Original Article





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Relationship between coping styles (problem-oriented, emotion-oriented, and avoidance-oriented) with psychological well-being in people with coronavirus-2019 experience in Kermanshah city

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Abstract:

BACKGROUND: Considering the epidemic status of the COVID-19 virus, the discussion of the psychological effects of this disease on the mental health of people at different levels of society is of great importance. Therefore, this study was conducted to investigate the relationship between coping (problem-oriented, emotion-oriented, and avoidance-oriented) with psychological well-being in people with coronavirus disease.

MATERIALS AND METHODS: In this correlational study, the statistical population consisted of all individuals with experience of coronavirus in 2021 in Kermanshah city. In total, 220 people were selected as the sample using an available sampling method. The instruments used in this study were Reef Psycho-Welfare Questionnaire (PWBQ) and Andler and Parker Coping Styles (CISS-SF). Data were analyzed using Pearson's correlation coefficient and simultaneous regression.

RESULTS: Multiple correlations of coping variables (problem-oriented, emotion-oriented, and avoidance-oriented) with psychological well-being (R = 0.671; P = 0.01) are significant. Problem-oriented coping style (beta = 0.329; P = 0.05), emotional coping style (beta = 0.329; P = 0.05); avoidant coping style (beta = 0.144; P = 0.05) had a significant relationship with psychological well-being.

CONCLUSION: According to the obtained results, the importance of paying attention to coping styles in psychological well-being is felt more than before. Psychological well-being seems to be influenced by other factors and their interactive effects as well.

Keywords:

Coronavirus, emotional-oriented and avoidance-oriented, problem-oriented coping styles, psychological well-being

Introduction

A wide variety of viruses called coronaviruses cause everything from the common cold to more serious conditions including Middle East respiratory syndrome

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and acute respiratory syndrome.^[1] The examination of the psychological impact of this disease on the physical and mental health of people at many levels of society is crucial given the pandemic scenario of the COVID-19 virus. This virus spread fast over

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the world and infected almost all of the world's countries in a short period due to its high contagiousness.^[2] Based on this, both the general public and the scientific community require fast and reliable information to reduce the psychological impacts of the coronavirus disease.^[3]

This virus has infected our country as it has infected other countries throughout the world, and the fight against it is being carried out nationwide and extensively throughout the country, with measures being implemented. Although these steps are necessary to slow the spread of the virus, they may have substantial psychological consequences for the community, which should be considered.^[4] These strict laws (such as quarantine) have drastically altered lifestyle and social interactions, likely causing considerable anxiety in addition to the fear of getting the disease. As a result, psychological alterations such as fear, anxiety, depression, psychological turmoil, or uncertainty may arise not only in the population directly impacted by the virus but also in humans as a whole during an outbreak of COVID-19.^[5] The feeling of a limitation in freedom as a result of quarantine will be closely correlated with unpleasant experiences and the psychological pain they cause.^[6] The six elements of psychological well-being are autonomy, self-acceptance, personal growth, sense of purpose in life, and control over the environment.^[7]

In this sense, the overall detrimental effects of COVID-19 on the economy, daily life, social interactions, and employment are related to more psychological issues.^[3] Health, sleep quality, and the symptoms of post-traumatic stress disorder all decline in a two-way interaction with physical infections.^[8] In this regard, a study titled "Psychological symptoms of normal citizens in response to the emergency level of the COVID-19 disease," using the psychological well-being of the participants found that they had medium to high scores for psychological disorder symptoms, particularly obsessive scores, interpersonal sensitivity, pathological anxiety, and a propensity for psychosis.^[9]

Based on this, it is critical to explore the elements that influence psychological well-being. Coping styles are one of the causes.^[10] People cope with stress in a variety of ways. Choosing the best way to cope with the stress that has been caused can reduce the impact of stress on a person's mental health and hence lead to higher adaption.^[11] Three problem-oriented, emotion-oriented, and avoidance techniques might be addressed in the context of stress coping styles. Searching for more knowledge about the problem, modifying the psychological structure of the problem, and prioritizing activities to focus on the problem are examples of problem-oriented behaviors. Emotion-oriented coping styles, however, describe approaches in which a person concentrates on himself and makes every attempt to reduce feelings.

Crying, being angry and disturbed, participating in fault-finding activities, mental preoccupation, and daydreaming are examples of emotional coping reactions. Avoidance coping styles necessitate activity and cognitive adjustments aimed at avoiding stressful events. Avoidant coping styles might take the shape of participating in a new hobby or turning to society and other people. According to research, problem-focused coping styles are associated with improved mental health, whereas avoidant coping style has a detrimental influence on people's mental health scales. People who apply problem-solving skills often adapt better to stressful conditions and exhibit fewer pathological symptoms.^[11]

It appears that in addition to enhancing mental health, practicing proper coping styles in stressful situations might increase people's feelings of well-being and enjoyment.^[12] Various studies have revealed a significant relationship between coping style and psychological well-being.^[12-17] In general, it can be said that the clinical work in the area of mental disorders caused by COVID-19 has been accompanied by difficulties because there is a lack of background information on the psychological effects of this epidemic. Among these difficulties are the therapist's confusion, the negative feelings in society caused by the unknown medical treatment, and the neglecting of the role of quarantine in reducing the spread of the disease as well as the effects that this disease can have on the person. Also, in case of getting infected with COVID-19, additional material and psychological damage are imposed on the family. In such a situation, there will be consequences for families such as depression, anxiety, aggression, and fear. One of the personality traits, that is, effective in the occurrence of tension and plays the role of a mediator in understanding the intensity of tension and compromising with it, is the way a person deals with tension.^[18]

This study was conducted to highlight the significance of mental and physical disorders in people who have experienced COVID-19, the impact of stressful events related to this disease, and to persuade decision-makers to give more consideration to issues relating to the mental health of people who have experienced coronavirus disease, particularly in this era. It was also done because there are no reliable statistics on when this disease will end and other diseases will begin to spread.

The results of this study can be utilized to improve public knowledge of the COVID-19 epidemic's risk and protective variables. It was investigated based on the mentioned theoretical foundations and research findings, taking into account the limitations of earlier studies in examining the relationship between coping (problem-oriented, emotion-oriented, and avoidance-oriented) with psychological well-being in individuals who had experienced coronavirus disease in Kermanshah city. Therefore, the goal of this study was to examine the association between problem-focused, emotion-focused, and avoidance-focused coping styles and psychological well-being in Kermanshah city residents who had COVID-19 disease.

Materials and Methods

Study design and setting

The current study was a descriptive–analytical and correlational study. The purpose of the correlation approach was to uncover the relationship between two or more variables, not to discover cause-and-effect correlations.

Study participants and sampling

The statistics population consisted of Kermanshah residents who had COVID-19 experience. In this study, the available sampling method was applied. In this way, after obtaining a license from the Kermanshah University of Medical Sciences and attending Farabi and Golestan hospitals, which are the treatment centers for COVID-19 patients in Kermanshah, and coordinating with the hospital staff, the files of patients were reviewed and by contacting the patients and obtaining consent to participate in the research, the link to the questionnaires was provided to them through virtual means. In this study, 250 people were considered as a sample and at the end, after removing distorted questionnaires, 220 people were included in the research. The questionnaires were filled out anonymously, the confidentiality of the respondents' responses was maintained, and the participants engaged in the study voluntarily in accordance with ethical standards. The following resources were employed to gather data.

Psychological well-being questionnaire: Ryff *et al.*^[19] developed and updated the psychological well-being questionnaire in 2002. This questionnaire has 18 items that are rated on a 6-point Likert scale ranging from fully agree: 6 to entirely disagree: 1. This questionnaire includes six factors of independence, mastery of the environment (control of external activities and effective use of surrounding opportunities), personal growth (feeling of continuous growth and gaining new experiences as a being with potential talents), positive relationship with others (feeling satisfaction and intimacy from the relationship with others and understanding the importance of these relationships), purpose in life (goal in life and belief that his present

and past life is meaningful), and self-acceptance (positive attitude towards. It measures self and acceptance of different aspects of self such as good and bad qualities and positive feelings about past life). The total of these six elements yields the overall mental well-being score. The questionnaire has a minimum and maximum limit of 18 to 108. The threshold is 63. The higher the subject's score, the better his psychological well-being. Ryff and Singer^[20] used Cronbach's alpha = 0.91 to calculate the internal consistency coefficient of this questionnaire. In RyfF's psychological well-being questionnaire, questions 1 to 9 are scored in reverse and the rest of the questions are scored directly. In this research, due to the existence of the psychological well-being structure, the usual psychological well-being questionnaire was used, and this questionnaire was given to a sample size of people. In Iran, they reported the internal consistency of the factors of this scale between 0.51 and 0.76 using Cronbach's alpha, and checked the factor structure of the questionnaire from the analysis, in a study aimed at investigating the factor structure and psychometric properties of the short form of the RyfF psychological well-being scale in students. They employed a factor, and the findings showed that the six-factor structure of RIF psychological well-being fits the data well. Cronbach's alpha coefficient of 0.87 was used in this study to determine the reliability of the questionnaire.^[21] In this research, the reliability of the questionnaire was obtained using Cronbach's alpha coefficient of 0.87. The inclusion criteria were suffering from COVID-19, having consent to participate in the research, the exit criteria are also participating in therapeutic interventions in the last few months, and lack of consent to participate in the research.

Data collection and tools

Coping styles questionnaire: A short version of Endler and Parker's Coping with Stressful Situations Inventory (CISS-SF)^[20] is a 21-item self-assessment instrument developed to examine each individual's coping styles in stressful situations. The three main areas of coping behaviors in this test are problem-oriented coping style (dealing with the problem to manage and solve it), emotion-oriented coping style (focusing on emotional responses to the problem), and avoidance-oriented coping style (avoiding the problem and stressful situation). The subscale consists of seven questions. In other words, any behavior that has a higher score on this scale is deemed Pearson's favorite coping approach. Scoring is performed on a 5-point scale ranging from never to very much. Each style has a maximum score of 35 and a minimum score of 7. In the present study, due to the existence of the structure of coping styles, the usual questionnaire of coping styles with three components was used, and this questionnaire was given to the subjects. Endler and Parker^[22] calculated the dependability of problem-oriented,

emotion-oriented, and avoidance-oriented styles for samples of males as 0.92, 0.82, and 0.85, respectively, and 0.90, 0.85, and 0.82 for samples of females. In the study by Kakabraei *et al.*,^[23] parents of typically developing children had a Cronbach's alpha coefficient of 0.76, whereas parents of exceptionally developing children had Cronbach's alpha value of 0.78. With Cronbach's alpha coefficient of 0.84, 0.82, and 0.80, respectively, the dependability of problem-oriented, emotion-oriented, and avoidance-oriented styles was assessed in the current study. In the present study, using Cronbach's alpha coefficient, the reliability of problem-oriented, emotion-oriented, and avoidance-oriented styles was 0.84, 0.82, and 0.80, respectively.

The data from this study were analyzed using the SPSS-27 software. The association between coping styles (problem-oriented, emotion-oriented, and avoidance-oriented) and psychological well-being was evaluated at the descriptive level using mean and standard deviation, and at the inferential level using Pearson's correlation coefficient and simultaneous regression.

Ethical consideration

The ethical consideration: The Ethics Committee of Islamic Azad University approved the studies' experiments in accordance with ethical standards (IR. KUMs.REC.1400.702). Before participating in the study, each participant provided informed consent. Anonymity, the goal of the study, and the intended use of the data were all made clear to all participants.

Results

In total, 220 participants participated in the current investigation, with an average age of 31.42 ± 6.11 years. Results are analyzed in the sections that follow, both descriptive and inferential. The means and standard deviations of the study variable are shown in Table 1. In Table 1, descriptive data, including the mean and standard deviation, are shown. Table 2 shows the research variables' correlation coefficients.

Table 2 shows the correlation coefficients for the study's variables. These findings show that the problem-oriented coping style (0.553) has a positive and significant link to psychological well-being, whereas the emotional-oriented coping style (-0.600) and avoidant coping style (-0.490) have negative and significant relationships, respectively [Figure 1]. The variables of coping styles (problem-oriented, emotion-oriented, and avoidance-oriented) were included as variables for predicting psychological well-being as a criterion variable. Simultaneous regression analysis was also used to evaluate, which of the variables has a more effective

Table 1: Mean, standard deviation, and number of subjects in research variables

Statistical indicators Variables	Mean	SD	Number
Psychological well-being	78.09	12.04	220
Problem-oriented coping style	18.12	7.28	
Emotional-oriented coping style	17.73	7.07	
Avoidant-oriented coping style	17.91	6.93	

Table 2: Correlation coefficients of psychological well-being based on coping styles and death anxiety

Variables	Psychological well-being
Problem-oriented coping style	<i>r</i> =0.553
Emotional-oriented coping style	<i>r</i> =-0/600
Avoidant-oriented coping style	<i>r</i> =-0.490
P<0.01	



Figure 1: Flow chart

role in predicting psychological well-being. Table 3 shows the outcomes.

The simultaneous regression findings, which are shown in Table 3, revealed strong multiple correlations between coping variables (problem-oriented, emotion-oriented, and avoidance-oriented) and psychological well-being (R = 0.671; P = 0.01). The third hypothesis is therefore verified as a consequence. Additionally, problem-oriented coping style variables (beta = 0.329; P = 0.05), emotional coping style variables (beta = 0.329; P = 0.05), and avoidant coping style factors (beta = 0.144; P = 0.05) demonstrated a significant relationship with psychological well-being. The interpretation that can be presented here is that problem-oriented, emotion-oriented, and avoidance-oriented coping styles have a direct and significant relationship with psychological well-being.

Discussion

The findings of the current study suggest that coping styles (problem-oriented, emotion-oriented, and avoidance-oriented) have a significant relationship with psychological well-being in COVID-19 patients. Coping styles (problem-oriented, emotion-oriented, and avoidance-oriented) could predict 45% of the variance in mothers' psychological well-being. According to the findings of this study, coping styles (problem-oriented,

Table 3:	Summary	of	simultaneous	regression	analysis
Table J.	Summary		Simultaneous	regression	anarysis

Predictor variable	R	R ²	F	Sig	В	Beta	Sig
Problem-oriented coping style	0.671	0.450	58.876	0.001	0.545	0.329	0.001
Emotional-oriented coping style					0.560	0.329	0.001
Avoidant-oriented coping style					0.250	0.144	0.039
Constant					82.636		0.001

emotion-oriented, and avoidance-oriented) show a strong relationship with the psychological well-being of COVID-19 patients. The results of this study showed a significant relationship between problem-oriented, emotion-oriented, and avoidance-oriented coping styles and the mental well-being of COVID-19 patients. The results of some comparative studies are in accord with this discovery.^[11-16]

This finding can be explained by the fact that coping mechanisms are crucial to the psychological health of those who have experienced COVID-19 disease. People are more likely to experience depression when they are trapped for an extended period in an environment they have no control over and cannot leave. It appears that a person's response to stress changes depending on the stressful event they are dealing with and that the key to diagnosing stress and tension is not its intensity but the individual's particular response to it. The psychological health of those who employ the problem-oriented coping strategy is enhanced. It can be said that those with poor psychological well-being rely more on coping mechanisms such as emotional avoidance.^[10]

Problem-oriented coping strategies include the person taking proactive steps in response to stressful conditions and attempting to change or remove the source of tension. Emotion-oriented and avoidance coping styles involve attempts to adjust the emotional and avoidance consequences of the stressful event and emotional balance. Problem-focused (problem-oriented) coping can be internal or external; in external coping, the objective is to alter the surroundings or other people's behavior. However, introverted coping entails making an effort to reevaluate our attitudes and needs as well as to pick up new abilities and strategies. The main objective of the emotion and avoidance focus is to manage emotional discomfort and avoidance, which is typically associated with engaging in physical activity, taking care of oneself, expressing one's feelings, and looking for social support.[11]

Limitations and recommendations

One of the limitations of the current study is the assessment of persons with COVID-19 experience and the inability to generalize the results of the current investigation to other cities. Another limitation of this study is its cross-sectional design. Given the importance of coping styles (problem-oriented, emotion-oriented, and avoidance-oriented) in psychological well-being, it is advised that training programs and workshops on stress reduction for persons suffering from COVID-19 illness be implemented. It is also proposed that this study be done for those who have used COVID-19 in other places and that the results be compared to the current findings.

Conclusion

Numerous studies have generally shown the value of coping styles in assessing a person's level of psychological well-being. It could be argued that this research's most significant accomplishment was to demonstrate the value of strategies for enhancing people's psychological well-being, raising social functioning and responsibility, and preventing social harms such as absenteeism from work or school, suicide, arguments, and conflicts, as well as providing a framework for holding workshops. Education offers academic and volunteer problem prevention. The results of the present study showed that there is a relationship between coping strategies and the psychological well-being of people, and the use of coping strategies improves people's psychological well-being. Also, the use of successful coping strategies is effective in reducing stress and increasing physical and mental health and thus improving the quality of life of patients. Because people with experience of COVID-19 were included in the sample group for the current study in Kermanshah city, caution should be exercised when extrapolating the findings to other groups and societies. Therefore, it is recommended that additional research be conducted on different samples to generalize the findings. The cross-sectional design of this study prevents the inference of a cause-and-effect relationship from statistical relationships. Due to the subjects' bias in their responses when using the self-report tool, the accuracy of their reports may have been impacted. It is suggested that programs and workshops be created to help people with the experience of coronavirus disease reduce stress to improve psychological well-being, taking into account the role of coping styles (problem-oriented, emotion-oriented, and avoidance-oriented) in psychological well-being. Among the limitations of this research, we can point out the unfavorable physical and psychological conditions of many people participating in the current research, which made it difficult to fill out the questionnaires. In addition, the patients belonged to Kermanshah city, which is a generalization. It makes the results difficult.

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Conflicts of interest

There are no conflicts of interest.

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