

Relationship between Communication Patterns and Coping Strategies with Quality of Life of Married Women

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Abstract: *The present study was conducted with the purpose of investigating the relationship between communication patterns and coping strategies with quality of life of women employed in the Tehran hospital. The research method was descriptive- correlation. The statistical population included all married women working in the headquarter Tehran hospital; using Morgan table, 220 individuals were selected as samples. Sampling method was systematic random sample. In order to collect data, three standardized questionnaires including communication patterns questionnaire of Solway and Christensen (CPQ), Luzarus and Folkman's coping strategies questionnaire and the World Health Organization quality of life questionnaire (QOL) were used. Multivariate regression was used to analyze the data obtained from research questionnaires. Research findings showed that communication patterns and coping strategies were significantly correlated with each other. Also quality of life of employed women was significantly affected by communication patterns and coping strategies of them. The communication patterns of spatial communication problems and avoidance dimension of coping strategies and escaping away have had the greatest impact on women's quality of life changes. In the last section of research, the findings are discussed.*

Keywords: *communication patterns, coping strategies, quality of life*

INTRODUCTION

Life starts with communication and ends with lack of it. Human survives and grows with the help of communication and an individual's fortune depends on his/her relationship with others. One of the deepest and longest relations is marital relationship. Marital relationship is a process in which couples exchange sensations and thoughts in verbal form of using words or non-verbal forms of listening, pause, face and body gestures (Shahgolian et al., 2007). Relationship gives this possibility to the married couple to discuss, exchange ideas, solve their problems and become aware of each other's needs. Couples who are unable to make relationship with each other are in an unknown situation (Raisi Pur, 2012).

Family communication pattern means the manner of interactions among family members to reach common ideas and also decision- making by family (Fitzpatrick, 2004). Communication patterns between couples are divided into three classes as: mutual constructive pattern, the most important of which is winner-winner and in this pattern couples avoid illogical reactions and aggression by stating their problems; mutual avoidance pattern in which tension is very high between couples in such a way that conflict and struggle becomes a destructive and usual pattern; and demand/withdraw which exists in two types of man demand/woman withdraw and woman demand/ man withdraw and increase in one of them is followed by increase of the other and also marital conflicts. In this pattern demanding, spouse is a dependent person and withdrawing is afraid of being dependent (Shoa Kazemi, 2010).

In order to recognize family communication patterns, FitzPartik & Ryche (1994) revised the work done by Makloed & Gefy, recognized fundamental aspects of "conversation orientation" and "conformity orientation". They defined conversation orientation as the situation that family provides for all family members to freely and conveniently participate in interactions of a wide range of subjects without a time limit. They also considered conformity orientation as the situation in which families confirm agreement of attitudes, values, avoidance of conflict and mutual dependence of family members (FitzPartik, 2004).

Families in which members are highly coherent and correlated, parents and family members have better relationships with each other and there is a high family satisfaction, the members have higher tenacity and endurance.

According to Lazarus and Folkman (1984), coping refers to process of managing demands (internal or external) which are assessed as difficult or beyond individual's resources. According to them, coping includes attempts, action-oriented or intra-psychic, to manage and control environmental, internal demands and conflicts existing among them. According to Lazarus, coping has two important functions: regulating frustrating and unfortunate emotions, and following a behavior to change and improve the matter causing unhappiness (Caradmas et al., 2004; quoted by Masood Nia, 2007). On this basis they have enumerated two classes of coping general methods: problem-focused coping and emotion-focused coping (Pearlin & Skoller, 1978; quoted by Masood Nia, 2007).

Coping refers to cognitive-behavioral attempts to prevent, arrange and relieve stress (Lazarus & Folkman, 1984; quoted by Penley & Tokama, 2002). Although coping includes many activities but most coping strategies reflect the individual's attempts to improve a difficult situation such as designing a map or doing an act (problem-focused coping) or attempts to reduce unhappy sensations (emotion-focused coping) such as crying, fantasy and focusing on critical behaviors and finally the individual can follow activities that their aim is to avoid tension-causing situations (avoidance coping). In fact, people differ in behavior, reflection, feeling, needs and requirements and have different levels of compatibility. In one social environment some people are very intolerant in coping with problems and expectations and easily get caught in psychological disorders and inappropriate performances and their psychological health are put at risk; on the contrary, some other people at the same social environment, according to their special characteristic, features show proper behavior by analyzing the situation and enjoy a favorable mental well-being.

On the other hand, quality of life is defined as conscious cognitive judgment of the individual's satisfaction of life (Veenbooren, 2000; quoted by Tarkhan et al., 2012). In other words, World Health Organization defines quality of life as individuals' images of their situation considering the culture and values of the situation in which they are living. The more positive and better these images are, the quality of life of the person is higher and vice versa. Researchers believe that level of happiness and satisfaction of life aspects, determine quality of life of individuals (Kaufman & Sternberg, 2007; Quoted by Tarkhan et al., 2012). For quality of life, six aspects are expressed including: physical health, mental status, independence levels, social relations, environmental relations and spiritual interests. Many factors affect quality of life including economic, social, mental and occupational situation (King, 1994; quoted by Masoomi et al., 2013). One of the factors affecting quality of life is career. Although career is a very important source for subsistence and obtaining social positions, it can also lead to dissatisfaction and reduction of mental-psychical strength (Christopher, 1998; quoted by Masoomi et al., 2013). Individual's negative or positive assessment of his/her life features shows his/her quality of life. Generally, it can be said that quality of life is only determined by the individual. Although it can be defined using the general terms of happiness or satisfaction, it can be affected by different aspects of individual's life. Life satisfaction is determined by every individual's perception of his/her current situation, compared with his/her expectations, wishes and ideal, desirable situation (Bonomi, 2000; quoted by Amin Shokravi et al., 2009).

Considering this situation concurrent control of communication patterns and coping strategies to determine the relationship between them regarding quality of life of women seems essential. The importance of this issue becomes more prominent when the findings of previous studies are varied. Therefore, because women play a specific role in society and their personality is considered as pattern, recognition of communication patterns and coping strategies can assist women to adapt better to stressful situations of life and also promote their quality of life. Therefore, in the present research the main question is as following:

Is there any relation between communication patterns and coping strategies with quality of life of married women employed in Tehran hospital?

Methodology

This research is applied because it leads to executive suggestions to upgrade quality of life of married women employed in Tehran hospital; it is also a descriptive research because of the way of data collection and variables' control rate. Also from among different types of descriptive studies this research is correlation. Statistical population includes all married women employed in Tehran hospital and Medical Education. And 220 individuals were systematically and randomly chosen as samples using Morgan table. To conduct the research first a permission was taken from officials of Tehran hospital to collect data and then research questionnaires were distributed among participants and required data were collected. Then collected data were analyzed using SPSS Software Version 20.

Data collection tools are as following:

Communication Pattern Questionnaire of Solway and Christensen: this questionnaire was designed by Solway and Christensen (1984) in University of California with the aim of estimating couples' marital relationship with 35 items and three levels of marital conflicts (mutual constructive relation, mutual avoidance and demand/withdraw). **Lazarus Coping Strategies Questionnaire:** this questionnaire was also designed on the basis of Lazarus-Folkman Theory of stress and has 66 items. **Quality of Life Questionnaire:** this questionnaire has 26 questions. In order to determine scale validity Nasiri used concurrent validity method and evaluated the relationship of test total score and its subscales with total score and subscales of public health questionnaire through correlation coefficient. In the following table, the alpha values of each one of questionnaires are given:

Table No.1 Cronbach's Alpha Values for Reliability of Research Tool

| Row | Variable | Alpha Value |
|-----|------------------------|-------------|
| 1 | Coping Strategies | ./79 |
| 2 | Communication Patterns | ./76 |
| 3 | Quality of Life | ./77 |

In order to analyze data descriptively, mean, standard deviation, referential statistics and multiple regression is used.

Research Findings

A. Descriptive analysis of data

Table No.2 Descriptive Indices of Research Variables

| Main Component | Secondary Component | Mean | SD |
|------------------------|--|-------|-------|
| Coping Strategies | System coping | 63.13 | 2 |
| | Distancing | 13.12 | 2.3 |
| | Self-control | 13.76 | 2.44 |
| | Social support demand | 14.22 | 2.86 |
| | Taking responsibility | 8.77 | 1.87 |
| | Escape-avoidance | 19.84 | 2.64 |
| | Planned problem solving | 15.27 | 2.78 |
| | Positive reevaluation | 16.51 | 3 |
| Communication Patterns | When a problem occurs in relations | 19.38 | 5 |
| | During discussing communicational problems | 70.6 | 21.52 |
| | After discussing communicational problems | 58.12 | 14 |
| Quality of Life | General | 84.39 | 10.14 |

In investigating research variables and each one of their related components in table No.1, two indices of mean and SD are reported. According to table, it is clear that among components of coping strategies, system coping component has the highest mean value (63.13). Also in communication patterns after discussing, communication problems has the mean of 58.12 which is higher than other aspects. Also quality of life with mean of 80.39 is calculated in a desirable level.

Mean and SD indices of other aspects can be seen in Table No.2. Calculated mean values can be objectively observed in Diagram No.1:

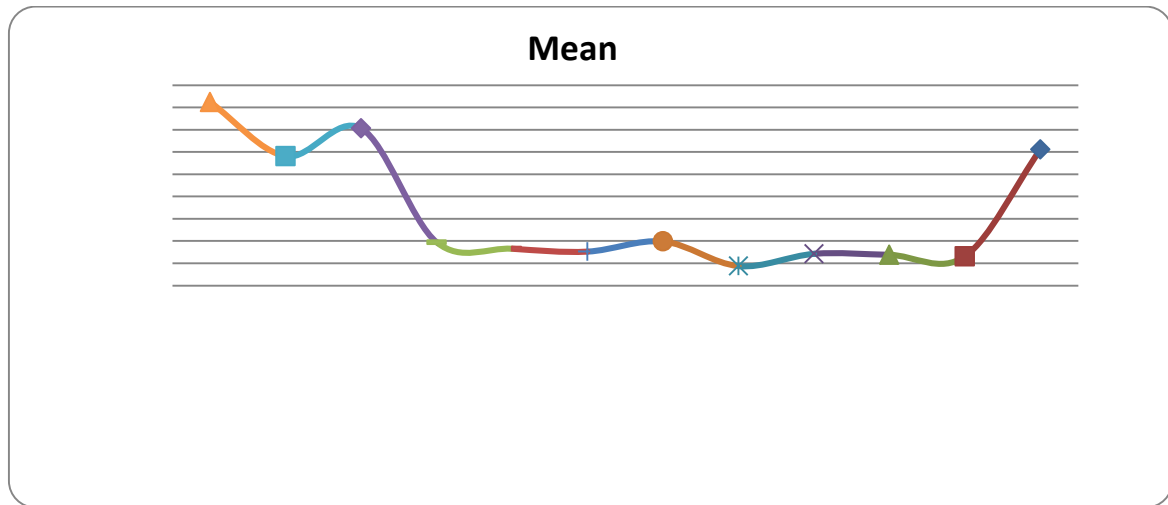


Diagram No.1 Research Components' Mean

B. Referential analysis of data

First hypothesis: there is a significant relationship between communication patterns and coping strategies of married women employed in Tehran hospital.

In order to investigate this research hypothesis, Pearson Correlation test was used. The results showed that the two aspects of social support demand and taking responsibility have the highest correlation with coping strategies aspects. Also any aspects of self-control and positive reevaluation showed significant relationship with coping strategies aspects. Correlation results and values of each aspect of the two variables are given in table No.3.

Table No.3 Correlation Results of Communication Patterns and Coping Strategies

| Component | When a problem occurs in relations | During discussing communicational problems | After discussing communicational problems |
|-------------------------|------------------------------------|--|---|
| System coping | .162* | .119 | .125 |
| Distancing | .162* | .034 | .025 |
| Self-control | .063 | .082 | .078 |
| Social support demand | .174** | .218** | .212** |
| Taking responsibility | .207** | .180** | .198** |
| Escape-avoidance | .110 | .063 | .141* |
| Planned problem solving | .150* | .135* | .162* |
| Positive reevaluation | .047 | .082 | .118 |

Second hypothesis: each subscale of coping strategies has significant effect on quality of life of married women employed in Tehran hospital.

In order to investigate this research hypothesis, multiple regression model of ENTER was used. Results showed that there is a multiple correlation equal to .38 between subscales of coping strategies and quality of life of women and these aspects are able to predict 14 percent of variance of women's quality of life changes. Also it can be seen that calculated F (4/619) with degree of freedom of 211 is bigger than F critical value (1/94). Therefore, with 95 percent certainty, it can be said that effect of coping strategies on quality of life is significant. Results are given in Table 4.

Table No.4 Regression Test and Linear Relation between Coping strategies and Quality of Life

| Model | Sum of | Degree of | Mean | F | Significance | Multiple | Coefficient of |
|-------|--------|-----------|------|---|--------------|----------|----------------|
|-------|--------|-----------|------|---|--------------|----------|----------------|

| | Squares | Freedom | square | level | correlation | determination |
|------------|---------|---------|--------|-----------|-------------|---------------|
| Regression | 3362.19 | 8 | 420.27 | 4.6 19 | .000 | .386 |
| Remaining | 19198.1 | 211 | 90.98 | | | |
| Total | 22560.3 | 219 | | | | |

(p≤0/05)

Third hypothesis: each subscale of communication patterns has significant effect on quality of life of married women.

In order to investigate this research hypothesis, multiple regression of ENTER model was also used. Results showed that communication patterns have significant effect on quality of life of employed women. In other words, 3 percent of quality of life variance changes of women can be predicted by communication patterns subscales. Calculated F (2/610) with 216 degree of freedom and .15 significance level, is bigger than critical F value (2/60). Therefore, with 95 percent of certainty, it can be said that effect of communication patterns on quality of life is significant. The results can be seen in Table No.5.

Table No.5 F Test and Linear Relation between Communication Patterns and Quality of Life

| Model | Sum of Squares | Degree of Freedom | Mean square | F | Significance level | Multiple correlation | Coefficient of determination |
|------------|----------------|-------------------|-------------|-----------|--------------------|----------------------|------------------------------|
| Regression | 762.84 | 3 | 254.28 | 2.6 10 | .050 | .184 | .034 |
| Remaining | 21797.5 | 216 | 100.91 | | | | |
| Total | 22560.3 | 219 | | | | | |

(p≤0/05)

Discussion and Conclusion

The present research is done with the purpose of investigating the relationship between communication patterns and coping strategies with quality of life of married women working in Tehran hospital and Medical education. Research findings showed that among aspects of coping strategies, social support demand, taking responsibility and planned problem solving have had positive and significant relationship with all three aspects of communication patterns. In other words, communication patterns were able to predict and express a remarkable percentage of coping strategies in women working in Tehran hospital. Among these aspects and according to given correlation coefficients, it becomes clear that aspect of social support demand has had the highest correlation values with communication patterns. In expressing research results, it can be said that employed women due to mental and physical involvement in their job, prefer to solve problems before they face them and prevent the problems' prevalence. In other words, employed women due to their higher education levels and social position, try to properly and positively solve problems with social support demand, taking responsibility and planned problem solving. In other words, conflict and tension are unavoidable in daily lives of people but the behavior done in the face of these problems determines intensity and domain of the problem. Results obtained from the last hypothesis are in accordance with findings of Hanson & Lund-Bland (2006), Matud (2004), Chilling, Baucom, Burnett & Ragland (2003), Hiren & Michel (2003). Also on the other hand communication patterns of employed women has changed quality of life of them drastically and improved it. The important thing in findings of the present study is that in investigating aspects of communication patterns, only aspect of during discussing communication problems has been able to considerably improve quality of life of employed women. Considering that one of the other quality of life criterion is that interpersonal communication of the individual be healthy and continuous, the aspect of during discussing communication problems is one of the important strategies to improve interpersonal communications which makes the individual to improve interpersonal relations during problems and try to escalate his/her quality of life. Quality of life of employed women has decreased in comparison with men and their career disorders are more prevalent than men. This problem affects negatively their organizational survival and the higher the level of stress and depression in them the lower their quality of life will be. On this basis, one of the useful solutions to decrease these problems can be interpersonal communication patterns and having relationship with the same gender which has also been significant in the present question. Also coping strategies subscales had a significant effect of quality of life of married and employed women and was able to predict a considerable variance of quality of life changes. But in investigating aspects of coping strategies only two aspects of

escape-avoidance with value of 5.16 and distancing with value of 2.46 had a significant expression of quality of life of employed women. What can be said according to research findings is that employed life accompanied with married life is an important factor in tendency of coping strategies to lead to escape-avoidance and distancing. Career concerns of married women and at the same time being involved with children and family is an important factor in leaning toward these two coping strategies. In fact, escape-avoidance aspect is involved with the situations that the individual tries to avoid challenging situations or escape from them. This kind of approach in the face of problems and stressful situations is only a current and temporary remedy and the problem may come back to the individual later in the future and this time he/she will not be able to cope with it. On the other hand, a strategy such as distancing just like escape-avoidance is keeping at a distance the problems and challenging situations. This kind of approach can be factor in reducing risk taking of women. The findings of this question are in accordance with findings of Catler et al. (2009), Hampel (2007), Hanson and Lund-Bland (2006), Glidden and et al. (2006). It should also be mentioned that although effect of communication patterns subscales and coping strategies subscales on quality of life has been found out to be significant but these two variables are related to the characteristic and personality features of the individual which is suggested to investigate the relation of personality features as balancing variable and then investigate with personal and occupational quality of life.

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