

*Original Article***Marital satisfaction in patients with and without myocardial infarction***Tayebe Mehrabi*, Mahin Moeini**, Soheila Bakhtiyari***, Parvin Qaleriz*******Abstract**

Background: Assessment of sexual relation quality and marital satisfaction is a major part of family evaluation. Unsatisfactory relationship will occur in a long term dysfunctional intimacy and may cause stress and affect the health of the family members, resulting in access of various psychosomatic diseases such as infarction. This study carried out to measure the marital satisfaction in patients with and without myocardial infarction.

Methods: It is a case-referent study. Data collected using Enrich questionnaire of couple's marital satisfaction. The case group included patients hospitalized because of first infarction and the referent group included patients hospitalized because of other diseases. Data were analyzed using SPSS software and descriptive and inferential statistics such as t-test, Spearman's rank and Pearson product-moment correlation coefficient.

Results: Findings showed that in general there is no significant difference in marital satisfaction between patients with or without myocardial infarction ($p = 0.07$). However, there was a significant difference between mean scores of the two groups on the questions related to the satisfaction in compatibility about children ($p < 0.01$).

Conclusion: The results showed that satisfaction regarding compatibility about children is significantly different between the two groups. Other researches also found that marital satisfaction decreases during the period of bringing up children. It seems necessary to educate parents to be compatible about their children, because it affects their marital satisfaction.

Key words: Marital satisfaction, patient, myocardial infarction

IJNMR 2008; 13(1): 6-9

We are living in a society where it is difficult to give a definition for an optimal family or even a normal family. However, there are criteria to define a healthy family. The most important consideration is the extent to which the family provides for the material, emotional and spiritual needs of its members.¹ Kirschner and Kirschner introduce the concept of optimal functioning family and consider marital transactions. In two parent families, the marital transactions are the foundation on which everything else rests.² If the marital relationship is not strong, the necessary pillars for a successful and optimal functioning family will be shaky. Incompatible couples will

reverse roles, have physical reaction to negative emotional experiences and become emotionally isolated in the family structure.³ Therefore, assessing the quality of marital relations and couple's satisfaction is a major part of family evaluation. Greenwhold believes that in a marital relationship, each spouse needs an optimal understanding mate who can help solving family conflicts on time. In addition, marital satisfaction is based on accepting the personality and manner of the spouse, and being adaptable, flexible and compatible in issues such as financial management of the family, leisure activities, children's training, sexual relations, relations with relatives and friends, and religious beliefs.⁴

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If a couple are not capable of solving contradictions existed in the family or if they do not have agreement in managing family, the marriage life will become unstable and the marital unsatisfactory will happen. This will stress out the whole family especially the couple. There are many studies on the effects of stress on the physical health of human bring. Studies on the effects of stress on the heart and blood circulation system shows that stress increases fatty acids in blood and pave the way for heart rhythm disorders and coronary vascular disease.⁵

Maloney in a study carried out in a period of six months selected 17 couples one of who experienced the first infarction. The research question was the relation between social support of spouse, family stress and marital satisfaction with the patients' recovery. The results showed a significant relation between family stress and marital satisfaction with the recovery rate and patients' response to treatments.⁶ In general, developing a disease to either fatality or recovery, especially heart diseases, has a direct relation with the marital condition. Those who had the emotional and psychological support of their spouses were in a healthier condition compared to those separated or in conflict with their spouses.⁷

Garner also says that difficulties in sexual relations are accelerators for coronary blockage. In his study, he mentioned that 49% of study group compared to 22% of control had difficulties in sexual relations.⁸ It seems that family conflicts which are partially due to unsatisfactory marital relations can pave the way to access of various diseases such as coronary vascular which is the main cause of death in many industrial countries. These diseases cause a considerable harm and disability which reduce the individual productivity. It is also the main cause of health care expenses. Therefore, this study tried to determine and compare the marital satisfaction in patients with and without myocardial infarction hospitalized in health centers related to the Isfahan University of Medical Sciences in 2005.

Methods

It is a case-referent study. Using easy sampling method, based on the the sample size formula 52 patients for the case and 82 patients for the referent group (1.5 times of the case size) were selected.

The area of research included CCU departments of Al-Zahra, Noor, Feiz, and Chamran hospitals to collect data of the case group and ENT, orthopedic, and ophthalmology departments in Al-Zahra and Feiz hospitals for the referent group.

The entering criteria of the research for both groups included 1. Being married and have children, 2. Live in a nuclear family consist of spouse and children.

The exempting criteria included: 1. being divorced and remarried; 2. having a history of psychological diseases (depression, psychoses, and every other disease which require using narcotic drugs); 3. having physical chronic diseases (cancer, autoimmune diseases) and disabilities. These criteria were controlled by studying the patients' files as well as asking them directly. Data were collected using the Enrich questionnaire of marital satisfaction which consists of 47 statements with five choices. It was told and emphasized to the patients to consider the marital satisfaction before their sickness. A mean score of 50 with the standard deviation of ten was considered to measure marital satisfaction. Scores equal or lower than 30 were considered "very unsatisfactory", 31-40 were considered "unsatisfactory", 41-60 were "somewhat satisfactory", 61-70 were "satisfactory", and over 70 was "very satisfactory" relationships. The content validity of this questionnaire was already approved in Iran.⁹

The Enrich questionnaire was used to measure the marital satisfaction among groups of Iranians.¹⁰ To collect data, researchers personally went to the areas of the study twice a week (3-4 days in between), consulted with the specialists about the general conditions of the patients for the purpose of sampling. Next, the researchers met the patients in person and handed them the questionnaire, asking to fill it if

they were willing to and offered help if necessary. Data were analyzed using SPSS software and descriptive and inferential statistics (t-test and Spearman's rank correlation coefficient).

Results

The case group consisted of 52 patients hospitalized in CCU departments, 20 females and 32 males. The referent group consisted of 36 females and 46 males, totally 82 patients hospitalized in ophthalmology, ENT and orthopedic departments.

The average of the patients' age was 41.86 years with the standard deviation of 11.48, and the age average of their spouses was 43.26 with the standard deviation of 11.53. The age average of females was 40.44 with the standard deviation of 9.7 and that of males was 45.90 with standard deviation of 9.16.

Also the results showed that 79% of patients in the study were married for more than 5 years and 7% were married for less than 5 years. The patients educational level was 47.2% high school diploma or less, 4.2% bachelor degree or

higher. 52.5% reported the educational level of their spouses, high school diploma or less. Moreover, the number of children for 40.5% was one to three, for 49.7% was 4-6, and for 9.8% were 7-9 children.

Regarding the objective of the study "marital satisfaction in patients with and without myocardial infarction", results showed that in the case group including patients with myocardial infarction, 11.5% had very unsatisfactory relationships, 36.5% had unsatisfactory, 50% had somehow satisfaction, and only 1.9% had very satisfactory marital relationships. In the referent group including patients hospitalized in ophthalmology, ENT and orthopedic departments, 8.5% had "very unsatisfactory" relationships, 29.3% had "unsatisfactory" relationships, and 3.7% were very satisfied with their marital relationships.

The mean scores of marital satisfaction for the case group was 41.26 ± 10.16 and for the referent group was 43.54 ± 9.5 which showed no significant difference in t-test ($p = 0.07$) (table 1).

Table 1: Frequency distribution of marital satisfaction

satisfaction	Satisfactory		Very Unsatisfactory		Unsatisfactory		Somewhat satisfactory		Total	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
CCU	1	1.9	6	11.5	19	36.5	26	50	52	100
Others	2	3.7	7	8.5	24	29.3	48	58.5	82	100
Total	3	2.5	13	9.7	43	32.1	74	55.5	134	100

Discussion

The findings of this research showed that among the patients with myocardial infarction 11.5% had very unsatisfactory relationships, 36.5% unsatisfactory, 50% somewhat satisfaction, and only 1.9% had very satisfactory marital relationships. Hickey in a study on the effects of family and especially spouse on myocardial infarction reported that families of the myocardial infarction patients had experienced a large level of stress and the close relationship between family members has a very important role in preventing diseases especially MI and also in recovery from the disease.¹¹

This research found a significant difference in the couples' compatibility regarding children. It is stated that the training system includes all the methods that parents mutually use to bring up children. Therefore, the parents should follow compatible principles and direct all their attentions to what children need for growing healthy. In general, transactions and relationship network between parents and kid and creating a harmony in this regard provide satisfaction for the family members and make an optimal functional family.¹² The marital satisfaction certainly subsides during the years of bringing up children, because parents face many challenging situations regarding children. Therefore

it is necessary to educate families to be compatible in training their children because this issue affects the marital satisfaction and the formation of children's personalities.¹³

Finally, considering the importance of marital satisfaction in mental health of the family as

well as the marital compatibility which is the pillar of family health, more profound and thorough studies and strategies are necessary in this field. Also, authorities and mass media should provide necessary education to increase the marital satisfaction of couples.

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