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Drivers' Life Quality, Marital Satisfaction, and Social Support in Cargo Terminal of Yazd City

Mohammad Ali Morovati Sharifabadi [1]; Ehsan Movahed [2], Kheirmohammad Jodgal [2], MoradAli Zareipour [3], Somayeh Alizadeh [2], Rabae Agh Atabai [2], Vali Bahrevar [4], Mahboobeh Ameri [5]

1. Elderly Health Research Center, Health School, Shahid Sadoughi University of Medical Science and Health Services, Yazd, Iran.
2. Department of Health Education and Health Promotion, Health School, Shahid Sadoughi University of Medical Science, Yazd, Iran.
3. Department of Health Education and Health Promotion, Urmia Health Center, Urmia University of Medical Sciences, Urmia, Iran.
4. Health Training, Health Assistance, Yazd University of Medical Science, Yazd, Iran.
5. Health Practitioner, Monojan Health Center, Jiroft University of Medical Science, Kerman, Iran.

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Corresponding Author:
Ehsan Movahed
ehsanmovahed89@yahoo.com

ABSTRACT

Introduction: This is important to consider the health, social support, and marital satisfaction of drivers since they own one of the essential and stressful jobs in society. The purpose of this research was to investigate quality of life, marital satisfaction, and social support of the drivers referring to the cargo terminal of Yazd City.

Methods: In order to collect data, 134 drivers in Yazd cargo terminal were selected. The ENRICH questionnaire of marital satisfaction, SF - 36 questionnaire, and social support questionnaire (SSQ) have been used as data collection tools. The collected data were then analyzed by Independent T test, Analysis of Variance (ANOVA), and Pearson correlation.

Results: According to the results, the drivers' average age was 40.2 ± 9.17 years old. The mean scores of marital satisfaction, quality of life, and social support were equal to 120.04 ± 20.14 out of 175, 99.69 ± 18.14 out of 149, and 15 ± 4.76 out of 23, respectively. About 60.4 % of drivers were not satisfied with their jobs. There were significant relationships between weight and marital satisfaction (P = 0.02), as well as between job satisfaction (P = 0.003) (P = 0.015) and income (P = 0.047) (P = 0.020), to social support and quality of life. Also, a strong significant positive relationship was observed in correlation coefficient between social support and two variables of quality of life and marital satisfaction (P = 0.000).

Conclusion: This can be argued that marital satisfaction, quality of life, and social support of the drivers are lower than the expected levels. Therefore, it can be concluded that physical and mental health of drivers can be effective on safety of roads; thereby it is necessary to improve their conditions in marital satisfaction, quality of life, and social support.

Keywords: Marital satisfaction, Quality of life, Social Support, Truck Drivers, Yazd City

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Introduction

Concept of quality of life is today greatly considered due to development of communities and improvement of life health level. In fact, the final goal of development plans is to achieve a favorable quality of life [1]. The criteria of affection and life expectancy are often used to measure the health level, though these indicators cannot solely represent people's life satisfaction. Therefore, it is believed that for health level measurements, other factors such as well- being must be considered to make more effective planning based on people's inner feeling about their quality of life [2]. Among these factors quality of life, social support, and marital satisfaction can be noted. Marital satisfaction is one of the most important factors to determine health performance in families [3] which cannot be readily achieved in the individual families [4]. With the factors effective on marital satisfaction, it is expected that increase in the marital satisfaction may decrease social, emotional, and psychological problems in society and family [5]. Research conducted by Poormydany and et al. (2014), showed a significant relationship between quality of life and marital satisfaction ($P < 0/01$) [6].

The results of Gameiro et al. (2011), revealed that there is a positive significant relationship between marital satisfaction and quality of life and that improvement in quality of life enhances all aspects of the marital satisfaction [7]. Further, in a self-study, Sammarco indicated a significant positive correlation between perceived social support and quality of life [8]. Social support has a positive influence on emotional health, public health, as well as physical and psychological diseases [9]. Social support means mental belief of a person about the facts he/she belongs to, accepts, and loves. The support provides a secure relation for each person characterized by intimacy. This factor can be served as a shield against stress impacts through adjustment of individual responses to tensions. Those persons with lower levels of social support do not take much benefit from these advantages. Thus, the negative impacts of stress and stressful situation on these individuals are more than those with higher levels of social support [10]. Bastardo and Kimberlin investigated the relationships among health-related quality of life (HRQL), social support, socio-demographic factors, and disease-related factors in persons infected with HIV living in VenezuelaSocial. They reported that support was significantly associated with all HRQL domains. The study indicated the importance of social support for quality of life in HIV-infected individuals in this culture [11]. The results achieved by Long [12] and Litzinger & Gordon [13] showed that quality of life is an important factor in predicting marital satisfaction. Due to the above studies, it can be concluded that quality of life, social support, and marital satisfaction have a significant positive correlation. Today, driving automobile is one of the most important social, economic, physical, and physiological activities [14]. But, driving is a stressful activity exerting physical and physiological stress on individuals. The studies conducted during the last 50 years on drivers of intercity buses indicated that stresses caused by this job have led to many physical, mental, and behavioral impacts on drivers [14]. This indicates the quality of life and social support in drivers is low. The health of professional drivers such as bus and truck drivers is endangered more[15]. These drivers drive long distances and experience problems such as separation from family, obesity, smoking, and lack of physical activity. Such factors affect their quality of life, make their social support low, and therefore lead to marital dissatisfaction [16]. The studies in USA and Europe showed high frequency of skeleton disorders among drivers. For example, a study stated that 81 % of bus drivers in USA and 49 % of bus drivers in Switzerland were suffering from backache [17]. Sadeghi et al. in their studies on drivers of inter-city buses in Isfahan, Iran found that 50 % of drivers have backache and 20 % have digesting diseases [18]. In addition to physical problems, psychological and behavioral problems are also threatening the people. Some of the mental problems include depression and pessimism,

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however, behavioral problems are drinking alcohol and drugs abuse [14]. In Iran, the mortality rate due to car accidents has the first rank in the world that shows importance of the problem in this country [19]. Additionally, low life quality and social support leading to low marital satisfaction have been confirmed in many studies which endanger drivers. Moreover, Yazd is an industrial city and an economic hub in Iran. Because of its appropriate geographical location, trucks travel greatly in cargoes terminals of this city. To the best of our knowledge, no study has ever been conducted on drivers of cargo terminals in Iran. Given the importance of drivers' health, quality of life, and social support, the purpose of this study was to investigate their quality of life, social support, and marital satisfaction in cargo terminal of Yazd in 2016.

Methods

This is a descriptive research conducted in 2016. The statistical population of the research consisted of 134 truck drivers in Yazd cargo terminal. The sampling was carried out by accessible samples. The sample volume was calculated as 134 people by using the formula $n = (z)^2 s^2 / d^2$ in 95 % of confidence level and estimation error of 1 % (s = 5.4 and z = 1.96). The conditions to enter the study were one year of driving experience and giving testimonial for participation in the study. The criteria to quit the study were lack of consent for participation. The data were collected via three questionnaires of Marital satisfaction questionnaire ENRICH, SF-36 questionnaire, social support questionnaire. The ENRICH marital satisfaction questionnaire contains of 4 micro-scales of 35 articles that can be used for satisfaction, communications, conflict resolution, and expectations. This questionnaire was introduced by David Olson and Amy Olson [20] on 25501 married couples. The alpha coefficient for marital satisfaction, communication, conflict resolution, and expectations were 0.86, 0.8, 0.84, and 0.83 as well as 0.86, 0.81, 0.9, and 0.92 for retrieval validity, respectively. This is a five options questionnaire based on likert scale scoring from 1 to 5. The scores of the scales show that marital satisfaction, communication, and conflict resolution have 10 items and distortion goal has 5 items. The questionnaire SF-36 is a QOL tool related to public health that examines health status in clinical operations and researches [21]. This is a multi-item index that examines eight areas namely physical performance, function limitation due to physical problems, body pain, public health, energy, social performance, function limitation due to emotional problems, and mental health. The scores are ranged from 36 to 149 and higher scores represent better quality of life. The SF-36 questionnaire was translated and validated in Persian by Montazeri et al. [22]. The social support questionnaire contains 23 questions in three areas of family, friends, and others. Sub-scale of family contains 8 questions, the Sub-scale of friends contains 7 questions, and Sub-scale of others contains 8 questions. The scoring system of questionnaire is 1 and 0; 0 latter is viewed as the minimum score and 23 as the maximum. The questionnaire's reliability and validity were also tested by Soltani et al. [23]. In Yazd validity of social support scale was obtained through calculation of Pearson correlation coefficient between total score of social support and components of friends, family, and others. The correlation coefficients of total score of social support were obtained as 0.77 with component of friends, 0.79 with component of family, and 0.82 with component of others. Accordingly, the correlation coefficient between components of family with friends was 0.36, family with others 0.43, and it was 0.55 for others with family. Reliability of the social support and its components was calculated by Cronbach alpha and was obtained as 0.82, 0.69, 0.67, and 0.68 for the variables of social support, components of friends, family, and others, respectively [23]. The data were collected by trained questioners referred to the cargo terminal, interviewed selected drivers and filled questionnaires. For moralities, all the respondents were assured that their personal information would be confidential and they would be aware of the study results. After sampling and

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collection of data, they were entered into SPSS 20 and 0.05 was considered as the significant level. In order to assess the difference between the two groups, Independent sample T-test was conducted. One Way Analysis of variance was performed to check the significant difference between the two sections of level of education, and finally Pearson correlation coefficient was used to study space and proportion variables, i.e., age and weight.

Ethical Considerations is IR.SSU.SPH.REC.1395.69

Results

In this study, 134 drivers were assessed; all were male aging from 22 to 60 years old. About 34.3 % of drivers have no children, 36.3 % have one or two children, and 29.4 % have three or more children. About 6.7 % of drivers were illiterate, 55.2 % had secondary school diploma, 33.6 % high school diploma, and 4.5 % had undergraduate college degree. The results revealed that about 60 % of them were not satisfied with their job, 50.7 % were smoking, and 23.1 % had diseases among which diabetes and Kidney stones had most frequency. This was also found that nearly 59 % of samples were living in rented houses. The average income for 66.4 % of drivers was less than 2 million Tomans (about 555 $ US) and 26 % of them had less than 500 thousand Tomans (about 139 $ US). Mean and standard deviation of some variables are presented in Table 1.

Table 1. Mean and standard deviation of drivers' demographic variables in Yazd city

Variables	Mean	Standard deviation
Age	40.2	9.17
Height (cm)	172.25	8.40
Weight (kg)	77.35	1.37
BMI(Kg/m^2)	26.07	5
Marriage duration (year)	11.8	1.1
Driving experience (year)	15.52	8.39
Work hours in 24 hours (hour)	14.25	4.74
Number of nights stayed at home in one month	11.08	6.07

A comparison of Body Mass Index (BMI) of drivers with normal BMI indicated that 0.7 % of drivers were underweight and 45.5 % had normal BMI. Nearly 36.6 % of them were overweight, about 11.2 % were obese, and 6 % were extremely obese.

Table 2. Mean and standard deviation of social support, marital satisfaction, and quality of life in different groups

Variable	Group	Social support		Marital satisfaction		Quality of life	
		Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation
BMI	Less than 20	15.2	4.9	121.6	24.7	102.2	18.4
	20-26	14.7	5	121.2	21.1	100.2	17.3
	more than 26	15.2	4.5	118.5	18.5	98.7	19.08
One way ANOVA		P = 0.8		P = 0.03		P = 0.8	
Job satisfaction	Yes	16.50	4.36	117.92	20.29	104.37	19.78
	No	14.01	4.77	121.43	20.04	96.62	16.36
Independent T		P = 0.003		P = 0.326		P = 0.015	

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Variable	Group	Social support		Marital satisfaction		Quality of life	
		Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation
Income	Less than 139 $	12.50	5.97	122	24.07	85.92	14.30
	139-278 $	15.09	4.09	123.47	20.71	97.57	16.24
	278-556$	14.59	4.83	123.09	19.02	102.12	18.74
	556-833$	15.46	4.61	116.23	21.15	104.23	17.29
	More than 833$	17.73	3.17	110.06	14.50	97.66	18.34
One way ANOVA		P = 0.047		P = 0.150		P = 0.020	
Stay-at-home nights	Less than 1	15.66	4.1	125.23	20.37	99.90	17.99
	10-20	13.92	5.21	114.25	16.42	95.44	17.33
	More than 20	15.90	4.82	120.10	24.86	110.55	17.32
One way ANOVA		P = 0.09		P = 0.014		P = 0.006	
Education	Junior secondary school	16.7	2.58	111.44	13.27	99.11	15.21
	diploma	14.5	4.97	120.39	22.11	96.45	19.55
	Higher than diplom	15.3	4.69	120.90	17.98	104.49	15.48
One way ANOVA		P = 0.3		P = 0.4		P = 0.058	
Number of children	Less than 2	15.19	4.8	120.2	20.86	102.02	18.11
	2-3	14.5	5.3	124.5	18.6	94.6	19.02
	More than 20	14.42	3.46	114.2	19.04	92.9	15.1
One way ANOVA		P = 0.7		P = 0.2		P = 0.05	
Age	Less than 40	14.3	5.34	120/5	19.63	99.83	17.4
	40-50	15.16	3.85	117.1	20.88	99.9	19.5
	More than 50	16.79	3.61	122.5	20.97	98.8	18.5
One way ANOVA		P = 0.08		P = 0.57		P = 0.9	

The mean and standard deviation of quality of life, marital satisfaction, and social support in different groups of drivers were 99.69 ± 18.12, 120.04 ± 20, 15 ± 4.76, respectively. Based on the results of one way ANOVA, there was a significant relationship between BMI and marital satisfaction (P = 0.03). However, there were no significant relationships between the age groups and three variables of social support (P = 0.08), quality of life (P = 0.9), and marital satisfaction (P = 0.57). Accordingly, there were no significant relationships between education level and living place on the one hand with the variables of social support, quality of life, and marital satisfaction on the other hand. But there were significant relationships between number of children and quality of life (P = 0.05). According to Table 2 and based on the results achieved through one way ANOVA, there was a significant relationship between job satisfaction and two variables of social support and quality of life (P = 0.003). Regarding the income variable, one way ANOVA indicated a significant relationship between social support and quality of life with income (P = 0.02).

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There was also a significant relationship between staying home at nights with marital satisfaction and quality of life (P = 0.01).

Table 3. Mean and standard deviation in dimensions of quality of life, marital satisfaction, and social support among drivers

Variable	Sub-scle	Mean	Standard deviation
Quality of life	Body performance	22.87	5.47
	Public health	16.26	3.97
	Body limitation	6.28	1.46
	Emotional limitation	4.55	1.08
	Body pain	8.08	2.28
	Social performance	6.43	2.04
	Energy	14.14	4.32
	Mental health	18.50	5.13
Marital satisfaction	Satisfaction	36.01	6.27
	Communication	33.41	6.10
	Conflict resolution	32.60	5.99
	Expectations	18.01	4.59
Social support	Family	5.94	2.08
	Friends	4.74	2.10
	Others	4.31	2
	Age	3.61	1.28

Table 4. Correlation between components of quality of life, marital satisfaction, age, and social support in the drivers

Variable	Sub-scle	Social support			Total social support
		Family	Friends	Others	
Quality of life	Body performance	0.103 P = 0.235	0.021 P = 0.811	0.080 P = 0.357	0.135 P = 0.119
	Public health	0.372 P = 0.000	0.330 P = 0.000	0.79 P = 0.364	0.452 P = 0.000
	Body limitation	0.185 P = 0.032	0.118 P = 0.175	0.131 P = 0.133	0.178 P = 0.040
	Emotional limitation	0.153 P = 0.078	0.071 P = 0.416	0.138 P = 0.111	0.141 P = 0.103
	Body pain	0.225 P = 0.009	0.258 P = 0.003	0.114 P = 0.188	0.151 P = 0.081
	Social performance	0.337 P = 0.000	0.321 P = 0.000	0.264 P = 0.002	0.195 P = 0.024
	Energy	0.561 P = 0.000	0.501 P = 0.000	0.508 P = 0.000	0.289 P = 0.001

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Variable	Sub-scle	Social support			Total social support
		Family	Friends	Others	
Marital satisfaction	Mental health	0.499 P = 0.000	0.453 P = 0.000	0.370 P = 0.000	0.332 P = 0.000
	Total score of quality of life	-	-	-	0.493 P = 0.000
	Satisfaction	0.330 P = 0.000	0.280 001	0.056 519	0.429 P = 0.000
	Communication	0.248 004	0.160 064	0.045 605	0.458 P = 0.000
	Conflict resolution	0.207 P = 0.016	0.120 P = 0.167	0.074 - P = 0.394	0.434 P = 0.000
	Expectations	0.359 P = 0.000	0.338 P = 0.000	0.091 P = 0.297	0.405 P = 0.000
	Total score of marital satisfaction	-	-	-	0.321 P = 0.000

The Pearson correlation test indicated that there was a strong significant positive relationship between social support and two variables of quality of life and marital satisfaction (P = 0.000). Thus, with increase in social support, variables of life quality and marital satisfaction also increased. This test also revealed a significant positive relationship between age and social support. So, with increase in the age of drivers, their social support in family also increased and was stronger (P = 0.000). There were negative significant relationships between age, quality of life, and marital satisfaction so that with increase in age, a decline in quality of life and marital satisfaction was observed.

Discussion

The results of this research indicated significant relationships among drivers' quality of life, social support, and marital satisfaction in cargo terminal of Yazd. The correlation results showed a stronger correlation between quality of life and social support than marital satisfaction with social support. The quality of life is a stronger predictor of marital satisfaction. These findings are consistent with other studies in which a significant relationship between marital satisfaction and quality of life was reported [7]. The study also found that about 55 % of the drivers didn't have good BMI. This rate was 46 % in the research conducted by Emkani and Khanjani on the truck drivers of Kerman [24]. This problem may be resulted from inadequate mobility and high fat diet resulted from eating in restaurants. The results of this research indicated a significant relationship between BMI and marital satisfaction which is consistent with the study of Meltzer et all. in which 19 % of variance in wives' marital satisfaction was unique from BMI [25]. However, BMI had no significant relationship with quality of life and social support. To the best of our knowledge, there has been no study about the social support, quality of life, and marital satisfaction of truck drivers but similar studies on public health and long time working hours of drivers indicated that with longer working hours of drivers, their public health and consequently quality of life are lower [26]. Gharaei et al. stated that 44 % of the studied drivers didn't have normal mental health [27]. Babazadeh et al. found that drivers' quality of life was not proper

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in social communication dimension probably as a result of their job characteristics which is consistent with the present research results [28]. Krause et al. revealed significant relationship among variables of driving time duration, driving hours, backache, neck pain, and low quality of life [29]. The possibility of hearth diseases and diabetes type 2 is higher in these persons. Ghasemi et al. also indicated that people with physical problems were suffering from lower physical, psychological, environmental, and social quality of life as a result of lower social support [30]. Notably, in these studies, most participants are greatly dissatisfied with their jobs; this requires further studies. Consistent with the results achieved by Emkani and Khanjani, results of this investigation revealed that 94.1 % of drivers are driving more than 8 hours a day which is also in violation of traffic guidelines [24]. There is a significant relationship between number of children and quality of life. But this has not been investigated as it is known. The obtained data have revealed that job satisfaction has a significant relationship with social support and quality of life and that people with higher scores of social support and quality of life are more satisfied with their jobs. The results of this research are consistent with the researches of Khoshemehri et al. and previous studies [31]. No significant relationship was observed between job satisfaction and marital satisfaction, but some other studies including Afkhami et al. declared no significant correlation coefficient between job satisfaction and marital satisfaction [32]. Jose discerned a significant relationship between marital satisfaction and job situation [33]. Therefore, this can be argued that work and family are two associated aspects of personal life and satisfaction with job leads to better quality of life. Rostami also maintained that social support can contribute to combating stress and improvement in different aspects of welfare, thereby leading to job satisfaction and enhanced quality of life. Although this research has found an association between income with social support and quality of life, Babazadeh et al. [28], didn't observe any relation between them. The association between variables indicates the fact that income is a basic factor in physical and mental welfare. The age variable has indicated no significant relationship with the three components. This may be because of more quantities of elderly people among participants [28] as this was also confirmed by Aghanoore and et al. [34]. In terms of education level, this research is similar to the study conducted by Williams [35]. Although, no significant relationship was found between education and the three components in this study, Yanji Wang reported a significant relationship between education level and social support [36]. According to the results, 55.2 % of drivers had secondary school diploma and 33.6 % had high school diploma. This indicates that drivers were low in education level. According to Yanji Wang, drivers' education must be improved to increase social support. The results of the study on staying home at nights revealed that an average of 20 nights at home show better quality of life and more marital satisfaction. Thus, when drivers stay at homes for longer time, their physical and mental health and marital satisfaction is higher. The results reported through the current study represented that body performance has the highest average while function limitation has lowest average in quality of life. Therefore, the psychological issues such as depression and anxiety should be considered to improve their quality of life. Another study by Makvandi et al. on students of Islamic Azad University of Ahwaz indicated that the highest mean scores were related to quality of life in physical relations and the least ones were related to environmental health [37]. Regarding marital satisfaction, the average of expectations' component got the lowest score (18.01 ± 4.59). In the categorization of ENRICH couple satisfaction level, the score 18 is considered as the highest level of the expectations. In other words, drivers usually postpone the tasks asked by their wives. In social support, drivers in dimension of others had lower levels of support. According to the results tabulated in Table 4, there have been significant correlations among the three components of quality of life, social support, and marital satisfaction. This is also confirmed by the study of Pereira et al [38]. Results of the present study have also revealed that there are

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significant correlations among public health, social performance, energy, mental health, and social support. This can be discussed that the positive relations in the mental health and energy in dimensions of family, friends, and others can lead to improved quality of life. The same results were presented by some studies [39]. Furthermore, Michael marmot maintained that people with the least social communications experienced more physical and psychological problems and eventually more mortality rate [40]. There are also significant positive correlations between all the dimensions of marital satisfaction, social support, and expectations. Thus, with higher social support in dimensions of family and others, more improvement is observed in communications and conflict resolution. The importance of relationship between social support and marital satisfaction indicates that the quality of relations among neighbors in a region determines their life satisfaction [23]. It is evident that human beings in problematic situations require support of their friends and communication to feel secure. Therefore, by receiving higher social support from others, people feel more satisfied with their lives [41]. Due to limited scope of research regarding this topic, it is not possible to mention enough number of studies about marital satisfaction, social support, and quality of life of cargo terminal drivers. Therefore, results cannot be generalized to all provinces or cities, there is also possibility of errors to measure quality of life, the native drivers could not be compared with others, and finally some drivers avoided to participate.

Conclusion

The present study indicated that social support, quality of life, and marital satisfaction of the drivers were lower than the expected status. This can endanger the traffic safety of roads. Since improvement in quality of life, marital satisfaction, and social support can influence the public health and safety in roads in terms of car accidents, the following recommendations are suggested. Training courses of communication skills and skills of stress management should be planned. Medical examinations in selecting younger, taller, and with no extra weight drivers are also recommended. Finally, drivers' problems about facilities in cargo terminals, cargo delivery, and their quality of life should be solved. These actions can give more detailed information to present planning organizations, transportation organizations, and health system managers to deal with drivers' difficulties.

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Conflict of Interest

There is not conflict of interest between the authors.

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