

ARTICLE INFORMATION

Received: January, 20, 2025

Revised: February, 27, 2025

Available online: February, 28, 2025

at : <https://e-jurnal.ipphorr.com/index.php/minh>

Demographic factors and marital status: Do they really influence the quality of nursing work life?

Yuni Kurniasih*, Dina Melinda, Wawan Febri Ramdani

Fakultas Ilmu Kesehatan, Universitas 'Aisyiyah Yogyakarta

Corresponding author: *E-mail: yunikurniasih@unisayogya.ac.id

Abstract

Background: Quality of Nursing Work Life (QNWL) is a crucial factor influencing nurses' well-being and performance. Although demographic factors, including marital status, are often considered determinants of QNWL, research findings on their impact remain inconsistent.

Purpose: To assess whether demographic factors and marital status, have a significant impact on the Quality of Nursing Work Life (QNWL) among nurses.

Method: A cross-sectional design involving 72 nurses working in inpatient care units. Data were collected using a validated QNWL questionnaire and analyzed using Spearman's rank correlation test to evaluate the relationship between marital status and QNWL.

Results: The majority of nurses reported their QNWL as "Good" (93.1%), while a small proportion rated it as "Excellent" (6.9%). Spearman's correlation analysis indicated no significant relationship between marital status and QNWL ($r = 0.152$, $p = 0.203$, $p > 0.05$). This suggests that marital status is not a determining factor in nurses' quality of work life.

Conclusion: Marital status does not significantly affect QNWL. Other factors, such as work environment, workload, shift system, and organizational support, are likely to have a greater influence. Further research is recommended to explore additional factors to develop more targeted strategies for improving nurses' quality of work life.

Keywords: Demographic Factors; Marital Status; Nurses; Quality of Nursing Work Life; Work-Life Balance.

INTRODUCTION

Quality of Nursing Work Life (QNWL) is a crucial aspect of the nursing profession that directly impacts nurses' well-being and the quality of care provided to patients (Souza, Ribeiro, Teixeira, Valim, & Souza, 2023). QNWL encompasses various dimensions, such as work-life balance, job satisfaction, a supportive work environment, and opportunities for professional development (Agusto, Mediawati, & Komariah, 2022). With increasing work demands in the healthcare sector, understanding the factors that influence QNWL is becoming increasingly important, particularly in the context of hospitals in Indonesia.

Marital status is often associated with an individual's psychological and social well-being, including within the nursing profession. Several studies suggest that married nurses may receive greater social support from their spouses and families, potentially reducing stress levels and increasing job satisfaction (Abbasi & Montazar, 2019; Laksono, Sanusi, & Arifin, 2024; Lee & Kim, 2019). Conversely, unmarried nurses may have greater flexibility in performing professional duties but may be at risk of experiencing social isolation in the workplace (Adib-Hajbaghery, Lotfi, & Hosseini, 2021).

Demographic factors and marital status: Do they really influence the quality of nursing work life?

In addition to marital status, demographic factors such as age, gender, education level, and work experience are frequently examined in relation to QNWL. Some studies indicate that older nurses or those with longer work experience tend to have higher job satisfaction, as they have adapted to job demands and developed better coping skills (Davoodi, Azarsa, Shahbazzpour, Sokhanvar, & Ghahramanian, 2020; Shrestha, Sharma, Gurung, Chapagain, & Dhungana, 2023). However, other research suggests that workplace environmental factors, such as management systems, workload, and social support at work, have a greater impact on QNWL than individual factors (Widayati, 2020).

This study was conducted at PKU Muhammadiyah Gamping Hospital, Yogyakarta, a private hospital that plays a role in providing healthcare services in Yogyakarta and its surrounding areas. With a shift work system and varying workloads, this hospital is an appropriate location to examine how marital status and demographic characteristics contribute to nurses' QNWL. A deeper understanding of this issue can help formulate better policies to improve the well-being of healthcare workers.

Several international studies have shown a relationship between demographic factors and marital status with healthcare workers' well-being, but findings remain varied. For instance, a study in Western Ethiopia found that factors such as age, education level, and work experience were associated with nurses' quality of work life (Mosisa, Abadiga, Oluma, & Wakuma, 2022). On the other hand, research in Indonesia has stated that managerial support and work flexibility have a greater influence on nurses' well-being than individual factors (Sudrajat, Budiman, & Rohayani, 2024).

This study focuses on nurses in private hospitals in Indonesia, particularly in Yogyakarta, which have different work systems and challenges compared to government hospitals. Most previous studies have been conducted in general or national-scale hospitals without considering the differences in work management within private hospitals. Therefore, this study aims to fill the gap in the literature by exploring the extent to which marital status and demographic factors are related to QNWL in private hospitals.

RESEARCH METHOD

A quantitative design with a cross-sectional approach to analyze the relationship between marital status and demographic factors with the Quality of Nursing Work Life (QNWL) at PKU Muhammadiyah Gamping Hospital, Yogyakarta.

The population consists of 275 nurses working in the inpatient wards of PKU Muhammadiyah Gamping Hospital. The research sample was selected using purposive sampling and determined using the Slovin formula with a margin of error of 5%, resulting in a total sample of 72 nurses. The inclusion criteria for this study are nurses who have worked for at least one year, are assigned to inpatient wards, are willing to participate by signing informed consent, and work in a shift system. Meanwhile, the exclusion criteria include nurses on long leave (such as maternity or academic leave), nurses holding structural positions who are not directly involved in nursing services, and nurses who did not complete the questionnaire.

The independent variables include marital status, categorized into married and unmarried, as well as demographic factors such as age, gender, and education level. The dependent variable is the QNWL, which reflects aspects of work-life balance, job satisfaction, organizational support, and psychological well-being.

Data collection was conducted using a structured questionnaire that had been validated in previous studies. The primary instrument used in this research is the QNWL questionnaire, consisting of 42 questions measured on a Likert scale of 1–5 (1 = strongly disagree, 5 = strongly agree). Additionally, a demographic questionnaire was used to collect information on age, gender, marital status, education level, and work experience. To ensure the reliability of the instrument, a Cronbach's Alpha reliability test was conducted, with a cutoff value of >0.7, indicating good internal consistency.

The data collection process began with obtaining research permission from the management of PKU Muhammadiyah Gamping Hospital. After obtaining approval, an orientation was conducted for potential respondents regarding the study's objectives and procedures. Respondents who agreed to participate provided informed consent before completing the questionnaire. The questionnaire was distributed in both physical and digital formats to accommodate

Yuni Kurniasih*, Dina Melinda, Wawan Febri Ramdani

Fakultas Ilmu Kesehatan, Universitas 'Aisyiyah Yogyakarta
Corresponding author: *E-mail: yunikurniasih@unisayogya.ac.id

DOI: <https://doi.org/10.33024/minh.v7i12.715>

Demographic factors and marital status: Do they really influence the quality of nursing work life?

nurses who were unable to fill it out in person. Data collection lasted for one month, with periodic monitoring to ensure the completeness and accuracy of respondents' answers.

This study has received approval from the Health Research Ethics Committee of Universitas Muhammadiyah Yogyakarta, with approval number: 194/KEP-PKU/XI/2024.

RESEARCH RESULTS

Table 1. Characteristic of the Respondents (N=72)

Variable	Result
Age (n%)	
Age (Mean±SD)(Range)(Year)	(29.153±6.389)(20-40)
20-30	38/52.80
31-40	34/47.20
Gender (n%)	
Male	12/16.70
Female	60/83.30
Marital Status (n%)	
Married	55/76.40
Single	17/23.60
Education (n%)	
Diploma	25/34.70
Bachelor's Degree	16/22.20
Professional Degree	31/43.10
Quality of Nursing Work Life (n%)	
Excellent	5/6.90
Good	67/93.10
Poor	0/0

Table 1 presents the characteristics of the respondents, which include gender, marital status, highest education level, age group, and QNWL. The majority of respondents were female (83.3%), and most nurses were married (76.4%).

In terms of education level, most nurses held a Bachelor's degree in Nursing with a professional nurse qualification (43.1%), followed by a Diploma in Nursing (34.7%) and a Bachelor's degree in Nursing (22.2%). Regarding age, nurses aged 20–30 years were the dominant group (52.8%).

The majority of nurses had a QNWL categorized as "Good," with 67 nurses (93.1%), while 5 nurses (6.9%) reported having a QNWL categorized as "Excellent." No nurses reported having a QNWL in the "Poor" category.

Yuni Kurniasih*, Dina Melinda, Wawan Febri Ramdani

Fakultas Ilmu Kesehatan, Universitas 'Aisyiyah Yogyakarta
Corresponding author: *E-mail: yunikurniasih@unisayogya.ac.id

DOI: <https://doi.org/10.33024/minh.v7i12.715>

Table 2. The Correlation between Marital Status and QNWL

Variable	p-Value	Correlation coefficient
Marital Status QNWL	0.203	0.152

Table 2 presents the results of the Spearman's rank correlation test between marital status and Quality of Nursing Work Life (QNWL). The analysis results show a correlation coefficient (r) of 0.152 with a p -value of 0.203. The p -value, which is greater than 0.05, indicates that the relationship between marital status and QNWL is not statistically significant.

DISCUSSION

This study involved 72 nurses working in the inpatient ward of PKU Muhammadiyah Gamping Hospital, Yogyakarta. Based on the analysis results, the majority of respondents were female (83.3%), while male nurses accounted for only 16.7%. This dominance of female nurses aligns with global trends, where the nursing profession remains predominantly female (Punshon, Maclaine, Trevatt, Radford, Shanley, & Leary, 2019; David, Quinn, & Watson, 2020).

Regarding marital status, 76.4% of the nurses were married, while 23.6% were unmarried. Marital status is often associated with psychological well-being in the workforce, as married nurses tend to have greater social support but also face challenges in balancing family and work responsibilities. However, some studies suggest that work-life balance is more influenced by spousal support and time spent with family rather than marital status itself (Ouyang, Zhou, Xiong, Wang, & Redding, 2019; Wijaya, 2021).

In terms of education level, most nurses held a Bachelor's degree in Nursing with a professional nurse qualification (43.1%), followed by a Diploma in Nursing (34.7%) and a Bachelor's degree in Nursing (22.2%). Previous research indicates that education level can influence expectations regarding the work environment, with higher-educated nurses tending to demand better working conditions (Singh, Chakradhar, & Joshi, 2021). However, in this study, differences in education level did not show a significant variation in perceptions of QNWL.

Regarding age groups, the nurses in this study were divided into two main categories: 20–30 years (52.8%) and 31–40 years (47.2%). Age is often linked to work experience and the ability to handle job-related stress. Previous studies suggest that younger nurses are more vulnerable to stress compared to more experienced nurses, as they are still in the process of adapting to job demands (Akor, Aina, & Akpor, 2023; Soni, 2021). However, in this study, age differences did not show a direct relationship with QNWL perceptions, indicating that other factors, such as work systems and social support, may play a more dominant role in determining nurses' work well-being.

The findings of this study indicate that there is no significant relationship between marital status and the QNWL among nurses at PKU Muhammadiyah Gamping Hospital, Yogyakarta. The Spearman correlation coefficient was 0.152, with a p -value of 0.203 (>0.05), suggesting that although there was a slight positive correlation, it was not statistically significant. This finding is consistent with previous studies stating that marital status is not a primary factor in determining the quality of nurses' work life (Kheiri, Gholizadeh, Taghdisi, Asghari, Musavi, Mahdavi, & Ghaffari, 2021; Ouyang et al., 2019).

Several studies suggest that other factors, such as work environment, shift systems, and workload, have a more significant impact on QNWL than marital status (Yurumezoglu & Sarıoğlu, 2022). For instance, a study in China found that marital satisfaction is indeed related to job satisfaction, but it is more influenced by the amount of time spent with a spouse rather than marital status itself (Ouyang et al., 2019). This reinforces the idea that it is not marital status that affects nurses' work well-being, but rather how they balance their personal and professional lives.

Additionally, a study in Iran found that marital satisfaction influences nurses' psychological well-being but does not necessarily correlate directly with their quality of work life (Adib-Hajbaghery et al.,

Yuni Kurniasih*, Dina Melinda, Wawan Febri Ramdani

Fakultas Ilmu Kesehatan, Universitas 'Aisyiyah Yogyakarta
Corresponding author: *E-mail: yunikurniasih@unisayogya.ac.id

DOI: <https://doi.org/10.33024/minh.v7i12.715>

Demographic factors and marital status: Do they really influence the quality of nursing work life?

2021; Mousavi, 2019). This research highlights that factors such as social support, recognition at work, and a positive work atmosphere have a greater impact on improving QNWL than marital status alone.

Furthermore, a study in Pakistan revealed that married nurses tend to experience higher stress levels than unmarried nurses, primarily due to the need to balance work responsibilities with family roles (Bibi, Shahid, & Nazar, 2023; Hussain, Afzal, & Manzoor, 2021). However, the study also emphasized that job well-being is more influenced by hospital policies related to work-life balance and the support provided to healthcare workers.

The findings of this study, which indicate no significant relationship between marital status and QNWL, can be explained by several factors. First, nurses at PKU Muhammadiyah Gamping Hospital may have developed effective strategies for managing the balance between personal and professional life, making marital status a less dominant factor in determining their work-life quality. Second, the hospital's work system and policies may play a more crucial role in determining nurses' job satisfaction than individual factors such as marital status. This aligns with research stating that flexible hospital policies regarding shift scheduling can have a greater impact on nurses' well-being than marital status or other demographic factors (Abhitha & Hebbar, 2022).

The implications of these findings suggest that hospital policies should focus more on improving the work environment, work-life balance, and social support for nurses rather than considering marital status as a key factor in determining nurses' work well-being. Thus, this study contributes to understanding that structural and policy-based factors have a greater influence on enhancing QNWL compared to individual factors such as marital status.

CONCLUSION

Marital status does not have a significant impact on the Quality of Nursing Work Life (QNWL) among nurses at PKU Muhammadiyah Gamping Hospital, Yogyakarta. The Spearman correlation test results indicate that although there is a very weak positive correlation between marital status and QNWL, this relationship is not statistically significant, with $r = 0.152$ and $p = 0.203$ (>0.05).

Yuni Kurniasih*, Dina Melinda, Wawan Febri Ramdani

Fakultas Ilmu Kesehatan, Universitas 'Aisyiyah Yogyakarta
Corresponding author: *E-mail: yunikurniasih@unisayogya.ac.id

DOI: <https://doi.org/10.33024/minh.v7i12.715>

REFERENCES

- Abbasi, G., & Montazar, A. (2019). The Relationship between Appreciation, Sense of Humor and Social Support with Marital Satisfaction in Nurses. *Journal of Health and Care*, 21(1), 34–43.
- Abhitha, S., & Hebbar, C. K. (2022). *Impact of Work-Life Balance on Job Satisfaction of Hospital Nurses- A Case Study*. April, 183– 187.
- Adib-Hajbaghery, M., Lotfi, M.-S., & Hosseini, F. S. (2021). The effect of occupational stress on marital satisfaction and mental health in Iranian nurses. *WORK*, 68(3), 771–778.
- Agusto, N. W., Mediawati, A. S., & Komariah, M. (2022). Factors Related to Quality of Nursing Work Life (QNWL) during the COVID-19 Pandemic: A Scoping Review. *Malaysian Journal of Medicine and Health Sciences*, 18(11), 262–266.
- Akpor, O. A., Aina, V. O., & Akpor, O. B. (2023). Occupational Stress Levels and Coping Strategies among Nurses Working in an Urban Metropolis in North Central Nigeria. *The Open Pain Journal*, 16(1), 1–12.
- Arslan Yurumezoglu, H., & Sarioğlu, E. (2022). Effects of Work Environment, Shift Durations, and Patient-Nurse Ratio on Nurse Outcomes: A Scoping Review. *Sağlık ve Hemşirelik Yönetimi Dergisi*, 9, 153–167.
- Bibi, H., Shahid, T., & Nazar, K. (2023). Association Between the Marital Status and Work-Related Quality of Life Among in Health Care Workers. *Pakistan Journal of Health Sciences*, 171–175.
- Davoodi, A., Azarsa, T., Shahbazpour, M., Sokhanvar, Z., & Ghahramanian, A. (2020). Relationship between quality of work life and caring behaviors among emergency nurses. *International Journal of Workplace Health Management*, 13(6), 687–701.

Demographic factors and marital status: Do they really influence the quality of nursing work life?

- Hussain, S., Afzal, S., & Manzoor, A. (2021). Nexus between Level and Factors of Job Satisfaction in Nurses of Multan City (Pakistan): A Study of Public Hospitals. *Journal of Peace, Development & Communication*, 4, 532–555.
- Kheiri, M., Gholizadeh, L., Taghdisi, M. H., Asghari, E., Musavi, M., Mahdavi, N., & Ghaffari, S. (2021). Factors affecting the quality of work-life of nurses: a correlational study. *Journal of Research in Nursing: JRN*, 26(7), 618–629.
- Laksono, R. D., Sanusi, A., & Arifin, S. (2024). *Examining the Effect of Job Stress on Job Satisfaction as Mediated by Social Support and Psychological Well-being Among Nurses in Army Hospitals*. 200–213.
- Lee, S., & Kim, D. (2019). The Effect of Emotional Labor, Job Stress and Social Support on Nurses' Job Satisfaction. *Stress*, 27, 215–223.
- Mosisa, G., Abadiga, M., Oluma, A., & Wakuma, B. (2022). Quality of work-life and associated factors among nurses working in Wollega zones public hospitals, West Ethiopia: A cross-sectional study. *International Journal of Africa Nursing Sciences*, 17(October 2020), 100466.
- Mousavi, S. F. (2019). Marital Satisfaction in Married Nurses in Tehran Hospitals: The Predictive Role of Mindfulness, Family of Origin, and Dyadic Coping Skills. *Iranian Journal of Psychiatric Nursing*, 7(4).
- Ouyang, Y.-Q., Zhou, W.-B., Xiong, Z.-F., Wang, R., & Redding, S. R. (2019). A Web-based Survey of Marital Quality and Job Satisfaction among Chinese Nurses. *Asian Nursing Research*, 13(3), 216–220.
- Punshon, G., MacLaine, K., Trevatt, P., Radford, M., Shanley, O., & Leary, A. (2019). Nursing Pay by Gender Distribution in the UK - Does the Glass Escalator Still Exist? *International Journal of Nursing Studies*, 93, 21–29.
- Shrestha, S., Sharma, S., Gurung, S. K., Chapagain, R., & Dhungana, B. R. (2023). The Influence of Demographic and Job-related Characteristics on Nurses' Compassion Satisfaction and Fatigue. *International Journal of Occupational Safety and Health*, 13(4), 529–539.
- Singh, A., Chakradhar, R., & Joshi, N. (2021). Job Satisfaction among Nurses Working in a Tertiary Level Government Hospital. *Medical Journal of Shree Birendra Hospital*, 20(1), 30–35.
- Soni, S. S. (2021). A Study to Assess the Occupational Stress and Job Satisfaction of Staff Nurses Working in Selected Hospitals, Sri Ganganagar. *International Journal of Advanced Psychiatric Nursing*, 3(2), 01–04.
- Souza, T. P. M., Ribeiro, A. C., Teixeira, K.R., Valim, M. D., & Souza, M. R. C. (2023). Quality of Work Life Among Nursing Workers Who Work in Hospitals. *Texto e Contexto Enfermagem*, 32, 1–17.
- Sudrajat, J., Budiman, B., & Rohayani, L. (2024). Analisis Faktor-Faktor yang Mempengaruhi Kesejahteraan Perawat. *Journal of Telenursing (JOTING)*, 6(1), 1398–1406.
- Thompson, D. R., Quinn, B., & Watson, R. (2020). Getting more men into nursing: An urgent priority (too little, too late). *Journal of Nursing Management*, 28(7), 1463–1464.
- Widayati, D. (2020). Quality Nursing Work Life Dan Burnout Syndrome Pada Perawat. *Jurnal Ners Dan Kebidanan (Journal of Ners and Midwifery)*, 7(1), 123–129.
- Wijaya, S. (2021). The Correlation between Social Support and Work- Family Enrichment with Psychological Well-Being among Married Nurses. *JMMR (Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit)*, 10(1), LAYOUTING.

Yuni Kurniasih*, Dina Melinda, Wawan Febri Ramdani

Fakultas Ilmu Kesehatan, Universitas 'Aisyiyah Yogyakarta
Corresponding author: *E-mail: yunikurniasih@unisayogya.ac.id

DOI: <https://doi.org/10.33024/minh.v7i12.715>