African Journal of
Medicine, Surgery and Public Health Research

ISSN: 1595-8000

Index: Harvard, Boston, Sydney University, Dimensions, Lens, ResearchGet Scilit, Semantic, Google Scholar, Base etc

https://doi.org/10.58578/AJMSPHR.v2i3.7366

Demographic Variables as Predictors of Psychological Well-Being Among Nurses in Public Hospitals in Benue State, Nigeria

Okpoju Daniel Alhassan[1], Danladi Zakariah[2], Mboma Ibrahim[3]
[1]Department of Psychology College of Nursing Sciences Makurdi Benue State, Nigeria
[2,3]Federal Road Safety Corps RS3. 35 BALI UNIT Command, Taraba State, Nigeria
dzakariahdanladi@gmail.com

Article Info:

Submitted:	Revised:	Accepted:	Published:
Aug 1, 2025	Aug 23, 2025	Sep 4, 2025	Sep 9, 2025

Abstract

This study investigated demographic variables as predictors of psychological wellbeing among nurses in public hospitals in Benue State, Nigeria. A total of 286 nurses participated, comprising 122 males (42.7%) and 164 females (57.3%), with a mean age of 44.4 years. Using a cross-sectional survey design, participants were drawn from nine public hospitals across three geopolitical zones through cluster and purposive sampling techniques, from a total nurse population of 1,120. Data were collected using the standardized Carol Ryff Psychological Wellbeing Scale, and hypotheses were tested across six wellbeing dimensions at a 0.05 significance level using multivariate analysis of variance. The first hypothesis predicted a significant effect of age on psychological wellbeing; however, results showed no significant influence of age on overall wellbeing [$R = .101$, $R^2 = .010$, $F(1,263) = 2.867$, $p > .05$], nor on any of its dimensions, including autonomy, environmental mastery, positive relations, purpose in life, and self-acceptance. The second hypothesis posited that sex, cadre, marital status, and duration of service would have significant main and

AJMSPHR Journal is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License

interaction effects on wellbeing. Findings revealed significant effects only for duration of service on personal growth [$F(3) = 2.931$, $p < .01$], marital status on overall wellbeing [$F(1) = 6.386$, $p < .01$], and marital status on positive relations [$F(1) = 30.053$, $p < .05$]. Thus, duration of service and marital status emerged as significant predictors, partially confirming the hypothesis. The study recommends that government employ clinical psychologists in public hospitals to periodically assess, diagnose, and manage psychological issues among nurses, as well as provide training on social and occupational norms to improve wellbeing and optimize professional functioning.

Keywords: Age; Sex; Cadre; Marital Status; Duration of Service; Psychological Wellbeing

INTRODUCTION

Psychological wellbeing among nursing profession especially those who works in the hospitals are very low due to the nature of the services they render to the patients to alleviate their medical condition. Psychological wellbeing is a multidimensional concept that includes cheerfulness, optimism, playfulness, self-control, a sense of detachment and freedom from frustration, anxiety and loneliness are indicators of psychological wellbeing to manage tensions and negative emotions (Tellegen, 2013). A person who has a high degree of psychological wellbeing, excels in all fields, carries higher levels of satisfaction and self-esteem and is able to think about himself or others. It emphasizes positive characteristics of growth and development (Sinha & Verma, 2019).

Psychological wellbeing can be defined as the internal experience of a person or group of people about their lives (Harter, Schmidt & Keyes, 2002). Psychological well-being can also be referred to as a general term used by psychologists to explain the general condition of an individual or group of people, as it relates to pleasant or unpleasant state. According to a study by Trudel, Robinson and Laban (2019) revealed that a rich and fulfilling social life and a network of close social support with family and friends as being strongly correlated with psychological wellbeing. Psychological wellbeing is the aspect of subjective experience or Subjective wellbeing which reflects the dimensions of affect judgments of life satisfaction. Psychological wellbeing in general term can be referred to an individual overall functioning in relation to his or her feelings. Increasing evidence from available studies suggests that psychological wellbeing is associated with lower disease and

mortality risk, and may enhance good health and general life satisfaction (Trudel, Robinson & Laban, 2019).

Although, baseline psychological wellbeing may be fairly stable, day to day events and experiences also exert an impact. For instance, even the most resilient person may eventually become very low, or depressed, if his or her daily experiences are constantly troubling (Ivan, 2018). There is strong evidence to show that exposure to work related stressors over long periods of time will have a negative impact on psychological wellbeing, so, although as mentioned above, short periods of adversity may be helpful in building resilience; meanwhile, long-term stress is not good for psychological wellbeing. Studies revealed that lower level of psychological wellbeing may lead to serious illness, including cardiovascular disease, problems with blood sugar control, such as diabetes and immune system malfunctions (Chandola, 2008). Relevant studies on psychological wellbeing revealed an undisputable view that, early experience and underlying personality create a platform for psychological wellbeing (Trudel, Robinson & Laban, 2019). However, everyday experiences can help to maintain a good level of psychological wellbeing if they are positive or if they are negative may reduce the levels of psychological wellbeing and poor health outcomes.

Psychological wellbeing is also viewed as inter and intra individual levels of positive functioning that can include one's relatedness with others and self-referent attitudes which include one's sense of mastery and personal growth (Diener & Seligman, 2002). Psychological wellbeing in general term can be referred to an individual overall functioning in relation to his or her feelings. Increasing evidence from available studies suggests that high state of psychological wellbeing is associated with lower disease and mortality risk, and may enhance good health and general life satisfaction (Trudel, Robinson & Laban, 2019).

Psychological well-being on the other hand, has also been viewed as "all about lives going well" and the combination of feeling good and functioning effectively (Lewis & Bates, 2012). At the most basic level, psychological wellbeing is quite similar to other terms that refer to positive mental states, such as happiness or satisfaction, and in many ways it is not necessary, or helpful to worry about fine distinctions between such terms (Diener & Seligman, 2002). If an individual say that; "I'm happy or very satisfied with my life you can be pretty sure" that his or her psychological well-being is quite high.

Nurses are very important component of the Health Care system in Nigeria and the world at large in the actualization of health care delivery target of any nation as such their psychological wellbeing is paramount to make them to be more productive, provide compassionate care and add value to their communities. As a result of inadequate infrastructure and poor compensation packages, a sizeable number of Nigerian nurses and other health professionals are being lured away to developed countries in search of fulfilling and lucrative positions. This has led to the problem of brain drain of geographical distribution of nurses which is a disproportional concentration of nurses in urban areas resulting in nurses and other help workers having individual problems due to too much work load manifested in lack of care to patients, failure to turn up at work on time, poor process quality such as failure to conduct proper patient examination and failure to treat patients in a timely manner due poor psychological wellbeing (Diefendrorff & Gosserand, 2013).

A casual observation of the population that goes in and out of health institutions in Nigeria presupposes that there are some problems within the system; hence the health care system has not been able to live up its expected role in providing quality health care to patients in Nigeria and some parts of the world. Osotimenhn (2020) opined that the psychological wellbeing of health care workers especially nurses is particularly worrisome. According to him, significant numbers of patients are in critical condition and some die upon admission even before they are attended to at various public hospitals in Nigeria because of the negligent, referent attitude and poor sense of environmental mastery of nurses. According to Family Health International (2010) report revealed that low psychological wellbeing may affect the quality of care nurses give to the sick, and in many cases constitute clear threats to health. Studies globally have shown that a patient is likely to die due to the poor attitude of nurses than the ailment that brought them to the hospital (Global Health Watchers, 2011).

Demographic variables are factors that may influence psychological wellbeing of nurses. The word demographic comes from the Greek demos (people and Graphy (picture which described the characteristics of an individual or population such as sex, race, cadre, educational institution, tribe, marital status years of service among others (Lee & Schuele, 2012). Demographic variables can influence how others response to individual‘s behavior (Brodhead, 2019; Morris et al., 1988).

Researchers in the field of psychology and education have been calling for consistent demographic variables reporting since in theMid-1980, Rosenberg& Resh 1993; Hamill, Susan, &McNiven, 1984. The America psychological Association (APA) published the consolidated standards of reporting statement to improve the extent to which researchers regularly provided clear , cohesive information about study methods(Begg et al., 1996) particularly regarding randomized control trials (APA publications on journal article reporting standards,, 2008).

The researcher of this study considered demographic variables which include sex, age, Educational status, marital status, cadre and year of service. Studies have shown that demographic factors such as age, sex, cadre, educational status and marital status also plays vital role in determining the individual psychological wellbeing (Solomon, Mark & Johnson, 2015). On their part, Karen, Lincoln, Robert and Collinks (2011) holds that: certain demographic variable like sex, age, religion, marital status, level of education, ethnicity, income among others are vital factors that have links with individual level of orientation, perception and behavior, which in turn may determines psychological wellbeing of nurses. Keeping these considerations in view, the current study is undertaken to identify the influence of age as a predict of psychological of nurses in Public hospitals in Benue State. The study also seeks to finds out the the main and and interaction of Sex, Cadre, Marital Status and duration of Service on Psychological Wellbeing of Nurses in Public Hospitals in Benue State.

Aim and Objectives of the study

This study examined demographic variables as a predictors of psychological wellbeing among nurses in public hospitals in Benue State, Nigeria.

Research Questions

i. Will there be any significant influence of age on psychological wellbeing among nurses in public hospital in Benue State?

ii. Will there be any significant main and interaction influence of Sex, Cadre, marital status and duration of Service on Psychological Wellbeing among nurses in public hospitals in Benue State?

Hypothesis

i. There will be significant influence of age on Psychological Wellbeing among nurses in public hospitals in Benue State

ii. There will be significant main and interaction influence of Sex, Cadre, Marital status and duration of service on psychological wellbeing of nurses in public hospitals in Benue State

METHODS

Design

This study adopted the Cross Sectional Survey design and this type of design examines data at one point in time and is best used to describe the status of the phenomena or the relationships among phenomena or variables (Shindi 2017). This design did not manipulate variables but examined the relationship that exists between the variables of interest (demographic variables and psychological wellbeing as they exist in the study. The independent variable is sex. The Dependent variable is psychological wellbeing which is subdivided into autonomy, environmental mastery, personal relationship with others, personal growth, purpose in life and self-acceptance. The research design was used because it enabled the researcher to elicit information from the respondents cutting across different sex, age, marital status, cadre, and grade level working in public hospitals in Benue State.

Setting

The setting of this study is the public hospitals in Benue State. Benue State is a state in the North-Central Region or mid-belt region of Nigeria with a population of about 4,253,641 in 2006 census. It is inhabited predominantly by the Tiv, Idoma and Igede people, who speak the Tiv language, Idoma and Igede respectively. There are other groups, including the Ufias (Utonkon), Etulo, Abakwa, Jukun, Hausa, Igbo, Akweya and Nyifon. With its capital at Makurdi, Benue is a rich agricultural region; some of the crops grown there are potatoes, cassava, soya bean, guinea corn, flax, yams, sesame, rice, and groundnuts.

Benue State is named after the Benue River and was formed from the former Benue- Plateau State in 1976, along with Igala and some part of Kwara State. In 1991 some areas of Benue State (mostly Igala area), along with areas in Kwara State, were carved out to become part of the new Kogi State. Igbo people are found in the boundary areas of Ebonyi State and Enugu State in local government areas like the Obi, Oju etc. The State has a total population of 4,253,641 in 2006 census, with an average population density of 99 persons per km2. This makes Benue the 9th most populous state in Nigeria. However,

the distribution of the population according to Local government areas shows marked duality. There are areas of low population density. such as Guma, Gwer East, Ohimini, Katsina-Ala, Apa, Logo and Agatu, each with less than seventy persons per km2, while Vandeikya, Okpokwu, Ogbadibo, Obi and Gboko have densities ranging from 140 persons to 200 persons per km2. Makurdi LGA has over 380 person per km2. The males are 49.8 percent of the total population while females constitute 50.2 percent. Benue towns can be categorized into three groups. The first group consists of those with a population of 80,000 to 500,000 people. These include Makurdi, the State Capital, Gboko and Otukpo the "headquarters" of the two dominant ethnic groups (125,944 and 88,958 people respectively). The second group comprises towns with a population of between 20,000 and 50,000 people and includes Katsina-Ala, Zaki-Biam, Ukum and Adikpo, Kwande. These are all local government headquarters. The third category comprises towns with a population of 10,000 to 19,000 people and includes Vandeikya, Lessel, Ihugh, Naka, Adoka, Aliade, Okpoga, Igumale, Oju, Utonkon, Ugbokolo, Wannune, Ugbokpo, Otukpa, Ugba and Korinya. Most of these towns are headquarters of recently created Local Government Areas and/or district headquarters or major market areas. Some of the headquarters of the newly created LGAS have populations of less than 10,000 people. Such places include Tse-Agberaba, Gbajimba, Buruku, Idekpa, Obagaji and Obarike-ito. Apart from earth roads, schools, periodic markets and chemists (local drug stores), the rural areas are largely used for farming, relying on the urban centres for most of their urban needs. Benue State has no problem of capital city primacy. Rather, three towns stand out very clearly as important urban centres which together account for more than 70 per cent of the social amenities provided in the state and almost all the industrial establishments. These centres are Makurdi, Gboko and Otukpo. They are amongst the oldest towns in the state and are growing at a much faster rate than the smaller younger towns.

Benue State lies within the lower river Benue trough in the middle belt region of Nigeria. Its geographic coordinates are longitude 7° 47' and 10° 0' East. Latitude 6° 25' and 8° 8' North; and shares boundaries with five other states namely: Nasarawa State to the North, Taraba State to the east, Cross-River State to the South, Enugu State to the South-West and Kogi State to the West. The state also shares a common boundary with the Republic of Cameroon on the South-East. Benue occupies a landmass of 34,059 square kilometers. Benue State is the nations acclaimed food basket because of its rich agricultural produce which include Yam, Rice, Beans, Cassava, Sweet-potato, Maize, Soybean,

Sorghum, Millet, Sesame, cocoyam etc. The state accounts for over 70% of Nigeria's Soybean production. Agriculture is the mainstay of the economy, engaging over 75% of the state farming population. The State also boasts of one of the longest stretches of river systems in the country with great potential for a viable fishing industry, dry season farming through irrigation and for an inland water highway. .

Participants

The participants of this study were 286 nurses working in public hospitals in Benue State across the 3 geopolitical zones comprising of Zone A (Nurses in General hospital Kwande, Tse-Agberagba and Konshisha) Zone B (Federal Medical Centre Makurdi, General Hospital North Bank and Benue State University Teaching Hospital and Zone C) (General Hospital Otukpo, Okpokwu and Ugbokpo), obtained through simple random sampling. For the distribution of the sex of the Nurses, males were 122 (42.7%) while the female were 164 (57.3%), participants age range from 20-64 with a mean age of 44.4years and a standard deviation of 8.53. In terms of marital status, 33(11.5%) were single 141(49.3) were married; those divorced were 50 (17.5%) while those widowed were 61(21.3%). Participants religions affiliation indicated that 255 (68.5%) were Christians 33(11.5%) were Muslims. For their cadre, 162 (56.6%) were of junior cadre while 124 (43.4%) were senior cadre. Finally, in terms of years of service it was found that 68(23.8%) had worked for 1-5yeas, 87(30.4%) had worked for 6-10years, 103(36.0%) had worked for 11-15 years and 28(9.8%) had worked for 16years and above

Instrument

Ryff Scales of Psychological Well Being was developed by Ryff and Keyes (1998).With six dimensions it consists of 42 items (7 per scale) measured on 1 6 point Likert scale 1= indicating strongly disagree 2 disagree somewhat 3 disagree slightly 4 agree slightly 5 agree somewhat 6 strongly agree With internal consistency alpha Cronbach of the following after test retest Self-acceptance .93 and 85, Positive Relations with others .91 and 83, Autonomy 83 and 88 Environmental Mastery 90 and 81 Purpose m Life 90 and 82, Personal Growth 87 and 81.

The specific 7 items scales include Autonomy (PWBAU. 1 + 2 + 3 + 4 + 5 + 6 +7); Environmental Mastery (PWBEM: 8 + 9 + 10 + 11 + 12 + 13 + 14); Personal Growth (PWBPG: 15 + 16 + 17 + 18 + 19 + 20 + 21); Positive Relation with Others

(PWBPR: 22 + 23 + 24 + 25 + 26 + 27 + 28); Purpose in life (PWBPU: 29 + 30 + 3l + 32 + 33 + 34 + 35); Self-Acceptance (PWBSA: 36 + 37 + 38 + 39 + 40 + 41 + 42).

In scoring, reverse items 5, 6, 7, 12, 13, 14, 17, 18, 19,'20, 21, 26, 27, 28, 31, 32, 33, 34,35, 41, 42 are in a reverse-coded so that high scores reflect higher standing in the scale. For with a missing value, the mean value of completed items is imputed. (i.e. anyone who selects any of the reverse items l becomes 6, 2=5, 3=4, 4=3, 5=2, 6=l).

Items from the separate scales are mixed (by taking one item from each scale successively into one continuous self-report instrument). Responses to negatively scored items (-) are reversed in the final scoring procedures so that high scores indicate high self-rating on the dimension assessed. A pilot study to determine the reliability of this instrument for use in the present study yielded a Cronbach's Alpha of .720 for autonomy, .710 for environmental mastery, .690 for personal growth, .870 for positive relations with others, .710 for purpose in life and .810 for self-acceptance.

Procedure

Selected participants were informed on the purpose of the study in order to gain informed consent and enable an atmosphere for administration of the questionnaire. Each participant was also informed for his or her voluntary participation in the study. At the end of the study all the participants were thanks for their participation and debriefed. Statistical procedure was used to retrieve the response of the participants. Data collected were analyzed and interpreted

Ethical Clearance

Permission for this study was provided by the Research Ethics committee Benue State Hospital Management Board headed by the Executive Secretary Hospitals Management Board, the Research Ethic Committee of Benue State University Teaching Hospital and the Research Ethic Committee of Federal Medical Centre Makurdi who gave the permission for the conduct of this study.

Sampling Technique

Cluster and accidental sampling techniques were adopted to select participants for the study. The nurses were first of all proportionately divided into clusters A, B and C representing Zone A, B and C respectively. This was done according to their numbers and clusters and then systematic sampling was used to select the participants (nurses) from each

of the clusters using a sample interval of 3 until the required sample for each cluster was gotten as shown below.

Cluster A (Benue North East) 157/1120 x 286/1 = 40

Cluster B (Benue North West) 778/1120 x 286/1 = 199

Cluster C (Benue South) 185/1120 x 286/1 = 47

The researcher then used purposive sampling to select the nurses from each of the cluster based on their availability and readiness in different wards for the study. The researcher made sure that only the nurses that were willing to answer the questionnaire were used. This was done after their consent was sought. The researcher made use of some research assistants in collecting data including nursing staff who were assigned to assist. These research assistants were people knowledgeable with the ethics and principles of research in psychology.

In selecting participating Hospitals for the study in each of the geopolitical zone, the researcher used lottery method of simple random sampling by writing the names of the public hospitals in each of the geopolitical zones on piece of paper numbering 1-28, then carefully fold mixed and shuffled inside a paper bag. At the end General Hospitals in Tse-Agberagba, Kwande and Katsina-Ala were randomly selected for Zone A, Federal Medical Centre Makurdi, Benue State University Teaching Hospital and General Hospital North Bank were randomly selected for hospitals in Zone B, while General Hospital Otukpo, General Hospital Ugbokpo and General Hospital Okpokwu were selected for Zone C

Data Analysis

The data collected for the study was analyzed using SPSS version 20.0. The demographic characteristics of the respondents were analyzed using descriptive statistics followed by.

RESULTS

This Chapter presents the data collected from the questionnaire administration. In the first instance, the chapter presents the descriptive statistics of the participants as follows:

Table 1: Demographic characteristics of the Respondents

		Frequency	Percentage (%)
Age	20-30	43	15.3%
	31-40	65	22.7
	41-50	105	36.7
	51-60	73	25.5
Sex	Male	122	42.7
	Females	164	57.3
Marital Status	Single	33	11.5
	Married	141	49.3
	Divorced	50	17.5
	Widow/widower	61	21.3
Religion	Christians	253	88.5
	Muslim	33	11.5
Cadre	Junior	162	56.6
	Senior	124	43.4
Years of Service	1-5	68	23.6
	6-10	87	30.4
	11-15	103	36.0
	16 and above	26	9.6

Hypothesis 1 stated that age will significantly influence psychological wellbeing of nurses in public hospitals in Benue State.

Table 2: Multiple Linear Regression showing result for the influence of Age on Psychological Wellbeing of nurses in Public Hospital in Benue State

DV	Variables	R	R^2	df	β	F	t	Sig
	Constant	.101	.010	1,263		2.867	29.720	.000
Overall DV	Age				-.101		-1.639	.102
	Constant	.007	.000	1,272		.013	10.196	.000
Autonomy					-.007		-.115	.908
	Constant	.015	.000	1,285		.063	105.488	.000
Environmental mastery					.015		.250	.803
	Constant	.104	.011	1,285		3.116	27.306	.079
Personal growth					-.104		-1.675	.079
	Constant	.079	.006	1,285		1.628	12.292	.000
Positive relations					-.076		-1.276	.203
	Constant	.099	.010	1,276		2.710	11.228	.000
Purpose in life					-.099		-1.646	.101
	Constant	.025	.001	1,284		.179	11.459	.000
Self-acceptance					-.025		-.423	.673

The result in Table 2 indicated that there is no significant influence of age on psychological wellbeing of nurses in public hospitals in Benue State [R = .101, R2= .010, F (1,263) = 2.867, P>.05]. A test of age on all the dimensions of psychological wellbeing showed that, age did not significantly influence psychological wellbeing. Autonomy (= β-.007, t = -.115, p>.05) environmental mastery (β = -.104, t = -1.675, p>0.5), positive relations (β = -.076, t = -1.276, P>0.5) purpose in life (β - .099, t = - 1.646, p>0.5) self-acceptance (β - .025, t = .423, p>0.5). Based on this finding, hypothesis six was rejected.

Table 3: Multivariate analysis of Variance showing result for significant main influence of Sex, Cadre, Marital Status and duration of service on Psychological Wellbeing of nurses in Public Hospitals in Benue State.

Source	DV	SS	Df	MS	F	Sig
Sex (A)	Autonomy	12.997	1	12.997	.389	.533
Environmental mastery		.367	1	.367	1.412	.236
	Personal growth	8.259	1	8.259	1.963	.163
	Positive relations	11.712	1	11.712	.655	.419
	Purpose in life	.345	1	.345	.013	.910
	Self-acceptance	3.987	1	3.987	.290	.591
Duration (B)	Autonomy	84.817	3	28.272	.846	.470
	Environmental mastery	.157	3	.052	.202	.895
	Personal growth	36.996	3	12.332	2.931	.034
	Positive relations	101.674	3	33.891	1.984	.131
	Purpose in life	188.286	3	62.762	2.346	.074
	Self-acceptance	54.969	3	18.323	1.333	.264
Cadre (C)	Autonomy	4.583	1	4.583	.137	.711
	Environmental mastery	.125	1	.125	.482	.488
	Personal growth	6.123	1	6.123	1.455	.229
	Positive relations	42.315	1	42.315	2.365	.125
	Purpose in life	7.347	1	7.347	.275	.601
	Self-acceptance	7.584	1	7.584	.552	.458
Marital status (D)	Autonomy	52.188	1	17.396	.521	.668
	Environmental mastery	.496	1	.165	.636	.593
	Personal growth	80.620	1	26.873	6.386	.000
	Positive relations	163.850	1	54.617	3.053	.029
	Purpose in life	6.439	1	2.146	.080	.971
	Self-acceptance	25.351	1	8.450	.615	.606
A*B*C*D	Autonomy	74.004	1	74.004	2.215	.138
	Environmental mastery	.334	1	.334	1.287	.258
	Personal growth	8.215	1	8.215	1.952	.164
	Positive relations	.001	1	.001	.000	.995
	Purpose in life	4.012	1	4.012	.150	.699
	Self-acceptance	3.317	1	3.317	.241	.624

The hypothesis two stated that there will be significant main influence of Sex, Cadre, Marital Status and duration of service on Psychological Wellbeing of Nurses in Public Hospitals in Benue State. This hypothesis was tested using Multivariate analysis of Variance. The result of this hypothesis revealed that there is only significant main and interactive effect of duration of time on personal growth [F (3) = 2.931, P<.01], marital status [F (1) = 6.386, P<.01] and marital status on positive relations [F (1) = 30.053, P<.05). This implies that only duration of service and marital status had significant main and interactive influence on Psychological wellbeing. Therefore, the hypothesis implies that, years of service, marital status and cadre will significantly have main and interactive effect on psychological wellbeing of Nurses in public hospitals in Benue State was partially confirmed.

DISCUSSION

The study was aimed at investigating the influence of demographic variables as a predator of psychological wellbeing among nurses in public hospital in Benue State. Data were analyzed using multivariate Analysis and multiple regression to test the influence of the independent variable demographic factors on the dependent variable psychological wellbeing.

The hypothesis one stated that age will significantly influence psychological wellbeing among nurses in public hospitals in Benue State. A test of age on all the dimensions of psychological wellbeing shows that there is no influence of age on all the dimensions of psychological wellbeing. Based on this finding hypothesis one was rejected. The null hypothesis was accepted. This finding is in consonance with the study carried out by Csikszentomticaly and Collegues (1975) whose work revealed that demographic variable such as age does not determine psychological wellbeing of nurses. This finding on the other hand goes contrary to that of Bastemur (2016). According to him demographic factors are complex phenomenon that must be specified; before one can conclude whether they can predict or influence psychological wellbeing or not. Frone, Russell and Cooper (2002) conducted study in line with this finding. Their work revealed that age and other demographic variables do not influence psychological wellbeing among employees. They further stated that demographic factor such as age stand to influence psychological wellbeing when associated with other factors.

Hypothesis two stated that there will be significant main and interactive effect influence of sex, cadre, marital status and years of service on psychological wellbeing of nurses in public hospitals in Benue State. This result of this hypothesis was partially accepted for only years of service. This implies that nurses who have spent more years in service have the desire to engage in activities that will improve their personal growth socially, intellectually economically and otherwise than those who are new in service. This study corroborates the study conducted by Tsegaye (2013) who found that years of service was significantly and positive correlated with psychological wellbeing.

The first dimension of the hypothesis two revealed that sex, year of service, cadre and marital status did not significant influence the main and interactive effect on psychological wellbeing (autonomy) of nurses. This hypothesis was rejected individually for sex, year of service, cadre and marital status. This means that the four demographic variables can in no way influence psychological wellbeing (autonomy) of nurses. This result is in line with Tsegaye (2013) who found that sex, age cadre and marital status were not significantly related to psychological wellbeing. This finding however contradicts the works of Gutierrez and Colleagues (2005) who found links between demographic variables and psychological wellbeing of nurses. Their result reinforces the notion that demographic factors are complex phenomenon that varies across of psychological wellbeing.

The second dimension of hypothesis two revealed that sex, cadre, years of service and marital status did not have significant main and interactive effect on psychological wellbeing (Environmental mastery). This hypothesis was rejected. For sex, cadre, years of service and marital status. This means that the 4 demographic variables (sex, Cadre, years of service and marital status) did not have significant main and interactive effect (influence) psychological well (Environmental Mastery) of nurses in public hospitals in Benue State. This finding is in consonance with the study carried out by Csikszentmihalyi (1975) whose work revealed that demographic variables such as sex, cadre, marital status and years of service are not factors that determine psychological wellbeing among employees (environmental mastery).

The third dimension of hypothesis two revealed that there is no significant main and interactive effect of demographic variables (sex, cadre, marital status, and years of service) on psychological wellbeing (purpose in life) of nurses in public hospitals in Benue State. The hypothesis was rejected individually for sex, cadre, marital status and years of

service. The means that the four demographic variables can in no way individually influence the psychological wellbeing of Nurses. The finding supports the works of Russell and Copper (2002) in their work titled: demographic variables and purpose in life of nurses. According to them, demographic variables stand to influence psychological wellbeing (purpose in life) except when they are accompanied by other predisposing factors. This finding however contradicts the works of Gulferrez and Puente (2005) who found that demographic variables such as sex, marital status and years of services are differentially associated with different elements of psychological wellbeing.

The fourth dimension of hypothesis two showed that there is a significant main and interactive effect (influence) of sex, cadre, marital status and years of service on psychological wellbeing (personal growth) of nurses in public hospitals in Benue State. This hypothesis was accepted for only years of service. This implies that nurses who have spent more years in service have the desire to engage in activities that will improve their personal growth socially, intellectually economically and otherwise than those who are new in service. This study corroborates that study conducted by Tsegaye (2013) who found that years of service was significantly and positive correlated with psychological wellbeing (personal growth).

The fifth dimension of hypothesis two revealed that there is a significant main and interactive influence of sex, cadre, marital status and years of service on psychological wellbeing (positive relations) of nurses in Benue State. The hypothesis was accepted for only marital status. This implies that nurses who are married are better in building trusting relationships with patients, fellow nurses and build network of team interactions that prevent them from isolation compared to nurses who are single and those who are divorced. This finding is in line with the work of Bastemur (2006) who found a statistical strong relationship between marital status and psychological wellbeing (positive relations). The study is also consistent with Ellison and Glass (1989) who found that married nurses were rated higher in positive relation and general psychological wellbeing than unmarried nurses because been married brings some sense of meaning and purpose which increase mood states in the short and positive relations with other people in the long term and increase psychological wellbeing. Much of the research does however refer to self-report measures which some may argue could elicit socially desirable responses.

The six dimension of hypothesis two revealed that there is no significant main and interactive influence of sex, cadre, marital status and years of service on psychological wellbeing (self-acceptance) of nurses in public hospitals in Benue State. The result of the hypothesis was rejected individually for all dimensions. This means that demographic variables such as sex, cadre and marital status had no ability to influence self-acceptance of nurses. The possible reason for this finding could be due to the fact that nurse's self-acceptance is an integral aspect of mental health. As a result they are able to function optimally irrespective of their sex, cadre, marital status and years of service.

Conclusion

This study investigated the influence of demographic variables as a predictors of psychological wellbeing amomg nurses in public hospitals in Benue State and through the results of this study; it was revealed that Demographic variables partially have main and interactive effect (influence) on psychological wellbeing among nurses in hospitals in Benue State. Particularly, only marital status and years of service were found to influence psychological wellbeing (positive growth and positive relations). However, age, sex, and cadre have no main and interactive effect (influence) on psychological wellbeing.

Recommendations

i. The Government should collaborate with non-governmental organization to organize yearly training and retraining programs for nurses in the areas that challenge their psychological wellbeing especially the newly employed nurses to enable them function effectively.

ii. The Government should pay more attention to nurses with years of services during their recruitment to minimize the challenge the newly employed nurses usually faced when been faced in the treatment procedure.

iii. The researchers should be encouraged on the subject matter for further identification of long term solutions to the problems affecting the psychological wellbeing among nurses in public hospitals in Benue State and Nigeria at large.

REFERENCES

Bastemur, S.,Uca, S., Onal, Y & Bilgin, M.D (2016). Turkey counselors' perspective toward feminist therapy, 217, 1176-1184

Brodhead, M.T. (2019). Culture always matters. Some thought on Rosenberg and Schwartz behavior. Analysis in practices.

Brown, R.L., Durbin, J & Evan, T. (1975). Technique for testing the constancy of regression relationship over time. *Journal of the royal statistical society series* B, 37: 147-192

Chandola, Y. & Trinchero, K. (2008). A mind cardiac response: a real life investigation of psychological wellbeing and work stress of nurses. *Annual Behavioral Medicine* 2008:50(2) 187-197.

Csikszentmuhalyi. M. (1975).Beyond boredom and anxiety San Francisco, CA Jossey Bass publication.

Diefendorff, J. M. & Gosserand, R. H. (2013). Understanding the emotional intelligence process: A control theory perspective. *Journal of Organizational Behaviour*, 24, 945-959.

Diener, E. Suigman, E. & Smith, H. (2012). Subjective wellbeing: Three decades of progress. *Psychological Bulletin*, 125(2) 276-302.

Diener, E& Seligman, M.E.P. (2002). Very happy people. *Psychological sciences*, 13 (1) 81-87

Ellison, C.G., Gay, D.A & Glass, T.A. (1989). Does religious commitment contribute to individual life satisfaction? *Social force*, 68 (1) 100-123

Family Health International (2010). Investing in Mental Health: A global perspective of Family Health International. *Mental Health*; 91.

Global Health Watches, 2011

Grandey, A. A. (2010). Emotion regulation of nurses in the workplace: A new way to conceptualize emotional well-being. *Journal of Occupational Health psychology*, 5, 95-110.

Gulierrez, K. (2006). White innocence: Framework and methodology for rethinking educational discourse. *International journal of learning*, 12, 1-11

Gutierrez, J.L.G., Jumenez, B.M., Hernandez, E.G & Puente, C.P. (2005). Personality and subjective wellbeing. Big five correlates and demographic variables. *Personality and individual differences*, 38, 1561-1569

Hamill, J & Susan, L. M. (1984). Reliability of selected group reaction forces parameters during walking,

Harter, A. A., Schudlt, C. & Keyes, I. C. (2002). Psychological wellbeing and psychosocial work environment characteristics among emergency medical and nursing staff. *Stress and health,* 23(3) 153-160.

Ivary, V. (2018). Unsuccessful fan-Centre innovation of thick value for music festival.What went wrong? *International journal of innovation and learning* 24 (1), 1

Jordan, P. (2012). The coping strategies adjustment and wellbeing of Nurses, in the hospital environment: *Internet Journal of Criminology* 1-29.

Karen, D., Lincoln, A., Robert, C. & Colinks, J. (2011). Discrimination of Mental Health Among Africa American. USA: Joseph Tailor Publishers.

Lee, M & Schuele, C.M. (2012). Demographic in Encyclopedia of research design (347) SAGE Publication

Levis, R. & Bates, A. K. (2012). Health care staff wellbeing, burnout and patient safety: A systematic Review PLOS one. *Journal phone*

Morrier, E. K., Johnson, L.M., Todd, J.J & Higgins, S.T. (1988). Laboratory lore and research practices in the experimental analysis of human behavior: Subjective selection. *The behavior analysis*, 11(1) 43-50

Osotimehin, B. A. & Owojaiye, S. O. (2020). Attitude of health workers in Nigeria: Fourth International Council for Health and Physical Education Africa regional Congress, 14th-24th January, 2020.

Rosenberg, D.M & Resh, V.H. (1993). Introduction to freshwater bio monitory and benthic macro invetebrates. Chapman/ Hall New York 1-9

Russel, M., Frone, M.R & Cooper, M.L. (2014). Relationship of work-family conflict to health outcome. Afour years longitudinal study of employed parents. *Journal of occupational and organizational psychology*, 70 (4) 325-335

Ryff, C. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081.

Ryff, C. (2008).The structure of psychological well-being. *Journal of Personality and Social Psychology*, 69, 719-727.

Ryff, C. D. & Keyes, C. L. M. (1995). The structure of psychological wellbeing Revisited, *Journal of Personality and Social Psychology*. 69, 719-727.

Ryff, C. D. & Singer, B. H. (2006). Best news yet on the six-factor model of well-being. In Snyder, C. R., Lopez, S. J. (Eds.), Handbook of Positive Psychology 541-555: Oxford: University Press.

Ryff, C. D. (1989). Scales of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069-1081.

Ryff, C. D., Keyes, C. L. M. & Hughes, D. L. (2014). Psychological well-being in MIDUS: Profiles of ethnic/racial diversity and life-course uniformity. In O. G. Brim, C. D. Ryff & R. C. *Journal of Personality and Social Psychology*. 66(9) 811-912.

Ryff, C., & Singer, B. (2005). Integrative science in pursuit of Human Health and Well-being. In Snyder, C. R., Lopez, S. J. (Eds.), Handbook of Positive Psychology 541-555: Oxford: University Press.

Solomon, B., Mark, D., & Johnson, K. (2015). The Relationship of Emotional Exhaustion to Work Attitudes, Job Performance and Organizational Citizenship Behaviours. *Journal of Applied Psychology*. 88(1), 160 – 169.

Sinha, R. Verma, T. (2019). Mental health impacts among health workers during Covid-19 in low resource setting: A cross-sectional survey from Nepal: *Globalization Health* 16: 89

Shindi J A. (2017). Research and Research Writing. Dove publishing house, Abuja-Ibadan, Kaduna-Lagos. A guide to Conducting Research and Writing A Report on Such Research so Conducted for Projects, Dissertations and Theses in Humanities. *Journal of Aging Health*, 20, 273-289.

Tellegen, G. (2013). Psychological maladjustment and academic achievement: A cross-cultural study of Japanese, Chinese and American high school students. *Child Development*. 65 (3): 738-753.

Tsegaye, F. (2013). A Comparative study of psychological wellbeing between junior and senior cadre nurses in Addis Abba: The Case of Three Selected Hospitals in Yeka Sub-city. Unpublished thesis submitted to the school of psychology Addis Ababa University in partial fulfillment of the requirements for the degree of Master of Arts in counseling psychology.

Trudel, M., Robinson, C. D. & Laban, J. M. (2019). Psychosocial work characteristics, Burnout and psychological wellbeing of nurses, psychological morbidity symptoms. Across sectional survey study of NHS consultants in the United States. BMJ. Open 201