

## **A Cross Sectional Comparative Study on Dyadic Adjustment of Nurses and Software Professionals**

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**ABSTRACT:** *This cross-sectional survey aimed at evaluating the dyadic adjustment of nurses and the software professionals. Randomly selected male and female subjects (n=60) based on the inclusion criteria of married and living together for a minimum of 1 year were included in the study. The instrument used for the study was Dyadic Adjustment Scale (DAS). Analysis revealed that overall dyadic adjustment scores were significantly (p=0.04) higher among nurses than software professionals. Dyadic cohesion was also reported significantly (p=0.01) positive among nurses than IT professionals. Incorporating institutional support in maintaining a family-friendly work culture can be helpful for individuals to overcome with their work-family conflicts.*

**KEY WORDS:** *dyadic adjustment, software, nursing.*

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### **I. INTRODUCTION**

Most working couple today are not clear about the societal roles and the notion of sharing and adjustment in family system. The preamble limitations between work and family roles persuade stress spillover from one domain to the other. Stress is a negative consequence of modern lifestyle and the stressors embedded in work or family role are detrimental to psychosocial wellbeing.[1] So the life in such situation results in work-family role conflicts and leads to psychological distress.

Studies consistently reported that the psychological distress among healthcare professionals and technical professionals are increasing in the present scenario.[2,3,4,5] Career-family conflicts ultimately end up with stress and strain.[5] A well-balanced family life could probably supportive in reducing the work-related stress perceived among these professionals and thus limiting the psychosocial disequilibrium. But a few studies have focused on the occupational membership of a person and its relationship with work-family conflict. This study is a preliminary step towards assessing and comparing the dyadic adjustment as reported among nurses and software professionals.

### **II. MATERIALS AND METHOD**

A descriptive cross-sectional survey design was adopted for the present study. The study was conducted among male and female married subjects who were contacted using snow-ball sampling technique based on the inclusion criteria of living with their spouses for a minimum period of 1 year. The study was conducted specifically among professionals who were working in software field with the designation of software engineer and nursing field designated as staff nurses. Participants were explained about the objectives of the study and only those who gave consent were given the questionnaire. Subjects who reported to be on psychiatric treatment were excluded.

#### **Instrument**

##### ***Dyadic Adjustment Scale (DAS):***

The DAS is a 32-item measure in a variety of response formats developed to measure dyadic adjustment. It has 4 subscales: (1) Dyadic consensus (13 items; the degree to which the couple agree on matters of importance to the relationship), (2) Dyadic satisfaction (10 items; the degree to which the couple is satisfied with their relationship), (3) Dyadic cohesion (5 items; the degree of closeness and shared activities experienced by the couple), and (4) Affective expression (4 items; the degree of demonstrations of affection and sexual relationships). The overall score is ranging from 0-151; higher scores indicating more positive dyadic adjustment.[6] Another study[7] on reliability estimation using meta-analysis of DAS shown a high internal consistency (Chronbach  $\alpha$ : 0.92) as it was reported originally (Chronbach  $\alpha$ : 0.96).

### III. RESULTS

Initially 200 subjects (100 nurses and 100 software professionals) were contacted and given the questionnaire, out of which, 98 subjects returned the questionnaire in its completed form. Of the 98 completed questionnaires, 60 were randomly selected into the study using a computer-generated random number table. There were 36 nurses and 24 software professionals.

Females were more in software professionals' group (62.5%) as well as in nurses' group (83.33%). 80% of the them were arrange married. 80.56% nurses and 75% of the software professionals had both of their parents alive. Majority of them were staying away from their parents (82%) and in-laws (78%). 93% of the subjects had child/children. 40% of their spouses having a private job. Most (63.33%) of them were Christians. 79.45% of the subjects were living in urban area.

Homogeneity in subject distribution based on their personal variables between the groups was tested using  $\chi^2$  analysis. Personal variables of the subjects from both the groups showed no statistically significant difference with respect to their gender ( $p=0.07$ ), marriage type ( $p=0.24$ ), parental status ( $p=0.61$ ) and their stay with their parents ( $p=0.58$ ). However homogeneity between the group of nurses with software professionals in terms of status of living with in-laws ( $p<0.05$ ), having children ( $p=0.01$ ), number of children ( $p=0.01$ ), employment status of the spouse ( $p<0.05$ ), religious orientation ( $p<0.05$ ) and location of their domicile ( $p=0.02$ ) could not statistically established.

Mean age of subjects in Nurses group was 31.97 ( $SD$ : 5.13) wherein software professionals, it was 31.67 ( $SD$ : 4.94). Analysis using independent  $t$  test showed that both nurses and the software professionals were significantly analogous with their age ( $p=0.83$ ) and years being married ( $p=1.00$ ). Mean years being married were 7.12 ( $SD$ : 5.52) for nurses and 7.00 ( $SD$ : 4.76) for software professionals.

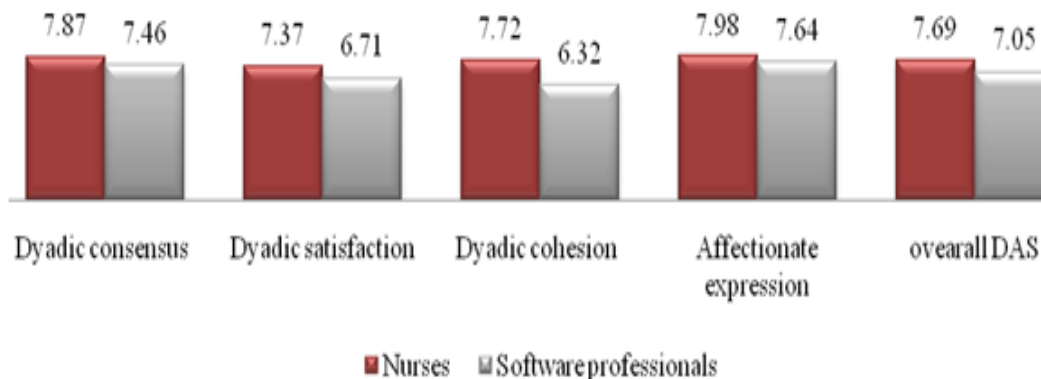


Fig. 1: Dyadic adjustment profile of subjects between two groups

Overall dyadic adjustment scores were significantly ( $p=0.01$ ) higher among nurses than software professionals. Dyadic cohesion was also reported significantly ( $p<0.05$ ) positive among nurses than software professionals. Other subscales, such as dyadic consensus, dyadic satisfaction, and affectionate expression were also reported more positive among nurses than software professionals; however, a statistical significance ( $p<0.05$ ) was not established.

Table I: Association between mean overall dyadic adjustment scores with personal variables

| Variables                | Categories    | Frequency | Overall DAS Score<br>Mean±SD | Test of significance |         |
|--------------------------|---------------|-----------|------------------------------|----------------------|---------|
|                          |               |           |                              | Test value           | p value |
| Gender                   | Male          | 15        | 98.08±16.46                  | 3.42                 | 0.00*   |
|                          | Female        | 45        | 116.11±16.94                 |                      |         |
| Marriage type            | Arranged      | 48        | 111.69±17.09                 | 0.38                 | 0.70    |
|                          | Love          | 12        | 113.85±22.47                 |                      |         |
| Parental status (Alive?) | Both parents  | 47        | 110.85±18.49                 | 1.09                 | 0.28    |
|                          | Single parent | 13        | 117.08±17.42                 |                      |         |
| Living with parents?     | Yes           | 20        | 110.75±20.33                 | 4.31                 | 0.67    |
|                          | No            | 40        | 112.93±17.43                 |                      |         |
| Living with in-laws?     | Yes           | 21        | 109.50±19.08                 | 0.93                 | 0.35    |
|                          | No            | 39        | 114.00±17.80                 |                      |         |
| Having children?         | Yes           | 50        | 110.00±18.40                 | 1.90                 | 0.06    |
|                          | No            | 10        | 121.00±15.61                 |                      |         |
| Number of children       | One           | 33        | 109.58±17.39                 | 2.46                 | 0.07    |
|                          | Two           | 14        | 107.53±20.61                 |                      |         |
|                          | Three         | 3         | 133.00±0.01                  |                      |         |
| Spouses employment       | Government    | 9         | 111.75±10.74                 | 2.36                 | 0.08    |
|                          | Private       | 24        | 118.15±16.16                 |                      |         |
|                          | Business      | 21        | 103.47±24.52                 |                      |         |
|                          | Others        | 6         | 112.00±5.48                  |                      |         |
| Religious orientation    | Christian     | 38        | 116.24±17.28                 | 6.82                 | 0.00*   |
|                          | Muslim        | 11        | 94.50±15.44                  |                      |         |
|                          | Hindu         | 11        | 113.44±15.24                 |                      |         |
| Domicile location        | Rural         | 12        | 111.70±13.09                 | 0.08                 | 0.92    |
|                          | Urban         | 29        | 111.39±20.44                 |                      |         |
|                          | Semi-Urban    | 24        | 113.45±18.09                 |                      |         |

\*significant at  $p<0.05$

Overall dyadic adjustment score was found significantly ( $p < 0.05$ ) higher among female subjects and subjects who belong to Christian religion ( $p < 0.05$ ). Other personal variables show no statistically significant difference in overall dyadic adjustment scores. However, subjects who married after being in love were shown high score than those who done an arranged marriage. Those who stay away from parents and in-laws showed high dyadic adjustment scores.

#### IV. DISCUSSION

The purpose of the present study was to assess and compare the dyadic adjustment among nurses and software professionals. In our study sample, females were more in number (83.33%) among nurses group than IT professionals' group. These gender differences may be largely due to cultural and societal influence that is females often select nursing wherein males often go for engineering related career.

Mean age of the subjects belonging to both the groups were 31 years, and most of the subjects were staying separately from their parents. This reflects the current scenario of increasing number of nuclear families. It is been showed that dyadic adjustment among nurses were significantly positive than software professionals. This reflects the work-family conflict may be significantly higher among software professionals as it has been reported in many other studies.[1,8,9]

The result of the study also indicates the fundamental role-work-environment stress plays on the individual's marital life. Poor work situation such as high job demands, role ambiguity, role conflict, burnouts makes an employee exhausted, frustrated, angrier, and leading to a negative disposition in their marital interactions causing conflict and unhappiness.[1,2] Thus this study has provided an additional input in the arena of professional relationship with dyadic adjustment.

#### Limitations

1. Limited number of samples and settings due to time and financial constraints.
2. Homogeneity of the entire personal profile of the comparing groups could not been established.
3. It is a cross-sectional study; a follow up measurement would be much valid.
4. No other causal factors or confounding psychosocial variables which influence the dyadic adjustment were assessed or limited.

#### V. CONCLUSION

Work-family conflict demands early intervention due to its potency to increase the divorce rate and adverse psychological reactions among nurses and software professionals. It emphasized the need to incorporate support from significant others including elder members of the family and experts in the working milieu. Strengthening the family relationships among working professionals could be a primary preventive strategy by identifying and reducing the impending stressors.

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