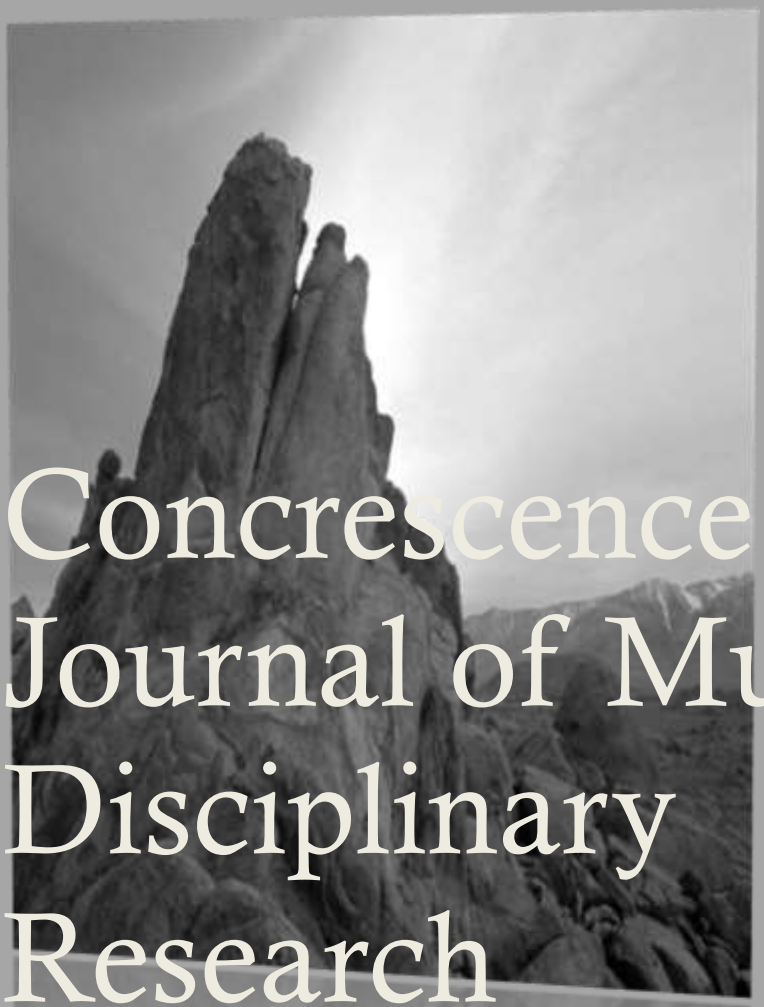

Concrescence: Journal of Multi-Disciplinary Research

Volume 2, Number 2, 2025, E-ISSN: 1595-9287

Available: https://journals.casjournals.com/index.php/CJMR/index

Concrescence: Journal of Multi-Disciplinary Research
Vol. 2, No. 2, 2025, E-ISSN: 1595-9287

Perceived Conflict Resolution Strategies, Marital Status and Gender Dysphoria on Psychological Wellbeing among Doctors and Nurses in Federal Teaching Hospitals

Promise O. Onwamaegbu, PhD
Department of Psychology,
Faculty of Social Sciences,
University of Agriculture and Environmental Sciences,
Umuagwo, Imo State, Nigeria
Promise.onwuamaegbu@uaes.edu.ng.

Raymond O. Omeni-Pius, PhD[1]
Emmanuel C. Mbanusi, PhD[2]
[1&2]*Departement of Peace and Conflict Resolution,*
Faculty of Social Sciences,
University of Agriculture and Environmental Sciences,
Umuagwo, Imo State, Nigeria
[1]raymond.omeni-Pius@uaes.edu.ng
[2]emmanuel.mbanusi@uaes.edu.ng

Abstract
This study investigated Perceived Conflict Resolution strategies, marital status and Gender Dysphoria on Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals. A total of 207 participants, comprising 114 males and 93 females, were selected from Two Federal Teaching Hospitals in Owerri and Enugu state using a convenience sampling technique. The participants' ages ranged from 27 to 58, with a mean age of 41.16 and a standard deviation of 9.69. The study had three hypotheses. Data collection relied on three instruments: Conflict Resolution Strategies Scale developed by Howat and London (1980), the Utrecht Gender Dysphoria scale developed by Schneider, Cerwenka and Nieder (2016) and the Psychological Wellbeing Scale developed by Ryff (1989). The research design employed was a cross-sectional survey design, and data analysis was conducted through Hierarchical multiple regression and standard linear regression. The findings of this study revealed that perceived Conflict Resolution Strategies and marital status predicted the Psychological wellbeing of Doctors and Nurses, while Gender Dysphoria did not predict Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals. In light of these findings, managers and owners of companies are advised to take procedure measures to prevent or manage Conflict; even though it's inevitable, adopting the proper conflict resolution strategies will help in improving the Psychological wellbeing of Doctors and Nurses.

Keywords: Conflict Resolution Strategies, Marital Status, Gender Dysphoria, Psychological Wellbeing.

Introduction

The rapid changes in medical practice in the past quarter century have stimulated considerable interest in measuring doctors' and nurses' psychological wellbeing and their attitudes about their work (Baker & Canter 2003). Low levels of psychological wellbeing and job satisfaction among doctors and nurses may affect their relationship with their patients and compromise the quality of care. Doctors and nurses are faced with a lot of work demands because the number of people seeking medical attention is more in number than the available manpower; this may predispose them to become fatigued, stressed and burnout, which may affect their psychological wellbeing negatively (Linn, Brook, Clark, Davis, Fink & Kosecoff 2020). These changes have also affected hospital work and may have increased the challenges of balancing work and personal roles among doctors and nurses. The Nigerian health sector is noted for its long-hour culture due to insufficient manpower and high workloads among doctors and nurses, which seem to result in the neglect of other areas of their lives, such as spending enough time with their families or attending to personal issues. This trend should have a negative influence on the individual psychological wellbeing because Nigeria places some values on the family system (Ojo, Salan & Falola 2014).

Psychological well-being is a multidimensional concept encompassing various aspects such as confidence, self-control, anxiety, and loneliness (Chandola, Britton, Brunner, Hemingway, Malik, Kumari, Badrick, Kivimaki, & Marmot, 2011). According to Khanbam, Asgar, and Pavar (2014), psychological wellbeing is associated with a range of structures like life satisfaction, affect, happiness, adjustment and subjective wellbeing. Psychological wellbeing can be identified when a person obtains happiness and life satisfaction and does not show symptoms of depression (Chandola et al., 2011). Besides that, psychological wellbeing is about lives going well because of the combination of feeling good and functioning effectively (Huppert, 2011). Individuals with high psychological well-being are happy, capable, well-supported, and satisfied with their professional and personal lives (Sharma, 2014). Psychological wellbeing is a subjective term that has different meanings to different individuals. It is an important phenomenon which determines one's wellness or perceives one's life to be happy.

Psychological wellbeing has recently been discussed on the happiness of individuals within the framework of several variables. Cooper (2014) mentioned that psychological wellbeing was a concept to be evaluated within the scope of positive psychology. He defined psychological wellbeing as individuals having the power to struggle in order to establish the balance between their life anxiety and individual and social interests. According to him, wellbeing should be explained through an integrative understanding benefiting from life development, mental health and clinical viewpoint. Being different from happiness, well-being has been discussed as individuals' effort to realize their real potential.

Psychological wellbeing is a subjective feeling of contentment, happiness, satisfaction with life experiences, role in the world of work, sense of achievement, utility, and belongingness. Sastre and Ferriere, 2000; Van Wel, Linssen and Abma, 2020 showed that various factors affect hospital personnel's level of psychological wellbeing. Psychological wellbeing is a somewhat malleable concept which is the feeling of people's everyday life activities; such feelings may cause negative mental state or psychological strains such as anxiety, frustration, emotional exhaustion, unhappiness, dissatisfaction to a state, which has been identified as positive mental health (Jahoda, 2009). Psychological wellbeing has been considered by Ryff (1989) as a set of psychological characteristics implicated in positive

human functioning (Keyes, Ryff, & Schmotkin, 2012): autonomy, environmental mastery, self-acceptance, purpose in life, positive relations with others, and personal growth. The six dimensions of psychological wellbeing (PWB) evoke different challenges that people encounter as they try to function positively (Ryff & Keyes, 2010). Individuals attempt to feel good even when aware of their limitations (self-acceptance), seek to develop and maintain warmth and trust in interpersonal relationships (positive relations with others), and try to manage their environment so as to meet personal needs and desires (environmental mastery).

The rapid increase in population in recent years, combined with constant improvements in technology and changes in socio-economic life, has led to the emergence of new occupational areas and attributed new meanings to existing occupations as well. Job-related stress levels and psychological wellbeing levels of the employees carrying on their duties, especially in occupations related to educational, health, law, engineering, and religious issues, are essential in terms of the productivity possible to be obtained from these occupations. Increase in the productivity to be obtained from these fundamental occupations reflects positively on the quality, peace and welfare of society and has an effect on the psychological wellbeing of the individuals, as well. In this sense, the concept of well-being is remarkable for maintaining occupational life. The psychological wellbeing of individuals is likely to be affected by inner processes such as personality, work locus of control, etc., and can also be affected by occupational factors such as occupation itself, job-related stress, and job satisfaction. The occupation individuals carry on can affect both their job satisfaction and psychological wellbeing. An occupational life in coherence with interests, abilities and values can positively affect the level of satisfaction from the occupation, and this positively reflects the psychological wellbeing of the individuals. Employees in organizations with low job stress are generally happier and more satisfied with themselves.

On the other hand, employees in companies where job stress is high can encounter several emotional, mental and physical problems (Okyay, 2009). In this sense, professional life creating a big part of life can be assessed as one of the fundamental factors of psychological wellbeing. Furthermore, Ryff (2005) emphazised that happiness was not the primary message and that happiness could be a result of a good life. According to Ryan and Deci (2011), well-being could be explained by psychological needs. According to them, basic psychological needs were autonomy, competence and establishing relationships; the skill of meeting these needs explained wellbeing. Chandola, Brittin, Brunner, Hemingway, Malik, Kumari, Badrick, Kirimaki and Marmot (2011) defined psychological wellbeing as struggling with challenges, making efforts, personal development and growth. When the concept of psychological wellbeing is considered together with occupational life, it can be defined as individuals' establishing positive relationships with the people around them, occupational acceptance, personal development, and meeting life and occupational needs. The feelings, thoughts, and behaviours of individuals during this process can remarkably affect their well-being levels. It is possible to mention in reference to this aspect that the satisfaction level of individuals obtained from their occupation could significantly affect their psychological wellbeing, which showcases how balanced the employee's work is to their personal life.

Another variable of interest in this study is Conflict resolution strategies. Conflict Resolution is the process of ending a dispute and reaching an agreement that satisfies all parties involved. Since conflict is an essential part of being human, effective conflict resolution is

not designed to avoid disagreements. Instead, conflict resolution skills are used to facilitate discussions, increase understanding and control emotional responses. Some of the most common cognitive errors that lead to unproductive or unresolved conflict include:

- Self-serving fairness interpretations.

This term refers to the process by which one or more parties decide what is considered "fair" from a biased perspective. In workplace conflict resolution, you'll learn skills that help you discuss conflict from a more neutral stance.

- Overconfidence

Overconfidence when arguing or disputing a matter can lead to undesirable outcomes. While overconfidence in a personal disagreement may simply cause embarrassment, this cognitive error can be even more detrimental when dealing with legal issues—particularly when you are ill-prepared for the argument at hand.

Overconfidence also prevents one or more conflicting parties from seeing the other's perspective, which is an issue that workplace conflict resolution aims to resolve.

- Escalation

Escalation tactics can prolong a dispute for longer than necessary, thus making an agreement even more difficult to reach. In a personal dispute, escalation may involve one party raising the stakes of the argument or bringing in additional issues that exist outside of the situation at hand. In legal terms, escalation refers to increasing charges or spending more money on litigation.

- Avoidance

Avoidance is the practice of circumventing conflict. Examples of avoidance may include bottling up emotions, changing the subject when an issue is brought up, or physically leaving the situation altogether.

- Blaming

Blaming refers to the tactic of one or more parties ridding themselves of responsibility for a disagreement—thus placing all the faults on the other party. When blaming is used during a conflict, it can be challenging for both parties to agree on their respective roles in the situation. When one party looks down upon the other from an inaccurate moral high ground, a real resolution is virtually impossible.

- Emotional volatility and insults.

Finally, we have one of the most common and destructive cognitive errors found in conflict resolution: emotional volatility, often expressed through insults.
When one or more parties resort to inflicting emotional (or even physical damage) on the other party, the chances of reaching a calm and reasonable agreement decrease drastically. Not only does emotional volatility make for a hostile discussion environment, but insults can also lead the other party to withdraw entirely. The practice of conflict resolution involves a number of different methods. Resolving conflict may be done privately through negotiation between parties or through the use of a neutral third party, such as a counsellor or mediator.

Conflict Resolution styles, according to Thomas-Kilmann (2021), as measured by the Conflict Mode Instrument, are: Avoiding, Competing, Accommodating, Compromising, and Collaborating. These styles represent different approaches to handling conflict, ranging from unassertive and uncooperative to both assertive and cooperative.

Avoiding: This style is unassertive and uncooperative. Individuals using this style try to sidestep the conflict, hoping it will resolve itself or by removing themselves from the situation.

Competing: This style is assertive and uncooperative. It involves pushing one's own position aggressively to achieve a desired outcome, often at the expense of others.

Accommodating: This style is unassertive and cooperative. Individuals using this style prioritize the other party's needs and concerns, potentially sacrificing their own to maintain harmony.

Compromising: This style involves moderate assertiveness and cooperativeness. It seeks a middle ground by finding a solution that meets the needs of both parties, though it may require some concessions from each.

Collaborating: This style is both assertive and cooperative. It focuses on finding a solution that fully satisfies the needs and goals of all parties involved, often through open communication, problem-solving, and brainstorming.

Marital status refers to the state of being married or unmarried. It is a demographic characteristic that is often used to identify and categorize individuals in various contexts, such as Census and surveys, Social and economic research, Healthcare and insurance, Employment and benefits, and Legal and administrative purposes; common categories of marital status include: Single (never married), Married (currently married), Divorced (formerly married, now divorced), Separated (married, but living apart), Widowed (formerly married; spouse has passed away), Remarried (previously married, now married again), Cohabiting (living with a partner, not married), Domestic partner (living with a partner, not married). But for the purpose of this study, two dimensions will be used: Single and married. Marital status can impact various aspects of life, such as: Social support, employment and education opportunities, psychological wellbeing, etc. It's important to note that marital status is not always a fixed or permanent category, as individuals may transition between categories throughout their lives due to various life events and circumstances. Gender dysphoria is another important variable in this study, Gender dysphoria is also known as gender identity disorder. It is a condition where an individual experiences distress and discomfort due to a mismatch between their gender identity and biological sex. This can lead to feelings of anxiety and depression, can lower the Psychological wellbeing of the individual and can lead to a strong desire to transition to the opposite gender. Some types of Gender dysphoria include:

A. Male-to-female (MTF): Individuals born as males but identify as females.
B. Female-to-male (FTM): Individuals born as females but identify as males.
C. Non-binary: Individuals who do not identify as exclusively male or female but rather as a combination of both or as a third gender entirely.

Some causes of Gender dysphoria include: Biological factors such as hormonal and genetic influences, Environmental factors such as cultural and social conditioning and Psychological factors such as personal experiences and mental health. It has some symptoms, which range from feeling trapped in the wrong body, desire to transition to the opposite gender, distress and anxiety related to gender identity, Difficulty with sexual intimacy, and feeling disconnected from one's body.

Treatment of Gender Dysphoria includes: Hormone therapy, which is to align body characteristics with gender identity; Gender confirmation surgeries, which is to alter physical characteristics; Psychotherapy, to address mental health and emotional well-being; social transition, changing names, pronouns, and social roles. It's important to note that gender dysphoria is a recognized medical condition, and individuals experiencing it deserve respect, support, and access to appropriate care.

Statement of the problem

Recently, the Nigerian healthcare industry has been facing steadily increasing levels of crises. The sector has suffered from acute underfunding, such that within the last ten years alone, Nigeria has added almost 50 million people to its population, more than the entire population of Canada, which is 38 million, without any commensurate increase in investment in the health sector (Nwachukwu, 2021). The crisis is becoming worse as experts have predicted that by 2030, Nigeria will have a shortage of 50,120 doctors and 137,859 nurses, translating to a 33.45 percent and 29.25 percent gap in doctors' and nurses' supply (Eromosele, 2011). Currently, the Nigerian density of physicians to a patient is 4 doctors per 10,000 patients and 16.1 nurses and midwives per 10,000 patients, which is less than the World Health Organization (WHO) recommendations of 1 doctor to 600 patients and the critical threshold of 23 doctors, nurses and midwives per 10,000 patients (Eromosele, 2021). Worse still, there is only one surgeon, obstetrician, and anaesthetist per 100,000 population, against the WHO-recommended ratio of 20 per 100,000 population (Erunke, 2021). With the attendant enormous workload that Nigerian doctors and nurses face as a result of manpower shortage, those working in public hospitals are being overworked, thus exposing some of them to stress-induced deaths (Youdeowei et al., 2019) and other psychological issues which have been worsened by poor remuneration of health care personnel in Nigeria. A recent investigation by the International Centre for Investigative Reporting (ICIR), which focused on the Southeast states in Nigeria, has identified that Doctors and Nurses tacked job satisfaction. The investigation also revealed a low doctor-to-nurse ratio, which imposes an unduly high workload on the available doctors and nurses, and that many nurses and doctors are eager to relocate to the United States and the United Kingdom. Canada, Germany and other countries where will do more quality work with less effort (Thuoma, 2021).

In addition, many doctors and nurses have complained of emotional and physical fatigue due to the disproportionately huge number of patients they have to attend to daily. Shedding further light on the situation, the Chairman of the Imo State chapter of the Nigerian Medical Association (NMA) revealed that in December 2020, a medical doctor at the Federal Medical Centre, Owerri, collapsed while on call attending to patients and had to be taken to the Intensive Care Unit (ICU). He was unconscious for two days in the ICU. It was later found that the Doctor overstretched himself trying to attend to so many patients at once and didn't have any time to rest (lhuoma, 2021). Corroborating the Imo State NMA Chairman, the Ebonyi State NMA Chairman reported that several doctors have developed health complications in the course of their duties (Thuoma, 2021). From the foregoing, it is evident that doctors and nurses working in the southeast of Nigeria face numerous work demands due to the fact that the number of people seeking medical care outnumbers the available manpower. These demands and the pressure that goes with them may affect their psychological wellbeing negatively. Doctors and nurses have their personal lives to live, which involve very close-knit ties of interpersonal relationships. These individuals work extremely long hours, often extending into late nights, which results in reduced time devoted to leisure and family responsibilities. Family expectations and interference often

combine with work demands to put pressure on these people. Many of them are faced with the difficult choice of either continuing with their job and the associated pressures at work or leaving their job to assume family roles. The loss of much-needed family needs may contribute to more pressure if they choose to quit their paid employment.

Conflicts are apparent in Federal Medical Centres, as stated by the Imo State NMA Chairman, and where it cannot be managed or reduced, it can lead to reduced work performance, lower commitment and psychological wellbeing of doctors and nurses. A certain level of Eustress can lead to positive work outcomes. No known Nigerian research has been found to have given concrete pieces of evidence that stress from work-life balance may affect psychological wellbeing among medical doctors and nurses; this study, therefore, seeks to address these issues. Most studies done on psychological wellbeing were before COVID-19, which put the whole world in a psychological dilemma, especially for frontliners like doctors and nurses who were at the forefront of working tirelessly in trying to reduce, manage and curb this disease. As this scourge is gradually easing, there has been a lot of concern and interest to look at the psychological wellbeing of doctors and nurses, hence the need for this study. Externally, Doctors and Nurses who are extremely controlled feel that their success can only come through luck and chance and not by their own making and may become psychologically distorted when their successes are not forthcoming, thereby lowering their psychological wellbeing.

Purpose of the Study

The General purpose of this study is to investigate if Perceived Conflict Resolution strategies, marital status and Gender Dysphoria will significantly predict Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals in South East Nigeria. Specifically, the Researcher intends to find out if:

1. Perceived Resolution Strategies will have an influence on Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals in South East Nigeria.

2. Marital Status will have significant influence on Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals in South East Nigeria.

3. Gender Dysphoria will have influence on Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals in South East Nigeria.

Empirical Review

Conflict Resolution Strategies and Psychological Wellbeing

Abida, Khalid, Zartashia and Minahil (2024) researched conflict resolution strategies, Psychological wellbeing and marital satisfaction among Spouses of working people. It also examines how these psychological constructions relate to Demographic Indicators, such as Gender, Age, and Education. A sample of 100 Spouses (50 male, 50 female) was selected from a large number of private and government colleges, Universities, Schools, and offices in Faisalabad using a convenience sampling method. Data were collected using the Urdu version of Brief Cope (Akhtar, 2005), Ryff's Psychological Well-being Scale (Naseer, 2000), and the Dyadic Marital Adjustment Scale (translated by Naseer, 2000). Pearson correlation analysis indicated a significantly positive relationship among all variables. Regression analysis predicted marital satisfaction among spouses of working people. T-tests revealed significant gender differences in the Brief Cope Inventory but not in psychological well-being or marital adjustment. These findings contribute to our understanding of the

dynamics of marital relationships among working couples and highlight the importance of conflict resolution and psychological well-being in achieving marital satisfaction.

Annich and Sabine (2024) carried out a cross-sectional study on interpersonal conflict and Psychological wellbeing at work: the beneficial effects of teleworking and emotional intelligence. Path analyses were conducted using Mplus software on a sample of 264 employees from 19 small- to medium-sized organizations. Findings after the data were analysed revealed that teleworking was associated with lower interpersonal conflict; however, it was not associated with enhanced psychological well-being. Interestingly, workload seemed to be associated with higher interpersonal conflict, while decision authority and support garnered from one's supervisor seemed to be associated with lower interpersonal conflict. Teleworking was indirectly associated with higher psychological well-being via interpersonal conflict. Finally, Emotional intelligence played a moderating role in teleworking, thereby reducing interpersonal conflict. This, in turn, was associated with higher psychological well-being.

Soudeh, Simindokhrt, and Parivash (2020) aimed to determine the causal relationship between conflict resolution styles and marital stability, considering the mediating role of psychological well-being. The research method is correlational. The statistical population includes married individuals (men and women) who have been married for at least three years and have been referred to counselling centres located in District 2 of Tehran between May and September 2018. 308 volunteers and in-reach people were selected. Data collection was done by means of Edwards and colleagues (1980), Conflict Resolution Styles- Rahim (1983), and Psychological Well-being- Ryff (1980). Using path analysis, the results showed that marital instability is positively anticipated by a dominating style and negatively by integrating and avoiding styles, as well as psychological well-being. Indirect path coefficients showed a positive correlation between dominating style and marital instability while a negative correlation between integrating style and compromising marital instability and also demonstrated that psychological well-being mediates the correlation of integrating, compromising and dominating styles with marital instability. Therefore, the individuals' conflict resolution styles and their psychological well-being can be effective variables for assessing and predicting marital stability."

Sayed (2015) researched the multiple Relationships between conflict management styles and Psychological wellbeing among Employees in manufacturing companies in India. The research methodology employed a descriptive and multiple correlation approach, with a statistical population comprising all employees of manufacturing companies in industrial estates. In 2014, they were selected from among 400 multistage sampling, regular sampling methods and random. The instrument included conflict management styles (Yazdanabadi, 1993) and psychological well-being (Ryff, 1989). Analysis of results was performed using Pearson correlation and stepwise regression analysis. The results showed that predictors of their reception among the dimensions of conflict management styles, adaptive styles, and avoidant styles were in the negative direction. Environmental dominance has been predicted to have adaptive Styles and avoidant styles in the negative direction and a corporate style in the positive direction. Predictors of a positive correlation with others and have a purpose in life adaptive styles and avoidant in the negative direction and cooperate style in the positive direction. Personal development has been predicted to be adaptive styles and avoidant in the negative direction and cooperate style and competitive in the positive direction. Independence has been a predictor of corporate style and competitive in

the positive direction and avoidant style in the negative direction. Reconciliation is not appropriate predictor of for none of components psychological well-being

Marital Status and Psychological wellbeing

Tze and Anne (2020) investigated the Association between Marital status and Psychological wellbeing: variation across negative and positive dimensions. The researchers examined the association between marital status and negative well-being, measured as depressive symptoms, and positive well-being, measured as autonomy, environmental mastery, personal growth, positive relations with others, self-acceptance, and purpose in life. Using Wave 2 of Midlife in the United States (2004–2006; n = 1,711), Results showed that the continuously married fare better on the negative dimension than do the formerly married. The results for some measures of positive well-being also reveal an advantage for the continuously married, compared with the formerly and the never-married. However, results for other positive measures indicate that the unmarried and the remarried fare better—not worse—than the continuously married. Further, some results suggest greater benefits for remarried or never-married women than men.

Perini and Sirloin (2016) worked on marital status and Psychological wellbeing: A cross section Analysis among participants in Georgia. The researchers utilised data from the Generations and Gender Survey (GGS) to conduct this study. Results after data collected were analysed with Regression statistic underline that widowed and separated people show greater emotional distress with respect to married ones. Empirical evidence shows that there is an association between psychological well-being and marital status that is also gender specific with respect to some measures of well-being: women seem to be more depressed than men after having experienced a marital breakdown, while no gender differences emerge when loneliness has been considered as a measure of well-being.

Zumlong, Saleh, Dauda and Pandang (2019) carried out this study aimed at evaluating the impact of marital status and perceived social support on the psychological well-being of mothers. A total of 154 women participated in this factorial design, with their ages ranging from 16 years to 45 years and above. Multidimensional Scale of Perceived Social Support and Ryff‟ 's Psychological Wellbeing Scale Short-Form were used for data collection. Three hypotheses were tested at a 0.05 level of significance to determine whether marital status alone, perceived social support alone, or both marital status and perceived social support together have a significant effect on the psychological well-being of mothers. Results indicated that marital status had a significant effect on the psychological wellbeing of mothers, means, 70.50, 52.57, 54.13, 57.50, $F(3, 146) = 3.444$, $p = 0.018$; with those that are singles having higher psychological wellbeing mean score. Furthermore, perceived social support had a significant effect on the psychological wellbeing of participants, means 66.36, 50.99, $F(1, 146) = 11.023$, $p = 0.001$, with those that had low perceived social support having higher psychological wellbeing mean score. However, a significant interaction effect between marital status and perceived social support on the psychological wellbeing of mothers was not found, means, 86.00, 55.00, 59.09, 46.05, 55.00, 53.25, 66.33, 49.67, $F(3, 146) = 1.084$, $p = 0.358$. The study concluded that the psychological wellbeing of mothers is influenced by marital status as well as perceived social support.

Dush, Taylor and Kroeger (2008) investigated marital happiness and Psychological wellbeing across the life course. Using data from six waves of the Study of Marital Instability over the Life Course (N = 1,998), we conducted a latent class analysis to test for distinct marital happiness trajectories. We found three distinct marital happiness trajectories: low,

middle, and high happiness. Initial levels of life happiness were strongly associated with membership in the marital happiness trajectories and with various demographic and attitude-related control variables. Using fixed effects regression with time-varying covariates, we also found that marital happiness trajectory membership was associated with subsequent changes in both life happiness and depressive symptoms. All respondents experienced a decrease in life happiness between Wave 1 and the end of their observed time in their marriage, but respondents in the high marital happiness trajectory experienced the smallest decline. Respondents in both the high and middle marital happiness trajectories also experienced a decline in depressive symptoms over time. Intervention and policy implications are discussed.

Gender Dysphoria and Psychological Wellbeing

Davey, Walter, Jon and Caroline (2021) aimed to investigate the levels of social support among individuals with gender dysphoria compared with a matched control group. It also aimed to examine the relationship between social support and psychological well-being. Participants selected were 103 individuals diagnosed with gender dysphoria (according to ICD-10 criteria) attending a national gender identity clinic and an age- and gender-matched nonclinical control group recruited via social networking websites.

The data analysis showed that a large number of participants completed measures of social support (Multidimensional Scale of Perceived Social Support, MSPSS), psychopathology (Symptom Checklist 90 Revised, SCL), quality of life (Short Form 36 version 2, SF-36), and life satisfaction (Personal Wellbeing Index, PWI). Results revealed that Trans women reported significantly lower MSPSS total and MSPSS family scores compared with control women. However, these differences in levels of social support were no longer significant when SCL depression was controlled for. No significant differences were found between trans men and any other group. MSPSS scores did not significantly predict SCL subscales but did predict both SF subscales and PWI total scores.

Cooper, Russell, Mandy, and Butler (2020) worked on the phenomenology of Gender Dysphoria in adults: A systematic review and Meta-synthesis. This systematic review aimed to identify and synthesize all existing qualitative research literature about the lived experience of gender dysphoria in adults. A pre-planned systematic search identified 1,491 papers, with 20 meeting the full inclusion criteria. A quality assessment of each paper was then conducted. Data pertaining to the lived experience of gender dysphoria were extracted from each paper, and a meta-ethnographic synthesis was conducted. Four overarching concepts were identified: distress due to dissonance of assigned and experienced gender; interface of assigned gender, gender identity and society; social consequences of gender identity; internal processing of rejection; and transphobia. A key finding was the reciprocal relationship between an individual's feelings about their gender and societal responses to transgender people. Other subthemes contributing to distress were misgendering a mismatch between gender identity and societal expectations and hypervigilance for transphobia.

Ghiasi, Khazael, and Rezaee (2024) investment the physical and psychosocial challenges of people with gender dysphoria: a content analysis. This qualitative study aimed to identify the physical, psychological, and social challenges of people with gender dysphoria in the Department of Forensic Medicine in Iran. The study was conducted using conventional content analysis on 9 individuals who were selected through purposive sampling. A total of 16 interviews were conducted with 9 participants. Each interview lasted between 60 and

90 minutes. The participants' gender dysphoria was confirmed by the Department of Forensic Medicine. The data were collected through face-to-face semi-structured interviews with the participants. The data revealed 3 main categories and 10 subcategories. The main categories were living in agony, confusion, and social concerns. The subcategories were annoying physical characteristics, mental suffering, disturbing sexual changes, concerns about public reaction, helplessness, surrender, the final solution, retreating to isolation, stressful family conditions, lack of public recognition and low Psychological wellbeing.

Dhejne, Vlerken, Heylens and Arcelus (2016) investigated Gender Dysphoria and Mental health. This review identifies 38 cross-sectional and longitudinal studies describing prevalence rates of psychiatric disorders and psychiatric outcomes, pre- and post-gender-confirming medical interventions, for people with gender dysphoria. It indicates that, although the levels of psychopathology and psychiatric disorders in trans people attending services at the time of assessment are higher than in the CIS population, they do improve following gender-confirming medical intervention, in many cases reaching normative values. The main Axis I psychiatric disorders were found to be depression and anxiety disorders. Other major psychiatric disorders, such as schizophrenia and bipolar disorder, were rare and were no more prevalent than in the general population. There was conflicting evidence regarding gender differences: some studies found higher psychopathology in trans women, while others found no differences between gender groups. Although many studies were methodologically weak and included people at different stages of transition within the same cohort of patients, overall, this review indicates that trans people attending transgender healthcare services appear to have a higher risk of psychiatric morbidity (that improves following treatment), and thus confirms the vulnerability of this population.

Hypotheses

1. Perceived Conflict Resolution strategies will significantly predict Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals in South East.

2. Marital Status will significantly predict Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals in South East.

3. Gender Dysphoria will significantly predict Psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals in South East.

Method

Participants

The Researcher selected 207 Doctors and nurses through a convenient sampling technique from Federal Teaching Hospital Owerri and Federal Teaching Hospital Enugu. This method of selecting participants provides the researcher with the opportunity to choose participants who are accessible and willing to participate in the study. The participants comprised 114 (55.08%) males and 93 (44.92%) females, out of which 107 (51.69%) were married while 100 were single (48.31 %). Their ages ranged from 27-58, with a mean age of 41.16 and a standard deviation of 9.69.

Instruments

Three instruments were used for data collection:

1. Conflict Resolution Strategies Scale.

2. Utrecht Gender Dysphoria scale.

3. Psychological wellbeing scale.

Conflict Resolution Strategy scale

Conflict Resolution Strategy scale was developed by Howat and London (1980) to measure the approaches used in organisations or families to resolve conflict by Management/Supervisor, Labour/ Subordinates/Union/Workers, Couples/ Spouses/partakers/Business Associates. The scale contains 25 items scored on a 5-point Likert format ranging from 1-Never to 5-Always. Akinmarin (1994) provided the psychometric properties for Nigerian samples, while Howat and London (1980) obtained the Cronbach Alpha internal consistency and test-retest reliability coefficient for the subscales. The scale was revalidated in Nigeria by Onwuamaegbu (2016) using 160 doctors and Nurses drawn from the Federal Medical Centre Owerri, Umuguma General Hospital, and Imo State Teaching Hospital Orlu. After the analysis, the following norms were obtained:

Confrontation	**3.77**
Withdrawal	**2.50**
Forcing	**2.59**
Smoothing	**3.99**
Compromise	**3.51**

Scores higher than the norm of any of the subscales indicate that the person rated by the client predominantly uses one or more strategies in resolving conflicts.

Gender Dysphoria Scale

Gender Dysphoria scale was developed by Ultrecht (2016) to measure the level or amount of irrational fear as it relates to gender. It has two versions: a female-to-male and a male-to-female version; all versions contain 12 items, scored on a 5-point Likert format. The researchers revalidated the scale in Nigeria through a pilot study involving 100 participants. The result yields a combach alpha coefficient of .87, which exceeds Nunnaly's (1978) minimum internal consistency criteria of .70. To get the client total score, all items in the male version and items 1,2,4,5,6,10,11 and 12 of the female version were reversely scored. The norm for the scale is 32.70. Scores below the norm indicate low gender dysphoria, while scores higher than the norm show high gender Dysphoria.

Psychological Wellbeing Scale

The third instrument is Psychological Wellbeing developed by Ryff (1989); the scale measures six different qualities of high psychological functioning, which are (a) self-acceptance, (b) mastery of the surrounding environment, (c) good association with others, (d) consistent growth and development, (e) purposeful living and, (f) the capacity of self-determination (autonomy). The instrument has a 6-point response format with responses ranging from 1 to 6. They are 1= "Strongly Disagree", 2- "Moderately Disagree", 3= "Slightly Disagree", 4- "Slightly Agree", "Moderately Agree", 6= "Strongly Agree". The scale has forty-two (42) items. tems, 3, 5, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41 were indirectly scored. Items 1, 2, 4, 6, 7, 8, 9, 11, 12, 20, 21, 22, 24, 25, 28, 29, 33, 35, 37, 38, 40 and 42 are directly scored. An example of this item is "Some people wonder aimlessly through life, but I am not one of them". Higher scores on each scale indicate greater wellbeing on that dimension. Psychological Wellbeing Scale has been used over the years in Nigeria and Africa. Example, Wissing. Temare and Khumalo (2010) aimed to develop and validate the General Psychological Wellbeing Scale (GPWS) in an African sample. The pilot and main study included General Psychological Wellbeing Scale (GPWS) measures for criterion-related validity. It yielded satisfactory psychometric properties.89. The 42-item

psychological wellbeing scale was subjected to a pilot study among 50 doctors and nurses drawn from General Hospital Umuguma Owerri. This was done so as to ascertain the reliability and internal consistency of the psychological wellbeing scale (PWS) for use among Nigerian samples. All 42 items of the scale obtained corrected item totals ranging from 32 to 69, indicating that the items are measuring the same construct, thus exceeding the recommended corrected item totals by Pallant (2005). The 42-item also yielded a Cronbach's alpha coefficient of 96; this exceeds Nunnaly's (1978) minimum internal consistency criteria of .70 for determining the adequacy of a measure's internal consistency and thus indicating that the scale is reliable for use among Nigerian samples. The norm obtained for the modified psychological wellbeing scale (PWS) is 195.90, with high scores implying higher psychological wellbeing while lower scores imply lower psychological wellbeing.

Design and Statistics

The design employed in this study is a cross-sectional survey design because the study involves a survey, and samples were selected from a large population, which encompasses people with different Ages, marital statuses, and backgrounds. The statistics employed hierarchical multiple regression and multiple linear regression because they reveal variables that explain a statistically significant amount of variance in the dependent variable after accounting for all other variables, which were scored on a continuous scale.

RESULTS

Table 1. Bivariate Correlations among the Key Variables in the Study

Variable	Wellbeing	Conflict Resolution Styles	Marital Status	Gender Dysphoria
Wellbeing	-	.165*	-.257**	-.049
Conflict Resolution styles		-	-.097	-.005
Marital Status			-	.045
Gender Dysphoria				-

*p < .05, **p < .01, N = 207

The correlation matrix in Table 1 above displays the associations among the variables in the study based on a sample size of N = 207. In Table 1 above, a significant positive relationship was found between psychological wellbeing and conflict resolution styles (r = .165, p < .05). The relationship implies that increased application of conflict resolution styles is associated with increased psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals. However, a significant negative correlation was observed between marital status and psychological wellbeing (r = -.257, p < .01). This result suggests that single Doctors and Nurses in Federal Teaching Hospitals are linked to increased psychological wellbeing than their married counterparts. No significant relationship was found among the other key variables in the study.

Table 2. Multiple Regression Analysis Predicting Psychological Wellbeing from Conflict Resolution Styles, Marital Status and Gender Dysphoria among Doctors and Nurses in Federal Teaching Hospitals.

Predictor	B	SE B	B	t	p
Constant	137.910	23.313		5.916	.000
Conflict Resolution Styles	2.332	1.109	.142	2.103	.037
Marital Status	-23.593	6.584	-.242	-3.584	.000
Gender Dysphoria	-.209	.372	-.038	-.560	.576

$R = .296$, $R^2 = .087$, Adjusted $R^2 = .074$, $F(3, 203) = 6.48$ $p = .000$

This study utilised the standard multiple regression analysis to investigate the predictive power of conflict resolution strategy, marital status and gender dysphoria on psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals. The regression model as a whole was significant ($F(3, 203) = 6.48$, $p = .000$), explaining 8.7% of the variance in psychological wellbeing. The results, as detailed in Table 2, showed that the intercept term was 137.91 (SE = 23.31), with a t-value of 5.92, indicating a significant constant in predicting job involvement ($p < .01$).

The analysis for hypothesis 1 tested the hypothesis which states that the application of conflict resolution styles will significantly predict psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals was accepted ($\beta = .142$, $t = 2.103$, $p < .05$. From the result, it is imperative that Doctors and Nurses in Federal Teaching Hospitals who apply more conflict resolution styles report higher psychological wellbeing compared to their counterparts who apply less conflict resolution styles. Hypothesis one is therefore, accepted.

Similarly, the analysis for hypothesis 2 tested the hypothesis which states that marital status will significantly predict psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals was also accepted ($\beta = -.242$, $t = -3.584$, $p < .01$). The result from its inverse significance, implies that single Doctors and Nurses in Federal Teaching Hospitals reported higher psychological wellbeing than their married counterparts. Hypothesis two is, therefore, accepted.

However, the analysis for hypothesis 3, testing the hypothesis which states that gender dysmorphia will significantly predict psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals, was also rejected ($\beta = .038$, $t = -.560$, $p > .05$). This indicates that gender dysmorphia does not significantly predict psychological wellbeing among Doctors and Nurses in Federal Teaching Hospitals. Hypothesis three is therefore rejected.

Summary of Findings

1. Conflict resolution strategy predicted psychological well-being among Doctors and Nurses in Federal teaching hospitals.

2. Marital status predicted psychological well-being among Doctors and Nurses in Federal teaching hospitals.

3. Gender dysphoria did not predict psychological well-being among Doctors and Nurses in Federal teaching hospitals.

Discussion

The study investigated perceived conflict resolution strategies, marital status, and Gender dysphoria or Psychological well-being among Doctors and Nurses in Federal teaching hospitals. Employing the robust statistical package for the Social Sciences (SPSS), the analysis of the three hypotheses for the study provided valuable insights into the relationships among these variables. The first hypotheses investigated the impact of perceived conflict resolution strategies on psychological well-being and yielded intriguing revelations. The finding confirmed that perceived conflict resolution strategies predicted psychological well-being among Doctors and Nurses in Federal teaching hospitals. This study by Abida et al. (2024) supports this finding as the result showed that conflict resolution strategies had an impact on psychological well-being. Moreover, Sayed's (2015) seminal study on conflict resolution and psychological well-being, particularly in relation to work-life balance and job stress, provided valuable theoretical underpinnings for interpreting the study's findings.

The exploration of the second hypothesis, which analysed the relationship between marital status and psychological wellbeing revealed a compelling association; notably, the analysis showed a significant influence of marital status on psychological wellbeing as Doctors and Nurses who were single scored higher in Psychological wellbeing with previous studies by Tze and Anne (2020), Perini and Sironi (2016) corroborates this finding and also underscores the important role of marital status on psychological wellbeing. However, the study of Zumlong et al. (2019) differed in their finding as marital states were found not to predict Psychological wellbeing.

The third hypothesis, which investigated the influence of Gender dysphoria on Psychological wellbeing indicated that gender dysphoria is not a significant predictor of Psychological wellbeing among Doctors and nurses in Federal Teaching Hospitals. The study of Davey et al. (2014) and Cooper et al. (2020) affirms this finding, as the separate results showed that Gender dysphoria had no significant influence on Psychological wellbeing.

Implication of the study

Theoretically, this study aided in broadening the knowledge of researchers, Government officials and Psychological wellbeing, as well as their effects on both individuals and organization, which sheds more light on how these factors contribute to performance, commitment and productivity within the organizational context. Additionally, the study provided empirical evidence to serve as a foundation for future endeavours.

Practically, the study has helped to expand the understanding of researchers and organizational management regarding Psychological research. It has also contributed to revealing the negative consequences of not adopting the best conflict resolution styles in resolving conflict as it has the propensity of lowering the Psychological well-being of medical personnel, e.g. Doctors/Nurses. Finally, a lot of people perceive married workers to have better psychological well-being, but this study has shown otherwise; this will increase the morale and self-esteem of single employees.

Recommendations

Based on the findings, the following recommendations were suggested;

1. Government managers and employers of labour should strive to adopt effective conflict resolution strategies when trying to settle conflicts within the organisation, as this can help increase their psychological well-being and enhance work performance.

2. Gender dysphoria is not a disorder; people who have this phobia should not be stigmatized and should be given equal opportunities during recruitment.

3. Efforts should be made by managers on how to improve the psychological well-being of their employees, as this will help them to increase their commitment to work, thereby reducing turnover intentions.

Conclusion

The study investigated perceived conflict resolution styles, marital status and Gender dysphoria on Psychological well-being among Doctors and Nurses in Federal teaching hospitals. A total of 207 participants were selected through a convenience sampling technique from the Federal Teaching Hospital in Owerri and Enugu, comprising 114 males and 93 females. Data collected was analysed using Hierarchical multiple regression. Results revealed that conflict resolution strategies and marital status predicted psychological well-being among Doctors and Nurses in Federal teaching hospitals, while gender dysphoria did not predict psychological well-being among Doctors and Nurses in Teaching Hospitals.

References

Abida, A, Khalid,M, Zartashia, k.J & Minahil,A,(2024). Conflict Resolution, Psychological wellbeing and Marital satisfaction among Spouses of working people. *Indian Journal of Psychology*,15,(7),145-148.

Annich, P. L, & Sabine,S, (2024). Interpersonal conflict and Psychological wellbeing at work: The beneficial effects of teleworking and emotional intelligence*. International Journal of Conflict management*, 35,(3),56-59.

Baker, L. C., & Cantor, J.C (2003) Doctors satisfaction under managed care. *Health Affiliation*. 21, 258-2003).

Balogun, A. (2020). work family conflict and burnout among working mothers. The role of work-family conflict, self-efficacy, gender*. behavioral Journal* 17(4): 14224-14236.

Baluku, M.M., Bantu, E., Namele, B., & Otto, K. (2021). Maintaining high cudaimonic wellbeing despite ambiguity intolerance among three employment status group: Examining the buffering effects of positive psychological attributes. *International Journal of Applied Positive Psychology*. https://doi.org/10.007/s41041-021-00051-1

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215.

Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Pearson Prentice Hall.

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1997). Self-efficacy: The Exercise of Control. Freeman: New York.

Barnett, K. A., Campo, R., Campo, D., & Steiner, R. L. (2003). Work and family balance among dual-earner working-class Mexican-Americans: Implications for therapists. Contemporary Family Therapy: *An International Journal*, 25(4), 353.

Barnett, R.C., & Baruch, G.K (2015). Women's involvement in multi life roles and psychological distress. *Journal of Personality and Social Psychology*, 49(1), 135-145.

Basinka, O.P (2018). Effect of job related stress on psychological wellbeing of firemen in Lisbon. *Journal of Psychology*, 23(5):23-27.

Beauregard, T.A., Henry, L.C. (2009). Making the link between work-life balance practices and organizational.

Beehr. T. A., Walsh, J.T., & Taber, T.D. (1976). Relationship of stress to individually and organizationally valued strategies: higher order needs.

Chandola, T, Britton, A, Brunner,E, Hemingway, H, Malik, M, Kumari, M, Badrick, E, Kirimaki M, & Marmot,M. (2011). Work Stress and Coronary heart disease: What are the mechanism. *European Heart journal*,25(50),640-648.

Cooper, CL, Cooper, R.D., Eaker, LH (2018). Living with stress. Harmonsworth: Penguin.

Cooper, R. (2014). What is psychological wellbeing? New York, MeCiraw Hills.

Cooper,K,Russel,A,Mandy,W, & Butter,C (2020). The phenomenology of Gender Dysphoria in adults: A systematic review and Meta - Synthesis. *Journal of Clinical Psychological Review*. Doi10.1016/j.cpr.2020.101875.

Crompton R. Lyonette, C. (2016). Work life 'balance' in Europe. *Acta Sociologica*,. 49 (4), 379-393.

Crouter. A.C. (1984). Spill over from family to work: The neglected side of the work-family interface, in: *Human Relations*, 37(6), 425-441.

Danna, K., & Griffin, R.W. (1999). Health and psychological wellbeing in the workplace: a review and synthesis of the literature. *Journal of Management*, 25, 22-26.

Davey, A, Walter,. P.B Jon, A and Caroline M. (2021) social support and psychological wellbeing in Gender Dysphoria; A comparison of patient with matched controls. *Journal of sexual medicine, 11,(4),12-15*

Deci, E.L., & Ryan, R.M. (2012). Motivation, personality and development within embedded social context. An overview of self determination theory. In R.M Ryan (Ed). *Oxford Handbook of Human Motivation*, 85-107. Oxford University Press.

Delecta, P. (2011). Work life balance. *International Journal of Current Research.* 3(4): 186-186.

Deogracias, J. J., Johnson, L. L., Meyer-Bahlburg, H. F. L., Kessler, S. J., Schober, J. M., & Zucker, K. J. (2007). The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults. *Journal of Sex Research*, 44, 370–379. doi:10.1080/00224490701586730.

Deogracias, J. J., Johnson, L. L., Meyer-Bahlburg, H. F. L., Kessler, S. J., Schober, J. M., & Zucker, K. J. (2007). The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults. *Journal of Sex Research*, 44, 370–379. doi:10.1080/00224490701586730.

Derks. D., & Apakker, A.B. (2014): Smartphone use, work-home interference, and burnout: A Diary study on the role of recovery, in: *Applied Psychology*, 63(3), 411-440.

Desrochers, S., Sargent, L.D., & Hosteller, A.J. (2012). Boundary-spanning demands, personal mastery, and family satisfaction: Individual and crossover effects among dual-earner parents. *Marriage and Family Review,* 48(5), 443- 464. doi:10.1080/01494929.2012.677377.

Dex, S., & Bond, S. (2005). Measuring work life balance and its covariates. DOI:10.1177/09500/7005055676.

Dhejne, C, Vlerken R.V, Heylens, G & Arcelus J. (2016). Mental health and gender dysphoria. A review of literature. *International Journal of psychiatry*, 28 (1), 44-57.

Diel, M., Coyle, N., & Labouvie-Vief, G. (1996). Age and sex differences in strategies of coping and defence across the life span. *Psychology and Aging*, 11, 127–139.

Diener. E., Suh, E.M, Lucas, R.E., & Smith, H.L. (1999). Psychological wellbeing: Three decades of progress. *Psychological Bulletin*, 125, 27-278.

Doherty, N., & Tyson, S. (2018). Mental wellbeing in the work place, a resource park for management, training and development. Sudbury: HSE Books.

Doorn, C. D., Poortinga, J., & Verschoor, A. M. (1994). Cross-gender identity in transvestites and male transsexuals. Archives of Sexual Behavior, 23, 185–201.

Doorn, C. D., Poortinga, J., & Verschoor, A. M. (1994). Cross-gender identity in transvestites and male transsexuals. *Archives of Sexual Behavior*, 23, 185–201.

Dormann, O., & Zapf, P. (2002). Social stressors at work, irritation, and depressive symptoms: Accounting for unmeasured third variables in a multi-wave study. *Journal of Occupational and Organizational Psychology*, 75 (1), 33-58.

Dupuy, H.J. (1984). The psychological general wellbeing (PGWB) Index. In: assessment of quality of life in clinical trials of cardiovascular therapies.

Dush,,C M,Taylor,M.G,& Kroeger R.A. (2008). Marital Happiness and Psychological wellbeing across the life course. *Journal of family relations*, 57,23-28.

Eromosele, F,(2021,July 9). Nigeria will have shortage of 50,120 Doctors,137,859 nurses by 2030---Experts. Vanguard.

Erunke, J. (2021, December 14). Nigeria has a surgical workforce crisis - Ehanire vanguard. https://www.vanguardngr.com/2021/12/nigeria-has-a-Surgical-workforce-crisis-ehanire/

Fisk, N. M. (1973). Gender dysphoria syndrome (The how, what, and why of a disease). In D. R. Laub & P. Gandy (Eds.), Proceedings of the second interdisciplinary symposium on gender dysphoria syndrome (pp. 7–14). Palo Alto, CA: Standford University Press.

Fisk, N. M. (1974). Gender dysphoria syndrome: The conceptualization that liberalizes indications for total gender reorientation and implies a broadly based multi-dimensional rehabilitative regimen. *Western Journal of Medicine, 19 (25) 7-10*

Ghiasi, Z, Khazael,F, & Rezaee, N, (2024). Physical and Psychosocial challenge of people with Gender dysphoria: a content analysis study. *BMC public Health* 24(16),23-27.

Huppert, F.A. (2011), Psychological wellbeing: Evidence regarding its causes and consequences. Applied Psychology: *Health and Wellbeing*. 1(2), 137-164.

Ibegbulam, I.J., & Ejikeme, A.N (2021). Perception of work life balance amongst married female librarians in university libraries in south east Nigeria. *College of Research Libraries* 82(6), 27-31. IBM Corp. Released 2020. IBM SPSS statistics for windows, version 27.0.

Ikonne, A. (2015). Job stress and psychological wellbeing of library employees. *International Journal of Pharmacology Research* 2(3):10-13.

Jackson, S.E., Turner, J.A., & Brief, A.P. public service lawyers. *Journal of Occupational* (1987). Correlates of burnout among Behaviour, 8.

Jahoda, M. (2009). Current concept of positive mental health. *International Library of Ethics and Law 9*, 25-28.

Keyes, C.L.M., Ryff, C.D., & Shmotkin, D. (2012). Optimizing well-being: the empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82(6), 1007-1022.

Khanbani, M., Asghar, A., & Parvar, M.G. (2014), Examining the relationship between gender and psychological wellbeing. *Journal of Sociological Research*, 5(1), 53-58.

lhuoma, C. (2021, January 26). How work pressure forces Nigerian doctors, nurses to relocate abroad. Retrieved https://www.icinigeria.org/work-nigerian- doctors-nurses-relocate-abroad/

Lowe, G. (2006). Under Pressure: Implications of work life balance and job Stress. *Human Solutions Report.*

Nieder, T. O., Herff, M., Cerwenka, S., Preuss, W. F., Cohen-Kettenis, P. T., De Cuypere, G., … Richter-Appelt, H. (2011). Age of onset and sexual orientation in transsexual males

and females. *Journal of Sexual Medicine*, 8, 783–791. doi:10.1111/j.1743-6109.2010.02142.x.

Nunnaly, J.C (1978), Psychological Theory (2nd ed.). New York: McGraw-Hill Book Company.

Nwachukwu, E. (2021, August 6). Nigeria: A health sector in crisis. Premion Timex. https://www.premiumtimesng.com/opinion/477854-nigeria-a-health-sector in-crisis-by-emmanuel-nwachukwu.html

Ojo, I.S., Salau, O.P., & Falola, H.O (2014). Work life balance practices in Nigeria: a comparison of three sectors. *Journal of Competitiveness*, 6(2), 3-14.

Paap, M. C. S., Kreukels, B. P. C., Cohen-Kettenis, P. T., Richter-Appelt, H., de Cuypere, G., & Haraldsen, I. R. (2011). Assessing the utility of diagnostic criteria: A multisite study on gender identity disorder. *Journal of Sexual Medicine*, 8, 180–190. doi:10.1111/j.1743-6109.2010.02066.x.

Pedhazur, E. J. (2007). Multiple regression in behavioural research. OrlandoFL: Harcourt Brace.

Perini, U, & Sironi, E. (2016). Marital status and Psychological wellbeing: A cross sectional Analysis. Retrieved from https/www.researchgate.net310.

Ryan, R.M., & Deci, E.L. (2011). Self determination theory and the facilitation of intrinsic motivation. Social Development and Wellbeing. *American Psychologist*, 55, 68-78.

Ryff, C.D. (2013). Happiness is everything, or is it? Explorations on the meaning of psychological wellbeing. *Journal of Personality and Social Psychology*, 57 (6), 1069-1081.

Ryff, C.D., & Singer, B. (2014). Psychological wellbeing, Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Prychomaties*, 65(1), 14-23. doi: 10.1159/000289026

Sarafis, P., Rousaki, E., & Papastavrou, E. (2016). Impact of occupational stress on nurses' caring behavior and their health related quality of life. BAFC *Nursing* 15(56), 5-8.

Sastre, M., & Ferriere, G., (2000). Family decline and the psychological wellbeing of adolescents. *Social Indicators Research*, 49, 69-82.

Sayed,A.B.(2015). The multiple Relations between conflict management styles with Psychological wellbeing among Employees in Manufacturing company in indian. *Indian Journal of fundamental and Applied Life Science*. 5(84),618-625.

Schieman, S. (2013): Job-related resources and the pressure of working life, in: *Social Science Researc*h, 42(2), 271-282.

Schneider, C., Cerwenka, S., Nieder, T.O(2016) Measuring Gender Dysphoria: A Multicenter Examination and Comparison of the Utrecht Gender Dysphoria Scale and the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults. Arch Sex Behav 45, 551–558 (2016). https://doi.org/10.1007/s10508-016-0702-x

Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55, 5-14. doi:10.1037/0003- 066X.55.1.579.

Serpentini, S., Del Bianco, P., Alducci, E., Toppan, P., Ferretti, F., Folin, M., & Pucciarelli, S. (2011). Psychological wellbeing outcomes in disease-free survivors of mid-low rectal cancer following curative surgery. *Psycho- Oncology*, 20(7), 706-714.

Shanker, T., & Bhatnagar, J. (2010). Work life balance, employee engagement, emotional consonance/dissonance and turnover intention. *Indian Journal of Industrial Relation*, 74-87.

Sharma, G. (2014), Effect of demographic variables on psychological well-being and quality of life. *International Journal of Social Science and Humanities Research*, 2(3), 290-298.

Sheila, A.B., Hanadi, Y.H., Farinaz, H., Hailey., S. & Fern, W. (2022). Striking a balance between work and play: The effects of work life interference and burnout on faculty turnover intentions and career satisfaction. *International Journal of Environment.*

Shek, D. (1997). The relation of the family functioning to adolescent psychological wellbeing. School adjustment and problem behavior. The *Journal of Genetic Psychology,* 158, 467-479.

Shema, O.A., & Ventrogen, B. (2015). Work life balance and psychological wellbeing among employees in Kuwait. *Journal of Applied Psychology*, 27, 13-21.

Singh, D., Deogracias, J. J., Johnson, L. L., Bradley, S. J., Kibblewhite, S. J., Owen-Anderson, A., … Zucker, K. J. (2010). The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults: Further validity evidence. *Journal of Sex Research*, 47, 49–58. doi:10.1080/00224490902898728.

Smith, Y. L. S., van Goozen, S. H. M., Kuiper, A. J., & Cohen-Kettenis, P. T. (2005). Sex reassignment: Outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychological Medicine*, 35, 89–99. doi:10.1017/S0033291704002776.

Soudeh, N, Simindokhrt,R. & Parivash,V,(2020). The Relationship between conflict Resolution Styles, Psychological wellbeing and Marriage stability: Providing a causal model. *Quarterly Journal of woman and society*. 11(42),81-104.

Steensma, T. D., Kreukels, B. P. C., Jürgensen, M., Thyen, U., de Vries, A. L. C., & Cohen Kettenis, P. T. (2013). The Utrecht Gender Dysphoria Scale: A validation study. Manuscript submitted for publication.

Tze, L.H, Anne,E.B.(2020).The Association between marital status and Psychological wellbeing: Variation across negative and positive Dimensions. *Journal of Family issues.* 4(11),17-22.

Vries, A. L. C., Cohen-Kettenis, P. T., & Delemarre-van de Waal, H. (2006). Clinical management of gender dysphoria in adolescents. *International Journal of Transgenderism*, 9(3–4), 83–94. doi:10.1300/J485v09n03_04.

Vries, A. L. C., Cohen-Kettenis, P. T., & Delemarre-van de Waal, H. (2006). Clinical management of gender dysphoria in adolescents. *International Journal of Transgenderism,* 9(3–4), 83–94. doi: 10.1300/J485v09n03_04.

Wissing, M.P, Temane, Q.M & Khumalo,I. (2010). Development and initial validation of a general Psychological wellbeing scale in an Africa context. *Journal of Psychology in Africa*. 20(1):13-22.

Zumlong,J.D,Salah,D A,Dauda,I.B & Pandang,S.D(2019). Impact of marital status and perceived social support on Psychological wellbeing among mothers. Unpublished Msc thesis department of psychology, kano state university, Kano state.