

## **Nurses' Personality Types and Marital Instability among Married Medical Nurses in Ondo State.**

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### **Abstract**

*This study investigated married medical nurses' personality types and marital instability among married medical nurses in Ondo State. The study adopted non experimental design involving descriptive research of the survey and correlation study types. The population of the study was all married medical nurses in Ondo State. The study sample was 360 married medical nurses selected using multi-stage sampling technique from 12 purposively selected medical facility centres in Ondo State. A structured validated instrument was used to collect data for the study. The data collected were analysed using frequency count, mean, standard deviation and regression. The results indicated that age at marriage will not significantly predict marital instability among married medical nurses ( $F=0.029$ ;  $R=0.006$ ;  $R^2=0.000$ ;  $P>0.05$ ). Agreeableness, conscientiousness, openness, neuroticism, extraversion and physical appearance significantly predicted marital instability among married medical nurses ( $F=3.874$ ;  $P < 0.05$ ;  $R=0.271$ ;  $R^2=0.074$ ). Based on the findings, it was recommended that married medical nurses should not allow much thought and pride of their physical appearance and extraversion attributes to gain access and topple their matrimonial life for sustainability of their marriage and should not close eyes against the need to visit professional marriage counsellors when there is need to do so.*

**Keywords:** Medical married nurses, personality types, marital instability

### **Introduction**

Marriage issues among couples seem to be filled with controversy, disputes and crisis with enormous gravity all over the world even among married medical nurses. Marriage is a special institution that requires the mutual understanding and agreement of two partners coming together as husband and wife to establish a new family, but some people get married without considering their compatibility, personality characteristics, social life, and professional ethics. Agreement of two people that led into marriage was expected to bring joy, respect, and companionship but what is witnessed in many families including that of

married medical nurses appeared to be the reverse situation of what it is expected to be. Unwelcome attitudes, disrespect and pride seemed to be very common among some married couples irrespective of their age, location, sex, religion, qualification, profession and personality characteristics.

Many women and men simply complained that they are not been sexually satisfied by their partners. These may be as a result of unwholesome behaviour or anti-social behaviour resident in either of the man or woman. While some women complained that it seems attitudinal for some men to request for sexual intercourse as they arrived home from work place, some argued that some men appeared to delay their sexual activities till the night period of the day. Some men beat their wives because of infidelity, nonconformity or lack of submission to the request of the man for sexual intercourse probably at an inconvenient or odd time of the day. This situation appears to be pronounced and more sensitive among medical nurses due to the nature of their work that involved day and night shift which may prevent both partners from moving close to each other for weeks without sexual interaction.

Certain factors appear to determine the stability or instability of marriage among couples, for instance, Owuamanam (2004) observed that many people entered into marriage based on wealth or bodily physique. They derived happiness and joy over a short period and the wealth or bodily physique disappeared, after a while, unhappiness, lack of joy, marital instability appear to be the end result of such marriage. Economics factors seem to be cogent factors that could mar or sustain the couple's relationship. Lewin (2005) and South (2001) have both linked financial instability with the cause of marital instability among some couples. According to them, economic hardship may stand as stress on couples, thereby increasing threat of instability. Medical Nurses, from observation, are individuals that have received institutional instructions or training over a scheduled period from medical' training college, school of nursing, health technology, college of medicine or university faculty of science to exhibit the experiences of the training through treating or attending to patients. These trained medical nurses may be male or female persons who may have at one time passed through secondary education probably before the ages of eighteen and between ages nineteen to twenty-two, they probably have completed their mid-wife and nursing training programmes and by the age range of twenty to twenty-two, they probably have entered fully into the nursing profession and got married depending on their level of readiness.

It is observed that married medical nurses in local and urban areas in Ondo State are virtually between the age range of twenty and sixty years and are matured enough to be involved in marriage. Heaton (2002) argued that age at marriage significantly influenced the likelihood of marital instability between the couples, while Caughlin, Huston and Houts (2000) added that factors such as age at marriage, level of religious practices, socio

economic status and intrapersonal factors are linked in varying degrees with marital stability.

The personality characteristics and personality attributes of every married medical nurse will probably determine the peaceful co-existence and marital stability of such married medical nurse. By observation, medical nurses are supposed to know what it means to bear a child; they should enjoy most the affectionate feeling, love and cherishing a husband but observation revealed that more than 75% of both young and old experienced married medical nurses in the rural and urban medical centres seemed to be in crisis toppled marriage. The cause may not be unconnected with the personality type possessed by these categories of married medical nurses.

Many of the medical nurses rushed into marriage as soon as they finish their professional medical nursing courses may be as a result of urge from their parents or simply due to imitation of peers even when they are not yet mentally matured to handle amicably most issues that can terrorize marriage. The socio- economic status, job offering and the feeling that medical nurses have good opportunities appeared to make them go to the extreme of exhibiting pride before the opposite sex. In other words, element of pride seems highly operative among them. In addition, the cause of pride may be connected with the fact that their job offering attracts better conditions of service and they are sociable and presentable in terms of dressing and physique. A lot of them appeared to share similar behavioural character and personality trait such as aggressiveness, neuroticism, temperamental and egocentric behaviour. Every human being has a unique and distinct personality character such as being extrovert / introvert, agreeable, conscientious, neurotic and physically attractive. These personality characteristics of the types of extraversion / introversion, conscientiousness, neuroticism, openness, agreeableness and physical attractiveness are attributes that means much socially to the determination of the success or stability / instability of marriage among couples and medical nurses are not exempted.

Medical nurses exist in virtually every village and town in Ondo State. It is observed that not all couples who are medical nurses in rural or urban medical facility centres located in the villages or towns reside in the same location with their legally bond sex partner. Some of these categories of medical nurses; age and experience notwithstanding, seem to be tempted to engage in extra-marital sex because they are probably far away from their legally bond sex partner.

Gottman and Declaire (2001) in line with Caughlin, Huston and Houts (2000) found out that marital problems negatively correlated with marrying at a later age of 35years and thereafter, while socio-demographic and intrapersonal factors were significant predictors of marital instability. Also Uddin and Hosain (2013) in the study of factors affecting marital instability and its impact on fertility in Bangladesh argued that marriage is an

important determinant of fertility patterns of a country and that a country with citizens possessing lower age at first marriage will experience early child bearing while Owuamanam (2004) added that there is a high risk of death during pregnancy and child birth among the women who are into early marriage at 15-19 years but those of late marriage at 35 years are 5 times likely to die during child birth than women from 20-24 years of age. Uddin and Hosain (2013) reported that marriage before the age of 15 years is common in Bangladesh. By implication, it is uncommon to see women engaging in late marriage in Bangladesh and according to Uddin and Hosain (2013), fertility goes down when marriage occur at later age and that fertility is been affected by longer period of separation from husband, hence, marital instability is thought to lower the fertility of a woman. If this is the belief of women in Bangladesh, then, this possibly accounted for early marriage among the people of Bangladesh.

Considerable and adequate attention appeared to have been given to the effect of conjugal stability but no adequate reasons have been adduced as to why marital instability is rampant among medical nurses. Booth and Edwards (1985) argued that the age at marriage/marital instability relationship can be explained by inadequate role performance but the specific problem in role performance differs for the early and later married couples. This argument by Booth and Edwards (1985) may be germane to medical nurses because of the shifting system from night duty to afternoon and vice visa.

Also, Bumpass, Martins and Sweet (1991) and Heaton (2002) indicated that age at marriage is one of the strongest predictors of divorce within the early years of marriage while threat of instability and divorce were at decrease as age in marriage equally increases. This is understandable because maturity and self understanding of each of the couples increases as each year is added to the marriage, but could this be true of medical nurses in the nursing profession. Observation revealed that couples who married at early age may be at risk of less compatibility, less preparation for the marriage and poor economic situation.

There is the likelihood that variables, such as age and personality are likely to have led many married medical nurses into marital instability. It is also a fact that studies in relationship between inter-personal factors, level of religious practice, socio-economic status and some socio-demographic variables with some other dependent variables have been carried out by researchers such as Owuamanam (2004), Caughlin, Huston and Houts (2002) Heaton (2002) Gotman and Declaire (2001). However, variables such as relationship with others, medical nurses' personal attributes or personality types and empirical studies on relationship with marital instability appeared to have received little or no attention in educational research studies. This study, therefore, aimed at investigating the predictive influence of medical nurses' personality types on marital instability among married medical nurses in rural and urban medical facility centres in Ondo State.

In investigating the determinants of marital instability among married medical nurses, two research questions and two hypotheses served as a guide to the study.

### **Research Questions**

1. What is the age range of medical nurses in rural and urban medical facility centres in Ondo State that experience marital instability?
2. What are the personality types identifiable among married medical nurses in rural and urban medical facility centres in Ondo State?

### **Research Hypotheses**

1. There is no significant relationship between age of medical nurses at marriage and marital instability.
2. Agreeableness, extraversion, conscientiousness, neuroticism, openness and physical appearance will not significantly predict marital instability among married medical nurses.

### **Methodology**

This study adopted non experimental design of the descriptive research that involved correlation and survey types. It employed the use of questionnaire for data collection. The descriptive survey type was used to capture large sample size from the population of medical nurses. It adopted correlation study design to establish the magnitude and direction of marital instability among married medical nurses. The sample population for the study was 360 married medical nurses selected from rural and urban medical facility centres in the three senatorial districts in Ondo State. The sample was arrived at through the use of multistage sampling technique. In the first stage, two (2) local governments were randomly selected from each of the three (3) senatorial districts. In the second stage, two medical facility centres from each of the selected local government areas were selected using purposive sampling technique based on location (rural and urban) and carrying capacity of not less than 40 members of staff. In the third stage, the medical facility centres were grouped into 6 rural and 6 urban medical facility centres to ensure that the sample used for the study involve married medical nurses working in rural and urban medical facility centres while 30 medical nurses were sampled from each government owned medical facility centres in the rural and urban areas using random sampling technique. The instrument used for the study was 'Married medical nurses personality types and marital instability questionnaire' constructed by the researcher. The questionnaire consisted of 26 items. It is a five point Likert type of scale. The instrument was given to psychologists and experts in tests and measurement whose ideas and criticism reduced the initial 55 items instrument to 26 items that finally formed the instrument for the study. The test-retest reliability estimating method was used to determine the reliability of the instrument by administering the instrument twice on 30

none participating married medical nurses from two non participating local government areas at interval of two (2) weeks. The obtained scores from the two administration of the instrument were subjected to correlation analysis using Pearson Product Moment Correlation which yielded a coefficient of 0.77. The instrument was administered on the 360 married medical nurses by hand with the help of trained field research assistants. The questionnaire was collected from the respondents immediately after finished responding to the questionnaire items. Data collected were subjected to frequency count, percentage, mean, standard deviation and multiple regression analysis.

## **Results**

**Research Question 1:** This question sought to find out the age range of medical nurses in rural and urban medical facility centres in Ondo State that experienced marital instability

In proffering answer to this question and in line with the age range of the sampled married medical nurses, responses of the married medical nurses in the rural and urban medical facility centres to the items of the questionnaire on marital instability were collated, scored and the mean and standard deviation values were computed separately on the basis of age range for the married medical nurses at the rural and urban medical facility centres. The results were presented as shown on Table 1.

**Table 1:**

Mean and standard deviation scores on marital instability experienced by age range among married medical nurses in rural and urban medical facility centres in Ondo State.

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<b>Variables</b>	<b>Rural Medical Centres</b>				<b>Urban Medical Centres</b>			
	<b>Age Range</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>%</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
20 -24	3	25.10	0.90	6.41	2	26.50	3.54	7.05
25 -29	28	23.13	7.52	6.16	25	21.54	6.74	5.80
30 -34	53	27.09	5.75	6.77	37	22.93	5.76	6.03
35 -39	70	25.15	5.57	6.65	62	24.51	6.04	6.28
40 -44	49	23.99	6.19	6.29	66	24.88	6.12	6.64
45 -49	53	23.54	6.25	6.28	56	23.97	7.12	6.11
50 -54	44	23.08	6.20	6.15	49	24.28	6.37	6.48
55 -60	-	-	-	-	3	23.67	4.93	6.08

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From table 1, it is observed that, in rural medical facility centres, the married medical nurses within the age range of 30-34 had the highest mean score of 27.09. This indicated that married medical nurses within this age range were the married medical nurses that most experience marital instability among married medical nurses in rural medical facility centres. Married medical nurses in this age range are followed in the frequency of experiencing marital instability by those of the age range of 35-39 as their experience of marital instability was indicated with a mean of 25.15, followed by married medical nurses within the age range of 20-24 with a mean of 25.10. Married medical nurses within the age range of 40-44 with a mean score of 23.99 were the next group of married medical nurses that usually experience marital instability. This is closely followed by the married medical nurses within the age range of 45-49. The age range of group of married medical nurses with the least frequency of experience of marital instability fell within 50-54, whereas, in urban medical facility centres, the age range of group of married medical nurses that experience marital instability fell within 20-24 with a mean score of 26.50. This is higher than its counterpart age range of 20-24 with a mean score of 25.10 in the rural medical facility centres. The next group of married medical nurses that experienced marital instability in the urban medical facility centres was those nurses within the age range of 40-44 with a mean value of 24.88. When compared with their rural married medical nurses' counterpart in the same age range, they were very close but with a slight mean difference of 0.89 (24.88-23.99). This age range group with 24.88 was closely followed by those within the age range of 40-44 in the rural medical centres with a mean of 23.99. It was observed that married medical nurses within the age range of 25-29 with a mean of 21.54 were the group that least experienced marital instability in the urban medical facility centres. Marital instability is most frequently experienced by urban married medical nurses within the age range of 20-24 and 40-44 with a percentage of 7.05% and 6.64% respectively while the married medical nurses in rural medical facility centres that most frequently experienced marital instability fell within the age range of 30-34 and 35-39 with percentage values of 6.77% and 6.65% respectively.

**Research Question 2:** What is the nature of personality types identifiable among married medical nurses in rural and urban medical facility centres in Ondo State?

In attempting to answer this question, the responses to the questionnaire items by the sampled married medical nurses in rural and urban medical facility centres in Ondo State were treated, organized, scored and subjected to descriptive statistics using mean, standard deviation and percentage. The results are presented as shown on Table 2.

**Table 2:** Mean and standard deviation scores on variables of personality's types of rural and urban medical centres married nurses in Ondo State

Variables	Rural Medical Centres				Urban Medical Centres			
	N	$\bar{X}$	SD	%	N	$\bar{X}$	SD	%
Conscientiousness	180	11.61	2.48	2.98	180	10.89	2.41	2.79
Neuroticism	180	13.05	2.69	3.09	180	13.83	3.16	3.29
Openness	180	6.53	1.66	1.67	180	7.02	1.80	1.80
Extraversion	180	8.29	1.99	2.13	180	8.01	2.03	2.05
Agreeableness	180	3.15	1.02	0.81	180	3.45	1.13	0.88

From table 2, it was revealed that the married medical nurses in the rural and urban medical facility centres were more identifiable with neuroticism type of personality attributes with a mean of 13.83 among married medical nurses in the urban medical facility centers and a mean of 13.05 among married medical nurses in the rural medical facility centres. The next common personality types identifiable among the married medical nurses was found to be conscientiousness with a mean of 11.61 in the rural medical facility centres which was followed by the same conscientiousness among urban areas medical nurses with a mean score of 10.89. Extraversion types of personality with a mean of 8.29 and 8.01 followed conscientiousness among married medical nurses from rural and urban medical facility centres. The least identifiable personality types among married medical nurses from rural and urban medical facility centres was agreeableness with means of 3.15 and 3.45 respectively. The table 2 further indicated that neuroticism with 3.09% and conscientiousness with 2.98% were common among married medical nurses from rural medical facility centres while neuroticism with 3.29 and conscientiousness with 2.79% were common among married medical nurses from urban medical facility centres. Extraversion, openness and agreeableness types were more dominant among married medical nurses from urban medical facility centres than married medical nurses from rural medical facility centres (extraversion 2.13%, openness 1.67% and agreeableness 0.81% for married medical nurses from rural medical facility centres 2.05%, 1.80% and 0.88% for married medical nurses from urban medical facility centres respectively).

**Hypothesis 1:** Age of married medical nurses will not significantly predict marital instability among married medical nurses in Ondo State.

The responses according to the age range of the respondents to the questionnaire items that sought information on marital instability were collated, scored, computed and utilized to

test the hypothesis through the use of regression analysis. The results of the analysis were presented as shown on table 3.

**Table 3:**

Summary of regression analysis of age versus marital instability among married nurses in Ondo State

Model	Unstandardized coefficient		Standardized Coefficient					
	B	Standard Error	Beta	t-cal	R	R <sup>2</sup>	F cal	Sig
Constant	24.909	0.722	34.495	0.006	0.000	0.029	0.865	
Age	-0.024	0.144	- 0.006	-0.170				

P > 0.05 (Results not significant)

The results in table 3 showed that age of marriage of medical nurses will not significantly predict marital instability among married medical nurses in Ondo State as justified by the F-calculated value (F-cal=0.029; p>0.05). The values of R and R<sup>2</sup> were 0.006 and 0.000 respectively. In other words there was no significant relationship between age and marital instability. The R<sup>2</sup> coefficient (0.000) indicated that age did not contribute to the variance or change in marital instability among the married medical nurses. Since the Fratio value is greater than the Fcalculated, the stated hypothesis was not rejected. This means that age of married medical nurses will not significantly predict marital instability among married medical nurses in Ondo State. By implication, early marriage and late marriage among medical nurses have no influence on marital stability or instability.

**Hypothesis 2:** Agreeableness, extraversion, conscientiousness, neuroticism, openness and physical appearance will not significantly predict marital instability among married medical nurses in Ondo State.

The responses given by the respondents on the items of attributes of personality types of the married medical nurses and the responses provided to the items that constituted marital instability were collated separately and scored for each respondent. The obtained scores were then analyzed using multiple regression analysis technique. The results were presented as shown in tables 4a and 4b.

**Table 4a:**

Summary of regression analysis of agreeableness, extraversion, conscientiousness, neuroticism, openness and physical appearance on marital instability of married nurses in Ondo State.

	Source of Variance	SS	DF	MS	F-cal	F tab
Multiple R =0.271 R <sup>2</sup> = 0.074	Regression	2242.037	6	373.673	3.874	2.10
Adjusted R <sup>2</sup> = 0.066	Residual	28260.317	293	96.452		
			299			
Standard Error= 6.046						

**Table 4b:** Test of significance of regression coefficient

Variables	Unstandardized coefficient		Standardized coefficient	
	B	Standard error	Beta	t-value
Constant	17.382	1.564		11.115
Agreeableness	-0.369	0.228	-0.064	-1.619
Extraversion	0.367	0.120	0.118	3.058
Conscientiousness	0.226	0.086	0.107	2.261
Neuroticism	0.055	0.098	0.022	0.560
Openness	-0.091	0.149	-0.025	-0.560
Physical Appearance	0.377	0.094	0.153	4.019

P < 0.05.

A close observation of Table 4a revealed that there was significant relationship between the predictors (agreeableness, extraversion, conscientiousness, neuroticism, openness and physical appearance) and the criterion variable (marital instability among married medical nurses). The table showed that the multiple R yielded a coefficient value of 0.271 while the R<sup>2</sup> coefficient was indicated as 0.074. The R<sup>2</sup> coefficient value of 0.074 implies that 7.4% of the observed variance /change in the marital instability among married medical nurses were explained or attributable to the joint effect of the predictor variables. The unexplained 92.6% variance is due to other factors not considered or included in the regression model. The table 4afurther showed that the standard error of estimate was 6.046. This implies that the predicted marital instability by the factors of agreeableness, extraversion, conscientiousness, neuroticism, openness and physical appearance

deviated from its true value by 6.046. The table further 4a indicated that the value of analysis of variance (ANOVA) result for the multiple regression was 3.874. This result is significant at 0.05 level of significance. Therefore the hypothesis was rejected. This implies that the six predictor variables significantly predicted marital instability among married medical nurses in Ondo State. Table 4b showed that physical appearance with beta weight =0.153 was the most potent predictor of married instability followed by extraversion with beta weight =0.118 among the predictor variables while the least predictor variable was openness with beta weight=-0.025 followed by agreeableness with beta weight=-0.064

## **Discussion**

The foregoing has showed the results of the study. The descriptive analysis on the research question based on age showed that there was minimal difference in the experience of married medical nurses of rural and urban medical facility centres in term of marital instability. Also slight difference was observed in their marital instability experiences, however, the experience of marital instability by the variable of age is more pronounced among medical nurses from rural medical centres than their counterpart in urban medical centres. This finding agreed with the findings of Heaton (2002) who claimed that age at marriage significantly influenced the likelihood of marital instability between couples. The personality characteristics of every married medical nurse will probably determine or stand as contributory factors to the peaceful co-existence and marital stability of married medical nurses. Every human being has a unique and distinct personality character such as being extrovert / introvert, agreeable, conscientious, neurotic and physically attractive. This result corroborated the finding of Gottman and Declaire (2001) and also in line with Caughlin, Huston and Houts (2000) that marital problems negatively correlated with marrying at a later age of 35 years and thereafter while socio-demographic and intrapersonal factors were significantly predictors of marital instability.

## **Conclusion**

Based on the findings of the study, it was concluded that age is not a predictor of marital instability among married medical nurses but physical appearance and extraversion attributes were potent predictors of marital instability while openness was the least predictor of marital instability followed by agreeableness among married medical nurses; hence, it was recommended that medical nurses should not allow much thought and pride of their physical appearance and extraversion attributes to gain access and topple their matrimonial life for sustainability of their marriage and should not close eyes against the need to visit professional marriage counsellors when there is need to do so.

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