 that work-life balance positively impacts job satisfaction ( $\beta$  (POS) = 0.484,

Table 4: Mean standard deviation and mean percentage of quality of marital life (n=100)

Domain	Statements	Maximum score	Range score	Respondents level of quality of marital life		
				Mean	SD	
Quality of marital life	32	128	41–93	62.54	11.85	

Table 5: Correlation between the level job satisfaction and quality of marital life (n=100)

Variables	Mean	SD	Correlation		
Job satisfaction	39	3.98	0.887		
Quality of marital life	62.54	11.857			

 $\beta$  (WLB) = 0.189, F = 48.979, P < 0.001). The study found a favorable correlation between perceived organizational support, work-life balance, and job satisfaction. Work-life balance also influences the association between organizational support and job satisfaction for Indian female nurses.<sup>[7]</sup>

In Abdullahi and Nasir (2018), the study results revealed that 33 (55.0%) of the staff nurses were satisfied with their job, 20 (33.3%) were minimally satisfied with their job while 6 (10.0%) were minimally dissatisfied with their job, and 1 (1.7%) was very satisfied with their job. In conclusion, there was a significant association between the level of job satisfaction among staff nurses with the marital status (P = 0.003), work experience (P = 0.002), and annual income (P = 0.001) at the level of 0.05. However, no significant association exists between the level of job satisfaction among staff nurses with selected sociodemographic variables such as age, sex, area of residence, religion, employment type, and language proficiency, working hours, educational qualification, and unit/ward.<sup>[8]</sup>

In Jagadale and Chinchpure (2015), study shows that out of 60 samples, 47% of nurses are not content with their jobs, 45% are neutral about their jobs, and only 8% of nurses are satisfied with their jobs according to the Likert scale. Years of experience (P = 0.030757) and working hours (P = 0.00001)were the two demographic variables that were shown to have a close relationship with the job satisfaction level; the finding is significant at P < 0.05. Specific elements that affected job satisfaction out of ten total categories were: opportunities for professional advancement, pay and perks, safety concerns, poor communication and cooperation, composite satisfaction, and working relationships. In summary, the aforementioned findings of this study demonstrate that a variety of factors might impact nurses' job satisfaction levels, which in turn impact the caliber of patient care and health organizations. As a result, attention should be paid to workplace safety concerns including reducing safety dangers. A regular review of salary and benefits will also raise employee satisfaction. For a better nursing future, working relationships, management assistance, and supervision should also be considered and prioritized.<sup>[9]</sup>

In Salahat and Al-Hamdan (2022), according to the study, 193 registered nurses participated in total and expressed a moderate level of satisfaction with their work-life balance and job satisfaction. QNWL showed a negative correlation (rs = -0.204, P = 0.002) and a positive correlation (r = 0.579, P = 0.000) with work satisfaction and desire to leave. The intention to depart was inversely connected with job satisfaction (rs = -0.174, P = 0.008). Hospital type, sex, education level, and pay are sociodemographic and work-related variables that show significant differences and correlations with at least one of the primary variables. Health-care administrators and legislators may use the study's findings to put effective plans and policies into place that will raise RNs' QNWL and work satisfaction. This could therefore help to improve work and home environments, boost commitment and retention

Table 6: Association between the level of job satisfaction and selected demographic variables among staff nurses (n=100)

S. No	Demographic variables	Le	vel of job satisfact	ion	Total	D f	Chi-square	Probability	Interferenc
		High level	Moderate level	Low level	-				
l	Age in years								-
	21–30 years	45	1	0	46	6	4.178	< 0.05	S
	31–40 years	42	1	0	43				
	41–50 years	5	0	0	5				
	51 years and above	5	1	0	6				
2	Sex								
	Male	8	1	0	9	2	2.235	< 0.05	S
	Female	89	2	0	91				
3	Type of marriage								
	Arranged marriage	62	1	0	63	4	1.17043	< 0.05	S
	Love marriage	17	1	0	18				
	Love with arranged marriage	18	1	0	19				
4	Type of family								
	Joint family	52	2	0	54	2	0.19974	< 0.05	S
	Nuclear family	45	1	0	46				
5	Number of years after marriage								
	Below 5 years	42	1	0	43	6	1.3061	< 0.05	S
	5–10 years	29	1	0	30				
	11–15 years	13	0	0	13				
	More than 15 years	13	1	0	14				
6	Number of children								
	None	21	1	0	22	6	0.2569	< 0.05	S
	One	39	1	0	40				~
	Two	36	1	0	37				
	Above two	1	0	0	1				
7	Domicile								
	Rural	8	1	0	9	4	4.586	< 0.05	S
	Urban	80	1	0	81				
	Semi urban	9	1	0	10				
3	Qualification								
	Diploma in nursing	71	1	0	72	6	5.8934	< 0.05	S
	B.Sc. Nursing	20	1	0	21				
	Post certificate B.Sc. Nursing	4	1	0	5				
	M.sc nursing	2	0	0	2				
9	Monthly income								S
	Rs. 20000 and below	6	0	0	6	6	2.0413	< 0.05	
	Rs. 20001-30000	33	1	0	34				
	Rs. 30001-40000	49	1	0	50				
	Above. 40000	9	1	0	10				
10	Years of clinical experience								
	Below 5 years	28	1	0	29	6	0.4483	< 0.05	S
	5–10 years	34	1	0	35				5
	11–15 years	24	1	0	25				
	More than 15 years	11	0	0	11				
11	Spouse employment status								
	Self-employee/business	6	1	0	7	6	3.8691	< 0.05	S
	Private job	21	1	0	22				
	Govt. job	69	1	0	70				
	Agriculture	1	0	0	1				
12	Family history of mental illness								
	Yes	3	1	0	4	2	6.9299	>0.05	N.s.
	No	94	2	0	96	-	2.7-77	0.00	. 1.0.
13	Family history of substance	. ·	=	-	- 0				
	Yes	7	1	0	8	2	2.6966	< 0.05	S
	No	90	2	0	92	-	2.0900	·0.03	5
4	Socioeconomic status	70	2	3	72				
. T	High	2	1	0	3	4	25.9055	>0.05	N.S.
	Medium	94	1	0	95	4	43.7033	~0.03	11.5.
	Low	1	1	0	2				

among nurses, and improve individual and organizational performance. To provide practical strategies for improving RNs' QNWL and job satisfaction, more study is required. [10]

In Singh *et al.*, (2021), the study findings showed that almost half (46.9%) of the respondents were satisfied with their current job. The satisfaction mean score obtained by work

Table 7: Association between the quality of marital life and selected demographic variables of staff nurses (n=100)

S. No	Demographic variables	Level of quality of marital life		Total	D f	Chi- square	Probability	Interference	
		Good	Dissatisfied	Poor			•	-	
1	Age in years		2.000						
_	21–30 years	6	20	20	46	6	6.7435	< 0.05	S
	31–40 years	3	20	20	43		****		~
	41–50 years	2	1	2	5				
	51 years and above	2	1	3	6				
2	Sex	2	1	5	O				
_	Male	4	2	3	9	2	8.7422	>0.05	N.S.
	Female	9	40	42	91	2	0.7422	> 0.03	14.5.
3	Type of marriage	,	40	42	91				
3	Arranged marriage	10	30	23	63	4	7.3641	< 0.05	S
	Love marriage	3	5	10	18	4	7.3041	<0.03	S
		0	3 7						
4	Love with arranged marriage	U	/	12	19				
4	Type of family	4	20	20	<i>-</i> 4	2	0.6142	. 0.05	NI G
	Joint family	4	30	20	54	2	9.6143	>0.05	N.S.
_	Nuclear family	9	12	25	46				
5	Number of years after marriage								
	Below 5 years	5	25	13	43	6	23.2938	>0.05	N.S.
	5–10 years	5	15	10	30				
	11–15 years	2	1	10	13				
	More than 15 years	1	1	12	14				
6	Number of children								
	None	5	5	12	22	6	9.1952	< 0.05	S
	One	5	15	20	40				
	Two	3	21	13	37				
	Above two	0	1	0	1				
7	Domicile								
	Rural	3	3	3	9	4	18.9227	>0.05	N.S.
	Urban	5	36	40	81	-			
	Semi urban	5	3	2	10				
8	Qualification		5	_					
O .	Diploma in nursing	6	33	33	72	6	11.283	< 0.05	S
	B.Sc. Nursing	5	8	8	21	O	11.203	\0.0 <i>5</i>	5
	Post certificate B.Sc. Nursing	1	2	2	5				
	M.sc nursing	1	0	1	2				
9		1	U	1	2				
9	Monthly income		2	2			1 (700	< 0.05	S
	Rs. 20000 and below	1	3	2	6	6	1.6709		
	Rs. 20001–30000	5	15	14	34				
	Rs. 30001–40000	5	20	25	50				
	Abovers. 40000	2	4	4	10				
10	Years of clinical experience							>0.05	
	Below 5 years	10	10	9	29	6	25.1938		N.S.
	5–10 years	1	17	17	35				
	11–15 years	1	7	17	25				
	More than 15 years	1	8	2	11				
11	Spouse employment status								
	Self-employee/business	1	2	4	7	6	2.0334	< 0.05	S
	Private job	2	10	10	22				
	Govt. job	10	30	30	70				
	Agriculture	0	0	5	1				
12	Family history of mental illness	-	*	-	-				
	Yes	1	2	1	4	2	0.9205	< 0.05	S
	No	12	40	44	96	-	0.7203	-0.05	5
13	Family history of substance	14	70	7**	70				
13	* *	2	2	1	o	2	1 5290	<0.05	C
	Yes		2	4	8	2	1.5389	< 0.05	S
1.4	No	11	40	41	92				
14	Socioeconomic status				2				_
	High	1	1	1	3	4	1.4114	< 0.05	S
	Medium	12	40	43	95				
	Low	0	1	1	2				

itself and nursing practice was (23.35 + 4.25), followed by advancement opportunity with mean value (20.44 + 4.97). Similarly, the satisfaction score obtained for recognition and reward (6.80 + 2.62) followed by participation in

decision-making with mean value (9.45 + 2.24). There was a statistical association between the level of job satisfaction and ethnicity (P = 0.41), marital status (P = 0.005), professional qualification (P = 0.001), and work experience (P = 0.002) of

the respondents. Based on the findings, it is concluded that nearly half of the nurses were satisfied with their job. The most satisfying factor is the work itself whereas the least satisfying factor is the recognition and reward given to them, followed by participation in decision-making.<sup>[11]</sup>

In Mohite et al., (2014), the ability utilization, success, and activity subscales revealed excellent job satisfaction among the majority of nurses (83%, 77%, and 60%). A large majority (59%, 79%, and 62%) expressed satisfaction with hospital policies, progression, and authority. The average subscale compensation satisfaction was reported by 63% of nurses. Of the nurses, 79% and 67% said they were very happy with their coworkers and their creativity, whereas 54% said that they were averagely satisfied with their independence. Good job satisfaction was indicated by a maximum of 72% of nurses who had moral beliefs, 68% who had recognition, 72% who had responsibility, and 65% who had security. When it came to social service, social status, and human relations supervision, the majority-89%, 75%, and 54%-reported good satisfaction. In contrast, the majority-57%, 71%, and 79%-reported high satisfaction with technical supervision, variety, and working conditions. In almost every way, including ability utilization, achievement, activity, advancement, authority, hospital policy, co-workers, creativity, security, social service, social status, moral value, recognition, responsibility, supervision, variety, and working conditions, nurses in a particular tertiary care hospital are extremely satisfied with their jobs.[12]

#### CONCLUSION

Job satisfaction among staff nurses was associated with years after marriage, number of children, monthly wage, and clinical experience, but a family history of mental illness was much lower. Demographic factors affecting Jabalpur hospital staff nurses' job satisfaction and married life.

#### **C**ONFLICTS OF INTEREST

None.

#### **FUNDING**

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