**Social Intelligence and Self-Concept as Correlates of Marital Stability among Health Workers in Primary Health Care Facilities in Enugu State, Nigeria**

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**Abstract**

Marital stability is the ideal expectation from every home globally. In contrary, instability of health workers in Enugu State is assuming an alarming rate. The study assessed social intelligence and self-concept as correlates of marital stability among health workers in Enugu State. A facility-based correlational study was conducted between December 2022 and March 2023 at various government primary care health facilities in Enugu State. A total number of 347 male and female health workers participated. Data collection was done using Social Intelligence Questionnaire (SIQ), Self Concept Questionnaire (SCQ), and Marital Stability Questionnaire (MSQ). The internal consistency reliability of the instruments was established using Cronbach’s alpha method. The reliability indices for SIQ, SCQ, and MSQ were .89, .80, and .78 respectively. Linear regression was used for analyses. The findings revealed that social intelligence (r = .328) and self-concept (r = .340) moderately correlate with marital stability among health workers in Enugu State. Social intelligence (β = .328, p < .001) and self-concept (β = .340, p < .001) are significantly correlated with marital stability among primary health care workers in Enugu State (p < .001). This research proves that increase in self-concept and social intelligence can help to increase and sustain marital stability. However, counsellors should organize workshops on social intelligence and marital stability to help health workers to achieve stable homes. Also, social welfare officers should organize self-concept intervention programmes for married couples to attain marital stablilty in their relationships.

**Keywords**: Marital stability, Social intelligence, Self-concept, Correlates, Health workers

**Introduction**

Marital stability is the ideal expectation from every home globally. In contrary, there is a high rate of concern on the rate of marital instability. When couples enter into marriage, the expectation is that the marriage will endure throughout their life time, hence every couples aim for stability in their marital relationship. But more enforce than not this marital stability becomes a challenge for many couples, especially for health workers who are challenged and stressed by the nature of the work they do. According to Centers for Disease Control and Prevention (CDC)/ National Center for Health Statistics (2021), over 689,308 divorce rates are reported internationally, with the rate in Nigeria being on the increase (Onokpegu, 2018). Report from social welfare in Enugu State revealed high rates of divorce among couples including health workers.

A health worker is generally regarded as one who delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers (Bergstresser, 2022; Bobby & Merlyn, 2016). Health workers are in charge of vaccinating children and preventing the spread of deadly diseases, teaching family planning and sex education, help in steming population explosion resulting in down-streaming economic instability; providing prenatal care, deliver babies, and prescribe medication for common ailments, such as diarrhoea in the neighborhood, chemists among other services that enhance health (Adadevoh & Giwa-Tubosum, 2018). Health workers are all persons serving in primary health care settings across Enugu State, with the potential for direct or indirect exposure to patients or infectious materials (Eliana, 2020).

In Nigeria, and most especially in Enugu State, health workers appear to lack stability in their homes. In support of the above claim, (Kendra, 2020; Ugwu, 2019) noted that health workers due to too much workload and poor pay packages are usually aggressive and unfriendly to family members and their patients. In addition, due to the nature of the health workers’ job, they have egos and over bearing attitude, that usually brings instability in their home, because the husband or wife may not accept such attitude. These ugly phenomena have generated a lot of problems, and it could negate the objective of marital stability of health workers. Aggression, drug abuse, poor administration of drugs to patients, exposure to death, and unknown professional responsibility are among the issues that affect the marital stability of health workers.

Marital stability has been conceived by various scholars as harmony in marital relationship. Marital stability is the level of day-to-day family events as the predictability and consistency of family activities and routines are measured with the stability of activities in the family environment (Eze, 2012). Marital stability means a family that has a good marriage relationship where the married couples love one another think alike, share common goals, interests, and joy and work out problems together (Nnadozie, 2014). Hence, characteristics of the home environment such as warmth, emotional availability, stimulation, family cohesion, and day-to-day activities have also been implicated in the notion of marital stability (Eze, 2012). Marital stability is considered to exist in families whose parents are healthy and is earning incomes, whose members experience housing changes only infrequently, and whose family members stay together with infrequent divorce and re-marriage or few separations due to immigration and job-seeking reasons.

The importance of marital stability cannot be over emphasised. It enhances family bonds, success, marital quality, marital satisfaction, and marital adjustment. Also, marital stability is associated with decreases in marital instability, including: financial stress, low income, low educational attainment, unemployment, young age at marriage, parental divorce, dissimilarity to spouse, religiosity, and serial premarital cohabitation (Werdy & Cohen, 2012).

Researchers have reported findings on marital stability and sometimes family stability. Esere et al. (2011) reported that, ineffective communication is the bane of marital stability. According to Ugwu (2019), positive relationships exist between marital communications, joint account, and marital stability of married teachers. Marital Stability had been linked with intimacy, sexual desire, and relationship maintenance behaviour (Bean, 2019). Where these are lacking, there will be marital instability.

Many measures and strategies, such as positivity, negativity, and sexual interest have been employed to bring stability to marriage, yet health workers lack stability in their homes (Bean, 2019). It is based on this, that the researchers wonder whether marital stability among health workers can be associated with self-concept and social intelligence. Despite all these, seeming relevance of health workers to humanity, the majority of them get so absorbed in their duties to the extent that their families suffer leading to some form of marital instability. The attitude of an individual especially in marriage could be influenced by social values and support from others. There are a lot of factors that predicts or leads to marital stability. According Ugwu (2019), social support, self-concept, social intelligence, moral supports among others are yard stick for stable home. However, this study explored social intelligence and self-concept due to recurrent challenges in marital relationship in the study area. Also, Nurgul (2021) posed that social intelligence, self-esteem, and other factors predict resilence of the health workers as well as social support.

Erikman (2010) explained social intelligence is the ability to have and maintain positive relationships with others in any environment. The author further stated that, social intelligence is the ability to adequately understand and evaluate one’s behaviour, and get along well with others and win their cooperation. Hussein (2010) defined social intelligence as the ability to recognize and distinguish the moods of others and recognize their intentions, motivations, and feelings including sensitivity to facial and voice changes, gestures, and the ability to distinguish between different indications. Therefore, social intelligence is the ability of health workers to understand the behaviour and feelings of others, with good behaviour in a social setting. There are three dimensions of social intelligence and they are social information, social skills, and social awareness (Silvera et al., 2001).

There are reports that social intelligence between couples has been a crucial issue in marriage. For instance, Kalefeld (2020) reported that a higher level of social intelligence led to increased life satisfaction and positive affect but did not significantly relate to negative effects.

Self-concept has been used interchangeably in the literature as self-construction, self-identity, or self-perspective. It is a multi-dimensional construct that refers to an individual’s perception of “self” concerning any number of characteristics, such as gender roles and sexuality (Maessineero & Wilson, 2012). An individual’s self-concept may change with time as reassessment occurs, which may lead to identity crises in extreme cases (Okeke et al., 2017). Thus, self-concept is the set of knowledge and attitude that someone has about self, the perceptions that the individual assigns to self and characteristics or attributes that the individual use to describe oneself (Nwachukwu & Otta, 2020). Self-concept influences people’s behaviours, cognitive, and emotional outcomes, such as level of happiness, anxiety, marital stress, social integration, and life satisfaction (Enukora, 2010; Marsh & Martin, 2011).

Contextually, self-concept refers to the basic feelings health workers have about themselves, their abilities, and their self-worth. According to Birhanu et al. (2018), self-concept has three components: self-image, self-esteem, and ideal self. All these components are very important in the self-concept of an individual because it gives good psychological health which includes the influence of one’s body image on one's self-concept of the inner personality. Different researches (Nwachukwu & Otta, 2020; Ojukwu, 2013; Okeke et al., 2017) indicated self-concept correlates with marital stability.

The researchers observe that in the study area, health workers do not take care of their homes, come home late, and as such do not take care of house chores. The spouse of health workers accuses their partners of infidelity. Unconducive work environments, job demands, isolation, and stress among others, also contribute a lot to making health workers not take care of their homes (Kendra, 2020). These situations have caused a lot of problems to family members and their patient. However, limited research has been conducted on marital stability and its correlates. There is virtually no study that has explored social intelligence and self-concept as correlates of marital stability in Enugu State. This study addressed this gap in the literature. In view of these facts, the study assessed social intelligence and self-concept as correlates of marital stability among primary health care workers in Enugu State. Specifically, the study determined the relationship between social intelligence, self-concept, and marital stability among primary health care workers; and hypothesized that there is no statistically significant relationship between social intelligence, self-concept, and marital stability among health workers.

The study findings would help to enlighten health workers on the relationship existing between social intelligence, self-concept, and marital stability, which could help health workers to create and sustain a cordial relationship with their spouses and relatives. Also, the findings may encourage health workers to put their social intelligence and self-concept to use in addressing persisting issues together when disagreements and problems occur in marital relationship. Moreover, the findings would inspire the government, health institutions, and other stakeholders in planning interventions to enhance stable marital relationships among married couples.

**Materials and Methods**

**Study design and setting**

A facility-based correlational study was conducted between December 2022 and March 2023 at various government primary care health facilities in Enugu State, South-East Nigeria. Enugu State has three Senatorial Districts otherwise referred to as Geopolitical Zones (Enugu North Senatorial District, Enugu East Senatorial District, and Enugu West Senatorial District); and the Senatorial Districts are made up of Local Government Areas (LGAs). In the various LGAs, there are autonomous communities and villages. The area was chosen for the study due to daily media reports bordering on alarming rate of marital instability and its correlates, particularly on health workers.

**Participants**

The study participants consisted of health workers in Enugu State, Nigeria. Only health workers who are in good health and had no terminal health challenges were included in the study population. The health workers in non-governmental (private) establishments were excluded from the study.

**Sampling procedures**

The sample size for the study was 347 (126 males and 221 females) health workers. The sample size was determined using Taro Yamane's 1967 formula (Yamane, 1967). The simple random sampling and proportional stratified random sampling techniques were used to draw the study sample. The simple random sampling technique of balloting without replacement was used to select six out of the 17 local government areas (LGAs) in Enugu State. The names of the LGAs were written on pieces of paper, folded, and dropped into a basket, the basket was shuffled, the researcher pick one LGA at a time. The six LGAs were selected by picking without replacement, until they were completed. The reason for using simple random sampling technique was to avoid bias and ensure that every LGA in Enugu State has equal chance of being selected. The six LGAs selected are Enugu North, Igbo-Etiti, Awgu, Nkanu West, Igbo- Eze North, and Isi Uzo. The proportional stratified random sampling technique was used to select 347 health workers across the population strata. These are: Nkanu West (51), Enugu North (61), Awgu (49), Igbo-Etiti (65), Igbo- Eze North (62), and Isi Uzo (59).

**Measures**

Data collection was done using four instruments: Participant Information Form (PIF), Social Intelligence Questionnaire (SIQ), Self-Concept Questionnaire (SCQ), and Marital Stability Questionnaire (MSQ). The Participant Information Form (PIF) assessed the socio-demographic characteristics of the respondents (gender and age). Gender was dichotomized into male and female. Age was measured as a continuous variable (25-30 years, 31-40 years, and 41-50 years). The SIQ consisting of 20 items, was adapted from (Silvera et al., 2001), and measured social intelligence. The SCQ comprising 20 items was adapted from (Robson, 1989), and measured self-concept. The MSQ consisting of 20 items was adapted from (Ndukwe, 2020), and measured marital stability among health workers. The response of the health workers were scored based on four points rating scales: Strongly Agree 4 (SA), Agree (A) 3, Disagree (D) 2, and Strongly Disagree (SD) 1 respectively.

Face and content validity of the questionnaire was evaluated by a professional board of five specialists in guidance and counselling, and measurement and evaluation, all from the Faculty of Education, University of Nigeria, Nsukka. The internal consistency reliability coefficient of the scales was established using Cronbach’s Alpha method. The reliability indices for SIQ, SCQ, and MSQ were .89, .80, and .78 respectively.

**Data collection procedure**

This research was developed in accordance with the Ethical Principles of the World Medical Association Declaration of Helsinki for medical research involving human subjects (World Medical Association, 2013), and the research was approved by the Research Ethics Committee of the Faculty of Education, University of Nigeria, Nsukka (UNN/FE/REC22/083).

In order to obtain the participation of the health workers, the research team met with the Directors of primary health care (PHC) of the various PHC facilities selected, requesting their permission to study their staff. After agreement with the Directors of PHC, informed consent was obtained from the health workers, and it was explained to them how and when the data would be taken. Also, the research team explained the objectives of research for the participants and the latter were assured about the privacy of their personal data. After their consent was gotten, the researchers through the unit heads administered 347 questionnaires (SIQ, SCQ, and MSQ) to the respondents for completion. Participants filled out the questionnaires individually and it was only done once. The administration protocol required that two researchers always be present during the procedures to answer participants’ questions and ensure that all steps of the protocol were followed. The questionnaires were collected back immediately after filling out in order to ensure maximum return rate. The entire questionnaire administered were returned, which gave 100 per cent return rate. The 347 questionnaires were duly filled out, and used for the study analyses.

**Data analysis**

The IBM Statistical Package for Social Sciences (SPSS) version 25.0 was used for all statistical analyses. The standard descriptive statistics were applied to describe the data patterns. Frequency counts and percentages were generated to compute the socio-demographic characteristics of the respondents. Using (Jackson, 2009) estimates for weak, moderate and strong correlation coefficients, ±.00 - .29 was interpreted as none (.00) to weak relationship, ±.30 - .59 was interpreted as moderate relationship, and ±.60 - 1.00 was interpreted as strong relationship. The normality of the data was checked through skewness, kurtosis, and the Kolmogorov–Smirnov (K-S) test. Normal distribution was considered if the skewness showed values between -2 and +2, and the KS test is not significant (Bryne, 2010). Linear regression was used for analyses. All tests were 2-tailed, and probability values less than or equal to 0.05 (p≤0.05) were considered significant.

**Results**

As shown in Table 1, the final sample was 347; comprising 126 (36.3%) male and 221 (63.7%) female health workers. The mean age was 36 years (SD = .747). Most respondents 270 (77.9%) were aged between 31 and 50 years.

Table 2 shows that the correlation coefficient (r) between social intelligence and marital stability among PHC workers was .328. The result indicates that there exists a positive moderate relationship between social intelligence and marital stability among PHC workers. This implies that increase in social intelligence leads to increase in marital stability. The coefficient of determination (r2) is .107, indicating that 10.7% of the variance in marital stability is explained by social intelliogence, which is modest. This implies that social intelligence accounts for 10.7% of marital stability of PHC workers. This is an indication that 89.3% of the variation in marital stability of  PHC workers is attributed to other factors other than social intelligence.

Table 3 shows that the regression model was highly significant, indicating that the relationship between the independent variable and dependent variable is very strong, F=41.547, p<.001). However, social intelligence had a significant relationship with marital stability of primary health care workers. Also, the findings revealed that social intelligence has moderate positive effect (β= .328) on marital stability, and it is statistically significant (at p<.001),. This shows that higher social intelligence leads to more stable marriages.

Table 4 shows that the correlation coefficient between self-concept and marital stability among health workers was .340. The result indicates that there exists a positive moderate relationship between self-concept and marital stability among PHC workers. This implies that increase in self-concept leads to increase in marital stability. The coefficient of determination (r2) is .116, indicating that 11.6% of the variance in marital stability is explained by self-concept, which is modest. This implies that self-concept accounts for 11.6% of marital stability among PHC workers. This is an indication that 88.4% of the variation in marital stability of health workers is attributed to other factors other than self-concept.

Table 5 shows that the regression model was highly significant, indicating that the relationship between the independent variable and dependent variable is very strong, F=45.097, p<.001). However, self-concept had a significant relationship with marital stability of primary health care workers. Also, the findings revealed that self-concept has moderate positive effect (β= .340) on marital stability, and it is statistically significant (at p<.001),. This shows that higher self-concept leads to more stable marriages.**[**

**Table 1: Frequency Table of Demographic Characteristics of Health Workers**

|  |  |  |
| --- | --- | --- |
| Variable | Frequency | Per cent |
| Gender |  |  |
| Male | 126 | 36.3 |
| Female | 221 | 63.7 |
| Total | 347 | 100.0 |
| Age |  |  |
| 25-30 years | 77 | 22.2 |
| 31-40 years | 148 | 42.7 |
| 41-50 years | 122 | 35.2 |
| Total | 347 | 100.0 |

**Table 2:** **Linear Regression of the Relationship between Social Intelligence and Marital Stability among Health Workers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variables** | **R** | **R2** | **Adjusted R Square** | **Std. Error of the Estimate** |
| Social Intelligence and Marital Stability | .328 | .107 | .105 | 7.192 |

**\***

**(r2) = Coefficient of Determination r = correlation coefficient**

**±.00 - .29 = None (.00) to Weak Relationship; ±.30 - .59 = Moderate Relationship; ±.60 – 1.00 = Strong Relationship**

**Table 3: Linear Regression Analysis of Significant Relationship between Social Intelligence and Marital Stability among Health Workers**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ANOVA F | Sig (p-value) |  | Unstandardized Coefficients  (B) | Standard Error (S. E) | Standardized  Coefficients  (Beta) | t | Sig (p-value) |
|  |  | Constant | 33.169 | 3.886 |  | 8.535 | .000 |
| 41.547\* | .000 | Social intelligence | .436 | .068 | .328\* | 6.446 | .000 |

\*p<0.05, \*\*p<0.01, \*\*\*p<0.001

a= **Dependent Variance**: Marital Stability

b=**Independent Variance (constant**): Social Intelligence

**Table 4:** **Linear Regression of Relationship Between Self-Concept and Marital Stability among Health Workers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variables** | **R** | **r2** | **Adjusted R Square** | **Std. Error of the Estimate** |
| Self-concept and Marital Stability | .340 | .116 | .113 | 7.159 |

**(r2) = Coefficient of Determination r = correlation coefficient**

**Table 5: Linear Regression Analysis of Significant Relationship between Self-Concept and Marital Stability among Health Workers**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ANOVA F | Sig (p-value) |  | Unstandardized Coefficients  (B) | Standard Error (S. E) | Standardized  Coefficients  (Beta) | t | Sig (p-value) |
|  |  | Constant | 29.488 | 4.277 |  | 6.894 | .000 |
| 45.097\* | .000 | Social intelligence | .499 | .074 | .340\* | 6.715 | .000 |

\*p<0.05, \*\*p<0.01, \*\*\*p<0.001

a= **Dependent Variance**: Marital Stability

b=**Independent Variance (constant**): Self-Concept

**Discussion**

The findings have shown that the final sample was 347; comprising 126 (36.3%) male and 221 (63.7%) female health workers. The mean age was 36 years (SD = .747). Most respondents 270 (77.9%) were aged between 31 and 50 years (Table 1). The findings revealed that  marital satisfaction, quality of life, and spousal support were significantly higher in men than women (Rostami et al., 2022). Also, the level of workplace stress among health professionals was higher among females than males concerning age (Birhanu et al., 2018). Further, Azimian et al. (2017) revealed that more than half of the nurses had marital satisfaction and there was a significant relationship between age and marital satisfaction.

The findings of the study with respect to Tables 2 and 3 showed that there exist a positive moderate relationship between social intelligence and marital stability among health workers. Further analysis of the relationship between social intelligence and marital stability of health workers revealed that there was a significant relationship between social intelligence and marital stability of health workers. The findings are in support of Ojukwu and Donatus (2016) revealed that social belief, in-law inclusion effect, value orientation of married persons, and emotional state are factors related to marital stability. The findings are in agreement with Anwer et al. (2017) who revealed that social intelligence moderates the relationship between attachment style and emotional intelligence. Also, the findings are consistent with Kalefeld (2020) who found a higher level of social intelligence led to increased life satisfaction and positive effects, but did not significantly relate to negative effects. Social intelligence's role in achieving the family quality of life through which the individual achieves satisfaction and a sense of happiness and a decent life is crucial (Kadri & Bebsefiane, 2019). The findings are in agreement with Nurgul (2021) who reported that social intelligence was determined to be a factor in predicting self-esteem and resilience. The finding of the study showed that health workers who have information on social intelligence will have stable home or rather marital stability. This finding suggests that health workers should seek social intelligence to make their marriage stable.

The findings of the study with respect to Tables 3 and 4 showed that there exists a positive moderate relationship between self-concept and marital stability of health workers. Further analysis of the relationship between self-concept and marital stability of health workers revealed that there was a significant relationship between self-concept and marital stability of health workers. The findings of the study are line with Nwachukwu and Otta (2020) who found a significant relationship between personal perception, personal attitude, internal locus of control and external locus of control, and marital stability among married adults in the area. Also, the findings agree with the findings of Okeke et al. (2017) who indicated that self-concept predicted marital stress among working-class women, and Ojukwu (2013) who reported a significant relationship between self-concept and marital stability among married adults. The finding of the study showed that health workers who have information on self-concept will have stable home. This finding suggests that health workers should seek self-concept to make their marriage stable. Marital stability can be attributed for social intelligence and self-concept. Therefore, increase in social intelligence and self-concept leads to increase of marital stability of health workers.

**Implications of the Study**

The findings of the study have a positive implication on educational, health, and social institutions in organizing seminars and sensitization programmes for married health workers as a way of increasing their awareness on correlates of marital instability. The health workers could be encourage to accept social intelligence for better stable home. The relationship existing between marital stability and psychological traits (social intelligence and self-concept) could encourage health workers to accept these traits for home and marital stability.

Through the findings of this study, counsellors may likely be equipped with the knowledge of the relationship between the variables; social intelligence and self-concept, and marital stability, and in understanding how these factors interplay in fostering the existence of a mutual understanding of marital stability. This could enable the guidance counsellors to be in a position to emphasize openness and trust among the health workers, and the need to initiate effective communication to enhance marital stability.

The findings could serve as a source of insight and understanding to prospective youths who want to face the crucial future task and the challenges of adjustment to marital life. The study would equally help in preparing their minds for the intricacies and realities of marriage, for them to take precautionary measures, so as not to fall victim to the ugly incidence of marital instability.

**Strengths, Limitations and Future Directions**

Strengths of this study include using both male and female health workers as participants. Our findings can be used to initiate an intervention programme for married couples with high level of marital instability due to social and psychological factors. However, there are some limitations in the study.

The study was conducted only among health workers, which may not be representative of married couples in Enugu State, thus limiting the generalizability of the findings. Future studies should consider using a larger, randomized and more representative sample size, considering other correlates or associated factors of marital stability, and also including adoption of qualitative research approach. The use of a questionnaire alone to collect data may lack precision to quantify low correlates of self-concept and social intelligence with marital stability, and are subject to reporting bias, which may result in some degree of misclassification. In addition, the statistical analyses were somewhat limited in that they did not account for potential confounding variables in linear regression analyses.

**Conclusions**

Our findings have shown that moderate self-concept and social intelligence can help to sustain marital stability among health workers in Enugu State, Nigeria. Also, self-concept and social intelligence are very important factors considered in achieving marital stability among married persons, including primary health care workers. On this basis, the future research should examine the social intelligence development programmes on health worker’s marital stability by Stakeholders. Counsellors should organize workshops on self-concept, and marital stability to help health workers to achieve stable home. Government should adequately encourage young couples in developing strategic plan to enhance self-concept and social intelligence knowledge for stable home. Both male and female health workers should attend initiative programmes to facilitate marital stability and balance social issues.

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