



Comparative Study of Psychological Capital and Marital Adjustment of the Medical Staff of COVID-19 Ward and Other Wards of the Hospital

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Abstract

Aim and Background: Considering the prevalence of the Covid-19 virus and its effect on medical staff's personal and marital life. The present study aimed to compare the psychological capital and marital adjustment of medical staff working in COVID-19-related wards with staff in other hospital wards.

Materials and Methods: The present study was a descriptive causal-comparative study. The statistical population of the present study was all medical staff of Shahidi Rahimi Hospital in Lorestan. Among them, 160 people were selected using the available sampling method and were replaced in two groups of 80 people. The first group was the staff working in the ward of COVID 19, and the second group was another staff working in the hospital Who were not directly employed in COVID 19-related departments to collect the data of the present study, the Lutens psychological capital questionnaire (CD-RSC) and Spinner marital adjustment scale (DAS) were used. The present study's data were analyzed using an independent t-test, for which 25 SPSS software was used.

Results: The independent t-test showed a comparison of the average psychological capital and marital adjustment of the two groups. There is a significant difference between group therapy working in the ward related to COVID 19 and other medical staff of the hospital in terms of psychological capital and marital adjustment ($p < 0.05$). The amount of psychological capital and marital adjustment of medical staff working in departments related to COVID 19 was significantly lower than the scores of other hospital staff's psychological capital and marital compatibility.

Conclusion: Based on the findings of the present study, it can be concluded that the staff working in the ward of COVID-19 are more vulnerable than other hospital staff due to the consequences and tensions related to COVID-19 in terms of their personal and marital life.

Keywords: Psychological Capital; Marital Adjustment; COVID-19

Introduction

The outbreak of coronavirus as an infectious disease has affected governments and their public health systems. A medical crisis that affects physical, mental, social, and economic conditions requires an appropriate emergency response.

The coronavirus pandemic has caused fear in the general population, especially the elderly, and people with underlying disease, and health care providers.

Therefore, it is essential to perform more physical and psychological interventions in these groups.

Coronavirus is a significant challenge for the occupational health of medical staff, which is at the forefront of combating the spread of the disease, and in addition to high work stress and daily exposure to the virus, an average of sixteen hours of daily work that causes adequate sleep, psychiatric disorders such as Depression, anxiety, and post-traumatic stress disorder expose them to psychological problems [3]. A web-based study in China also showed a high prevalence of generalized anxiety disorder and poor sleep quality during the coronavirus epidemic in health care workers [4]. Unfortunately, much medical personnel has been infected or lost their lives, which has led to increased stress, distance from family, fear of illness, feelings of isolation and helplessness, and feelings of concern for their health and their families guilty [5]. According to the World Health Organization, [6]. It is necessary to study the mental health status and identify the psychological factors affecting the mental health of the medical staff as the backbone of the health care system [7]. Because of their constant communication with other staff and hospitalized patients, having good mental health is essential for efficient service delivery.

Psychological capital is one of the phenomena that, in recent years in research, has shown a high capacity to promote the health and performance of people in different work environments [7]. This phenomenon is a flexible and realistic approach to life that includes four components of self-efficacy, hope, resilience, and optimism, which is considered a positive psychological capacity. Moreover, have a valid measurement scale.

Hope is a state that enables one to set realistic but challenging goals and expectations and to achieve those goals through self-

leadership, willpower, energy, and a sense of internal control [9]. Optimism and pessimism are also defined as expecting positive and negative overall results, respectively, and are essential determinants of adjustment [10].

Optimists, unlike pessimists, believe that life's adversities can be managed successfully [11]. Self-efficacy is a measure of a person's confidence in his or her ability to perform a series of actions. People with high self-efficacy in a threatening situation experience lower levels of negative emotions. The resilience component as a dynamic process makes people deal with stressful issues in life appropriately [10].

One of the dimensions that need to be examined in the medical staff working in the departments related to COVID-19 is these people's family and marital issues.

Family experts believe that the family can positively affect the individual, family members, and society if the couple has marital satisfaction and compatibility [13]. Marital adjustment is described as a situation in which couples feel happy and satisfied to be together [14]. Various factors are involved in creating and maintaining marital adjustment, one of which is the stress in the work environment that can have a negative impact on marital adjustment by creating work-family conflict [15]. In other words, when the duties and responsibilities that people take on in the workplace or family, they reduce their mental and physical energy and are unable to perform other responsibilities [15]. The results of existing studies in this field show that job stress of medical staff as one of the important pillars of the health care system can affect not only the quality of care for others but also their quality of life and marital adjustment [16].

Due to the severe prevalence of coronavirus in Iran and the direct involvement of medical staff and their working and private living conditions, the need for psychological and marital research in this group immediately seems very necessary to control or reduce these quality factors. Clinical service delivery will also increase. Therefore, the present study was designed and conducted to determine the psychological capital and marital adjustment of the medical staff of Covid-19 ward and other wards of Shahid Rahimi Hospital of Lorestan Medical Sciences.

Methods and Materials

The present study is descriptive and comparative causal. The statistical population was the medical staff of the Shahid Rahimi Hospital in Khorramabad, Lorestan Province, who in 1399 was working in the corona and non-corona wards of the hospital. Using the Morgan sample size determination table and the available sampling method, 160 people for both case and control groups (80 people in each group) were selected as Moore’s study samples. In this study, which was conducted in July 2016, the necessary permits were obtained from Lorestan University of Medical Sciences, and written consent was obtained from the samples.

Research tools

A: Spanier Compatibility Questionnaire (DAS): Spanier developed this questionnaire in 1976 to measure compatibility between couples and based on factor analysis including four dimensions: marital satisfaction, marital solidarity, marital agreement, and expression of love. is. This questionnaire is a 32-item tool in a six-point Likert scale (zero: we always disagree, one: we almost always disagree, two: we often disagree, three: sometimes we agree, four: we almost always agree, five: we agree permanently We have) is designed and ranked, and getting higher scores indicates a better and more compatible relationship. The total score of this questionnaire with Cronbach’s alpha coefficient of 96% has an excellent internal consistency. The internal consistency of the subscales of mutual satisfaction is 94%, two-person correlation 81%, two-person agreement 90%, and expression of love 73% between good and excellent [17]. The reliability of the questionnaire in the study of Mollazadeh., *et al.* With a retest method that was performed on 92 people in 27 days had a Cronbach’s alpha of 0.89 [18].

B: Lolatz Psychological Capital Questionnaire

This questionnaire (2007) consists of twenty-four questions and four scales of hope, resilience, optimism, and self-efficacy, in which each scale has six items. Question 1-6 related to self-efficacy subscale, 7-12 hope, 13-18 resilience, and 19-23 optimism. The highest score in this questionnaire can be obtained 144, and the lowest score is 24 A higher score shows psychological and strong psychological capital, and a low score reflects insufficient psychological capital. In the Lotanz and.... research, Cronbach’s alpha of this questionnaire has been measured 0.97; also, the reliability of this questionnaire in studies used in Iran was 0.87.

Data analysis of the present study was performed using an independent t-test and SPSS software version 25. The significance level in the present study was considered less than 0.05.

Results

To describe the data related to the sample, first general information about the studied samples was expressed. Then the central indicators and the distribution of research variables were calculated as follows:

Parameter	Levels	Frequency	Percentage frequency
Gender	Female	55	68.75
	Male	25	31.25
Education	Bachelor’s degree	70	87.5
	Master’s degree and above	10	12.5

Table 1: Demographic characteristics.

According to table 1, 68.75% of the sample are women, and 31.25% are men. Also, 87.5% of the sample have a bachelor’s degree, and 12.5% have a master’s degree or higher.

Parameter	Group	Mean	Standard deviation	skewness	Elongation
Marital compatibility	Other wards	114.78	12.61	-0.42	-0.23
	Covid19	55.88	16.8	0.22	-0.62
Psychological capital	Other wards	94.48	20.28	-0.11	-0.66
	COVID-19	52.45	13.1	-0.01	-0.46

Table 2: Descriptive results of marital adjustment and psychological capital scales in the two groups understudy.

According to the table above, the highest amount of marital adjustment and psychological capital is related to non-coronary wards of the hospital, with an average of 114.78 and 94.4, respectively.

Parameters	Group	Mean	Standard deviation	Skewness	Elongation
Marital compatibility	COVID-19	16.63	5.29	0.45	-0.04
	Other wards	36.41	7.94	-0.67	-1.21
Mutual solidarity	COVID-19	8.65	3.46	0.54	0.57
	Other wards	16.03	3.41	0.48	-1.24
Mutual compromise	COVID-19	21.77	6.86	0.06	-0.23
	Other wards	44.53	4.23	-0.44	-1.02
Expression of love	COVID-19	6.42	2.26	0.2	-0.33
	Other wards	14.28	2.27	-1.06	3.44
Efficacy	COVID-19	12.72	2.98	0.09	-0.42
	Other wards	23.76	4.35	0.03	-0.36
Hopefulness	COVID-19	13.45	4.12	0.14	-0.24
	Other wards	23.7	6.7	-0.47	-0.67
Resilience	COVID-19	13.06	3.47	0.78	-0.6
	Other wards	23.5	4.84	0.33	-0.39
Optimism	COVID-19	13.21	3.58	0.26	0.01
	Other wards	23.52	6.23	-0.02	-0.6

Table a

According to the table above, COVID-19 and other sections in the component of marital satisfaction have an average of 16.63 and 36.41, respectively, in a two-person correlation of 8.65 and 16.03, a two-person agreement of 21.77 and 44.53, Expressing love 6.42 and 14.28, self-efficacy 12.72 and 23.76, hope 13.45 and 23.7, resilience 13.06 and 23.5 and optimism also average 13.21 and 53.23 Acquired. In this research, the independent t-test has been used due to its greater relevance and compatibility with the research hypotheses. It should be noted that three assumptions are examined, which are as follows

- To check the normality of the data, a skewness and elongation test was used. According to the tables describing the data, the values of skewness and elongation are less than one and greater than -1, which can
- Independence is also established because the subjects of the two groups are entirely independent and do not have a common member

Parameter name	Amount of F	sig
Psychological capital	14.681	0
Marital compatibility	8.158	0.005

Table 3: Homogeneity test of variance (Loon).

According to the above table, a significant level for the variables of psychological capital and marital adjustment is less than 0.05, so the assumption of homogeneity of variance is established.

According to the present study findings, there was a significant relationship between the components of psychological capital and marital adjustment in both groups, which can be concluded that the treatment staff of COVID-19 ward had a lower marital adjustment and psychological capital.

Parameter	T	Df	Sig
Psychological capital	15.567	158	0
Marital compatibility	26.153	158	0.005

Table 4: Independent t-test for variables.

Discussion

The present study was a comparative causal study that can be achieved through comparison

However, due to the limitations of this method, causality is possibly expressed. This study showed a significant difference between psychological capital and marital adjustment of the medical staff of Covid-19 and other departments. The medical staff of Covid-19 had a lower score, which indicates a decrease in marital adjustment and capital.

Psychology in the target community

It can be concluded that the staff working in the ward of COVID-19 are more vulnerable than other hospital staff due to the consequences and tensions associated with this disease in terms of their personal and marital life. This finding was in line with the results of Derakhshan, Rahimi Pardanjani, and Amani, 2019 studies, which is a study entitled "Study of the relationship between work-family conflict and marital adjustment in married female nurses: the moderating role of social support" concluded that marital adjustment They are indirectly related to work-family conflict, which means that as a result of work-family conflict, their marital adjustment has decreased.

Also, Heidari and Hosseinpour, in a study entitled the effect of shift work on nurses' marital satisfaction, showed that work shifts and the resulting psychological burden have affected and reduced marital satisfaction [21].

Considering the high correlation between marital adjustment and marital satisfaction, it can be concluded that work shifts also had a negative effect on marital adjustment [22]. Abbasi Esfangir and Mousavi Amiri, in a study entitled. The relationship between job stress and quality of life and marital adjustment among female physicians in Amol city showed that there is an indirect relationship between job stress and marital adjustment and quality of life that shows stress Occupational habits have reduced their marital adjustment [23] which can confirm the results of the present study.

In a study, entitled "The protective role of psychological capital against the effect of work-family conflict and overflow on the psychological well-being of nurses," showed a negative correlation between these factors. In other words, the psychological capital of the people of this society has decreased with the increase of work-family overflow [24]. Act as a confirmer of the result of the present study.

Conclusion

Based on the obtained results, it can be concluded that the medical staff working in the corona ward have lower marital adjustment and psychological capital, so there is a need to develop programs to reduce the consequences. The programs proposed by the researchers are the implementation of online treatment methods at this

time and various treatment methods after the end of these conditions. Therefore, it is necessary to develop a program in this area.

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Conflict of Interest

Nil.

Authors ' Contribution

Fk design study, data gathering and data analysis FZ, PB and ASH primary draft RB and ASH revision and submission.

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