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SOCIAL SUPPORT AND ADVERSE CHILDHOOD EXPERIENCES AS PREDICTORS OF LIFE SATISFACTION AMONGST NURSES WORKING IN UNIVERSITY OF NIGERIA TEACHING HOSPITAL, ENUGU

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ABSTRACT

This study examined social support and adverse childhood experiences as predictors of life satisfaction amongst nurses working at University of Nigeria Teaching Hospital (UNTH), Enugu. Ninety-eight (98) participants comprising males (8) and females (90) were randomly sampled from the teaching hospital. The nurses' age ranged from 20-60 years with a mean age of 37.96 years and a standard deviation of 6.72. a cross-sectional designed was adopted for the study. Three instruments were used for data collection; Adverse Childhood Experiences questionnaire, Multidimensional Scale of Perceived Social Support, and Life Satisfaction scale. The findings of the study showed that social support was a positively significant predictor of life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu, accounting for 30% variance in their life satisfaction. The second finding of the study showed that adverse childhood experience did not significantly predict life satisfaction of nurses working at University of Nigeria Teaching Hospital, Enugu, accounting for a statistically non-significant 3% variance as predictor of life satisfaction. One practical implication of the findings is the need for healthcare institutions to develop policies that enhance social support received by nurses as this would improve their satisfaction with life and the quality of care rendered.

Keywords: Social support, Child abuse, Life satisfaction, Nurses, UNTH.

INTRODUCTION

In our contemporary society, attaining life satisfaction has become a herculean task. The complexity of this task is aggravated by the depletion of the quality of our social network. Social support characterized by affective support, confirmation, and practical help has been a challenge for professionals from all works of life, and the nursing profession is not an exception. The giving and receiving of social support are more or less absent in our society today. This challenge is further strengthened by adverse childhood experiences such as abuse, neglect, etc. which occurred before the age of 18 years. These contribute to the poor satisfaction with life in our society. The ripple effects of lack of poor social support and adverse childhood

experiences on life satisfaction cannot be overemphasized. The nurses are not left out in this regard. In fact, the quality of care rendered to patients by the nurses could be traced to the poor support nurses received especially from the institution, and the resultant effects on their life satisfaction. It is imperative, therefore, to evaluate the relationship between these variables.

Defining life satisfaction has never been easy. Each individuals' unique circumstances and experiences shape their quality of life, and this subjective component is an important defining element in describing life satisfaction. The general or global meaning of life satisfaction, quality of life and overall sense of well-being may be anchored to an individual's social and economic conditions, living arrangements, and community environment as well as culture, personal values, happiness and spiritual well-being (Larsen & Lubkin, 2009). At times, some individuals substitute the word life satisfaction with happiness thinking that they mean the same. It is important to note that happiness and life satisfaction are closely correlated and the two terms are often used interchangeably. However, although closely linked to each other, they reflect different aspect of subjective well-being. Life satisfaction is more strongly tied to a society's socioeconomic conditions, while happiness is more connected with contingent life episodes (Bavetta et al., 2014).

At this point, we need to ask a fundamental question. What is life satisfaction? Life satisfaction is a cognitive judgmental evaluation of one's life and is considered by many psychologists as the most consistent and stable variable of well-being. Life satisfaction may be defined as a global assessment of person's quality of life according to his chosen criterion. Judgment of satisfaction are dependent upon a comparison of one's circumstances with what is thought to be appropriate standard. It is important to mention here that the judgement of how people feel satisfied with their present state of affairs, is based on a comparison of one's circumstances with what is thought to be appropriate standard (Agarwal & Saxena, 2003). Subsequently, some authors stated that life satisfaction, which constitutes the cognitive part of subjective well-being, shows the general satisfaction of the individual towards his / her own life. Life satisfaction, which covers the whole of an individual's life, is the result of comparing the actual situation with its expectations (Gokalp & Topal, 2019). In 2024, other researchers are of the view that life satisfaction can be described as a personal subjective assessment of an individual's level of happiness. Life satisfaction judgments have a significant cognitive component because they are by their very nature an assessment (Machhi & Thakor, 2024).

Various factors influence the well-being and life satisfaction of a person e.g personality, income, resources, personal goals, as well as various demographic variables (education, family, employment) (Agarwal & Saxena, 2003). Some authors added some factors such as quality of family life, financial well-being and security, support from services, relationships with loved ones, fulfillment from work, satisfaction with your physical health, happiness with your romantic life, etc (Eloff, 2020). Moreover, the locus of control has been another widely studied topic in relation to life satisfaction.

Locus of control is a term in psychology that refers to a person's belief about what causes the events in their life, either in general or in specific areas such as health and academics. In fact, locus of control refers to the extent to which individuals believe they can control events that affect them (Crowder et al., 2014). An individual's locus of control determines the extent to

which he or she believes that they have control over the events in their life. So, someone with a high internal locus of control believes that the event in their life can be shaped by their own efforts, whereas someone with a high external locus of control believes that events tends to be the result of the actions of others, or luck or fate (Crane et al., 2016).

If one is primarily internal, he or she is likely to agree with such statements that, people's people misfortunes are due to their own mistakes. When I make a plan, I am almost certain to make them work. There is a direct connection between how I study and the grades I receive. Instead, if one is primarily external, one is likely to endorse statements that, many of the good and bad things in life are due largely to luck. The grading system in my school is often unfair, but there is nothing I can do about it (Ewen, 1998). In addition, some researchers observed that individuals with internal locus of control who believe that events are under their own control, are more satisfied with their life to those of externally locus of control individuals who believe that events are controlled by external factors such as fate or luck (Delvin et al, 2012).

In most cases, adverse childhood experiences affect life satisfaction. Adverse childhood experiences refer to potentially traumatic events throughout childhood, such as seeing violence, abusing drugs or alcohol, having a mental health issue or having one's parents separate (Aroyewun et al, 2023). Adverse childhood experience is a term used to describe all types of abuse, neglect, and other potentially traumatic events that occur before the age of eighteen and may have negative lasting effects on physical, and mental well-being. The toxic level of stress created by adverse childhood experiences are believed to disrupt healthy physical, cognitive, and socioemotional development. Victims of adverse childhood experiences often experience significant lifelong problems related to chronic pain which currently affects many persons around the world (Sanderson & Huffman, 2020).

Purpose of the Study

Social support is an important predictor in improving job satisfaction. Nursing work satisfaction, in general, has a direct relationship with the positive impact on the quality of nursing services. Nurses who have good job satisfaction will produce good and optimal work performance that can create patient satisfaction (Istichomah et al., 2021). On the other hand, nurses are not exempt from having adverse childhood experiences and suffering the consequences. Although there is little information about the prevalence of adverse childhood experiences among nurses, we can assume that rates of adverse childhood experiences are at least comparable to those in the general population. Nurses (and other health care providers) who have experienced adverse childhood experiences may, like their patients, experience physical, social, emotional, and behavioral sequelae. Nurses suffering from such health problems are less likely to be able to perform as effectively as their colleagues who have not experienced adverse childhood experiences (Girouard & Bailey, 2017).

The study aims to find out if social support and adverse childhood experiences will be significant as a predictor of life satisfaction among nurses working at the University of Nigeria Teaching Hospital, Enugu. Hence the following objectives motivated this study. Social support will significantly predict life satisfaction among nurses working at the University of Nigeria Teaching Hospital, Enugu. Adverse childhood experiences will significantly predict life satisfaction among nurses working at the University of Nigeria Teaching Hospital, Enugu.

Literature Review

Numerous studies have shown interests in our variables of study but we will like to limit ourselves to three theories namely main effect theory (relating it to social support), contemporary trauma theory (relating it to adverse childhood experiences), and desire theory (relating it to life satisfaction.

The main effect theory holds that, social support has a direct enhancing effect on individual mental health, and the higher the level of social support is, the higher the level of individual mental health is. In other words, *the main-effect theory* advocates that social support *has* a positive benefit for all children and adolescents regardless of any specific stressors or risk circumstances (Doll et at., 2012). In our own case, a generalized beneficial effect of social support could occur because large social networks provide nurses with regular positive experiences and a set of stable, socially rewarded roles in the hospital community. This kind of support could be related to the overall well-being because, it provides positive affect, a sense of predictability and stability in one's life situation, and a recognition of self-worth (Cohen & Wills, 1985).

The collective term called adverse childhood experience is often used to include all types of psychosocial stressors that negatively impact child development (Troisi, 2020). Adverse childhood experience is a term currently used to describe a wide range of stressful or traumatic experiences that babies, children and young people can be exposed to. These ranges from experiences that directly harm a child (such as physical, verbal or sexual abuse and physical or emotional neglect) to those that affect the environment in which a child grows up (Finning et al., 2022). Contemporary trauma theory provides a conceptual foundation for understanding the bio-psychosocial impact of trauma on children and adults. Given the devastating impact child trauma has on brain functioning and on adequate development of social and emotional skills (Goodman, 2017).

The desire satisfaction accounts for the well-being on when one's life goes well, insofar as one's desires are satisfied and badly for one, insofar as the desires are frustrated. It is good for one to get what one desires and bad for one to fail to get what he or she desires (Barnes, 2016, 113). Our desires frequently express the aims that we deeply care about. We believe that the fulfilment of these aims contributes to our well-being (Haji, 2009). In addition to these points, it is important to state that desires theories try to fix the deficits of hedonic theories. According to this view, the quality of someone's life is measured by the degree of its desire fulfilment. In other words, desire theorist claim that the well-being of a person rises according to the amount of her satisfied desires (Misselhorn, 2015).

Hypotheses

The following hypotheses were tested in this study:

1. Social support will significantly predict life satisfaction among nurses.
2. Adverse childhood experiences will significantly predict life satisfaction among nurses.

Participants

The participants for the study were 98 nurses comprising 90 females and 8 males who are registered nurses working in the University of Nigeria Teaching Hospital, Enugu. A

multistage sampling was first adopted. This was used to cluster the participants into smaller groups based on their wards and clinics. A simple random technique was used to select the wards and clinics. Furthermore, a simple random sampling was then adopted to select the participants from the selected wards and clinics. The nurses' age ranged from 20-60 years with a mean age of 37.96 years and a standard deviation of 6.72. Information on their demographics such as gender, age, religion, and working experiences was obtained using the questionnaire.

Instruments

Three instruments were used to gather information in this study. They include; the Adverse Childhood Experiences questionnaire, Multidimensional Scale of Perceived Social Support, and Life Satisfaction scale.

Procedure

The researcher, an alumnus of School of Nursing, University of Nigeria Teaching Hospital, Enugu, adopted a convenience sampling technique to select the teaching hospital because there was easy access to the nurses working in the hospital. A multistage sampling was first adopted. This was used to cluster the participants into smaller groups based on their wards and clinics. A simple random technique was used to select the wards and clinics. Furthermore, a simple random sampling was then adopted to select the participants from the selected wards and clinics. The aim and nature of the study were explained to the participants while being assured of confidentiality of their responses. Furthermore, the participation in the study was voluntary. A student nurse assisted with the distribution of the questionnaire and assistance was offered to the participants when required. Completed questionnaires were collected immediately after they were filled by the participants. 110 questionnaires were distributed, 102 were returned while 98 were properly filled after a recheck and were used for data analysis.

Design and Statistics

The design adopted for the study was a cross-sectional survey design. Regression analysis was employed for the data analysis in addition to Statistical Package for the Social Science (SPSS).

Result

Table 1: Correlations of demographic variables (gender, age, and marital status), social support, adverse childhood experience and life satisfaction.

Variables		M	SD	1	2	3	4	5	6
1	Gender	1.92	.28	--					
2	Age	37.96	6.72	.01	--				
3	Marital status	1.86	.35	.20*	.33***	--			
4	perceived social support	65.41	12.99	-.11	-.10	-.01	--		
5	Adverse childhood experience	2.70	2.02	.22**	.17*	-.02	-.16	--	
6	Life satisfaction	26.56	6.04	-.07	.03	.06	.55***	-.23**	--

***p < .001; **p < .01, *p < .05

Result of table one above showed that none of the demographic variables, gender (r = -.07, p > .05), age (r = .03, p > .05) and marital status (r = .06, p > .05) have significant relationship

with life satisfaction among nurses. Social support was positively significantly related to life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu (r = .55, p < .001). This relationship implies that increase in social support received by nurses increases their life satisfaction. Adverse childhood experience was negatively significantly related to life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu (r = -.23, p < .01). This finding implies that little or no experience of adverse childhood experiences led to increase in life satisfaction of nurses working at University of Nigeria Teaching Hospital, Enugu.

Table 2: Hierarchical multiple regression predicting life satisfaction from social support and adverse childhood experience.

Variables	Model 1	Model 2	Model 3
Gender	-.08	-.02	-.02
Age	.01	.07	.11
Marital Status	.08	.04	.02
Emotional Attachment		.55***	.54***
Trust			-.17
R	.10	.56***	.58
R^2	.01	.31***	.34
R^2 change	.01	.30***	.03
F value	F(3,94)=.32	F(4, 93)= 10.45	F(5, 92)= 9.27

Note: *=p<.05

The results of the Hierarchical Multiple Regression in Table 2 above indicated that none of the demographic variables, gender (β = -.08), age (β = .01), and marital status (β = .08) entered in model one significantly predicted life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu. The demographic variables however accounted for none significant 10% impact as predictors of life satisfaction among nurses (β = .10). Social support entered in model 2 of the equation positively significantly predicted life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu (β = .55, p< .001). It accounted for significant 30% variance in predicting life satisfaction of nurses (ΔR^2 = .30, p< .001). Therefore, the more nurses working at University of Nigeria Teaching Hospital, Enugu get social supports of different kinds, the more their life satisfaction will increase. Adverse childhood experience entered in model 3 did not significantly predict life satisfaction of nurses working at University of Nigeria Teaching Hospital, Enugu. Although it accounted for statistically non-significant 3% variance as predictor of life satisfaction (ΔR^2 = .03, p> .05). This implies that life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu is not explained by adverse childhood experiences.

Summary of Findings

1. None of the demographics (gender, age, and marital status) predicted life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu.
2. Social support predicted life satisfaction positively among nurses working at University of Nigeria Teaching Hospital, Enugu.
3. Adverse childhood experience did not significantly predict life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu.

Findings of the study

The findings of the study showed that social support positively significantly predicted life satisfaction among nurses; accounting for 30% variance in their life satisfaction. The null hypothesis that social support will not significantly predict life satisfaction of nurses working at university of Nigeria Teaching Hospital, Enugu, was rejected and the alternative hypothesis accepted. Therefore, the more nurses working at University of Nigeria Teaching Hospital, Enugu receive social support of different kinds, the more their life satisfaction will increase. This relationship implies that increase in any form of social support received by nurses increases their life satisfaction.

The second finding of the study showed that adverse childhood experience did not significantly predict life satisfaction of nurses working at University of Nigeria Teaching Hospital, Enugu, accounting for a statistically non-significant 3% variance as predictor of life satisfaction. The null hypothesis that adverse childhood experiences will not significantly predict life satisfaction amongst nurses working at university of Nigeria Teaching Hospital, Enugu, was accepted and the alternative hypothesis rejected. Therefore, the number of exposure of nurses to adverse childhood experiences does not affect their life satisfaction. This implies that life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu is not explained by adverse childhood experiences.

Implications of the Study

The findings of the study have many practical implications. In the findings of the relationship between social support and life satisfaction, it reveals a significant relationship between social support and life satisfaction. The practical implication for this finding is that for nurses to be satisfied with their life, there is need for an increased social support they receive. The governing bodies of nurses such as National Association of Nigeria Nurses and Midwives (NANNM) should as matter of urgency implement policies that encourage nurses to receive more social support especially from their institution. In addition, the findings reveal the need for healthcare institutions to prioritize social support for their nurses because nurses who receive social support are satisfied with their life provide quality healthcare services to the sick and the general public.

In the second finding, there is no relationship between adverse childhood experiences and life satisfaction. Irrespective of the findings, there is need for the adoption of the proposition of Brown & Yasenik (2024) for positive childhood experiences where the focus would be on developing positive childhood experiences through family, friends, and so on. This proposition would increase life satisfaction despite exposure to adverse childhood experiences.

Limitations of the Study and suggestion for further studies

The research work was not without limitations. Due to the delicate nature of the nurses' duties, the researcher encountered difficulties with accessing the nurses who were on duty. In addition, because of the small sample size, generalization of the findings was difficult as larger sample size would help in making a proper generalization and possible conclusion. Furthermore, the choice of institution was limited to one to avoid the long bureaucratic processes of obtaining permission and the financial involvement of using more than one

institution. The researcher also had financial constraints as the logistics were greatly affected by the economy of the nation.

Further studies in this area should consider studying other variables such as resilience, character strengths, positive childhood experiences, and their relationship with life satisfaction. Again, researchers should consider using more than one institution as institutions may vary with their adoption of social support especially for nurses which affect findings of the research. In addition, considerations for the inclusion of other geographical regions is advised for a better generalization of findings.

Summary and Conclusion

The study investigated whether social support and adverse childhood experiences would predict life satisfaction. The findings of the study reveal that social support was positively significantly related to life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu. This relationship implies that increase in social support received by nurses increases their life satisfaction. Furthermore, the findings reveal that adverse childhood experience was negatively significantly related to life satisfaction among nurses working at University of Nigeria Teaching Hospital, Enugu. This finding implies that little or no experience of adverse childhood experiences led to increase in life satisfaction.

Social support contributes to the job satisfaction and psychological well-being of nurses. Nurses with high social support are protected from the negative effects of job demands. It is, therefore, important to develop interventions to promote social support and stress relief programs for nursing staff to improve job satisfaction. Social support for nurses can also improve the welfare and health of nurses and enable nurses to adapt and survive difficult situations so they do not leave their jobs or leave work. On the other hand, adverse childhood experiences should be discouraged because it could affect the mental health of nurses.

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