



EFFECT OF ONLINE TRAINING PROGRAM FOCUSED ON SELF-KNOWLEDGE, COMMUNICATION AND PROBLEM SOLVING SKILLS DEVELOPMENT ON PSYCHOLOGICAL RESILIENCE AND DYADIC ADJUSTMENT IN MARRIED WOMEN

EVLİ KADINLARDA KENDİNİ TANIMA, İLETİŞİM VE PROBLEM ÇÖZME BECERİSİ GELİŞTİRME ODAKLI ÇEVİRİMİÇİ EĞİTİM PROGRAMININ PSİKOLOJİK SAĞLAMLIK VE ÇİFT UYUMUNA ETKİSİ

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ABSTRACT

Aim: The study was conducted to determine the effect of a training program focusing on self-knowledge, communication and problem solving skills development in married women on psychological resilience and dyadic adjustment.

Method: This study, which is an experimental research type with a control group in which pre-test, post-test and follow-up measurements were used, was conducted with 64 married women in the 18-49 age group. The women were allocated in the intervention (n=32) and control (n=32) groups by simple random sampling. "Online training program focused on developing self-knowledge, communication and problem solving skills" was applied to the intervention group once a week for a total of 12 sessions. Data were collected with the "Adult Resilience Measure" and the "Dyadic Adjustment Scale". The measurements were made three times before the program, one week following the program and three months later. The data obtained from this study were analyzed with IBM SPSS 25 package program.

Results: While there was no significant difference between the mean scores of the psychological resilience and dyadic adjustment scale of the intervention and control groups before the program ($p>0.05$), the mean scores of the intervention group after the program and three months after the program were significantly higher than the control group ($p<0.05$). The mean scores of the psychological resilience and dyadic adjustment scale of the intervention group increased significantly after the program and three months after the program compared to the pre-program ($p<0.05$).

Conclusions: The program applied to the intervention group increased psychological resilience and improved dyadic adjustment in married women. It is recommended that training programs on communication and psychological resilience before and during marriage should be included in practice and their continuity should be ensured.

Keywords: Communication, Dyadic adjustment, Problem solving, Psychological resilience, Self-Knowledge

ÖZET

Amaç: Araştırma evli kadınlarda kendini tanıma, iletişim ve problem çözme becerileri geliştirmeye yönelik bir eğitim programının psikolojik sağlamlık ve çift uyumuna etkisini belirlemek amacıyla yapılmıştır.

Yöntem: Ön-test, son-test ve izlem ölçümlerinin kullanıldığı kontrol gruplu deneysel bir araştırma türü olan bu çalışma, 18-49 yaş grubundaki 64 evli kadın ile yürütülmüştür. Kadınlar basit rastgele örnekleme ile çalışma (n=32) ve kontrol (n=32) gruplarına ayrılmıştır. Çalışma grubuna haftada bir gün, toplam 12 oturum olmak üzere "Kendini tanıma, iletişim ve problem çözme becerisi geliştirme odaklı çevrimiçi eğitim programı" uygulanmıştır. Veriler, "Yetişkin Psikolojik Sağlamlık Ölçeği" ve "Çift Uyum Ölçeği" ile toplanmıştır. Ölçümler programdan önce, programdan bir hafta sonra ve üç ay sonra olmak üzere üç kez yapılmıştır. Araştırmadan elde edilen veriler IBM SPSS 25 paket programı ile analiz edilmiştir.

Bulgular: Program öncesi çalışma ve kontrol grubunun psikolojik sağlamlık ve çift uyum ölçeği puan ortalamaları arasında anlamlı bir fark saptanmazken ($p>0,05$), program sonrası ve programdan üç ay sonra çalışma grubunun ölçek puan ortalamaları kontrol grubuna göre anlamlı düzeyde daha yüksek bulunmuştur ($p<0,05$). Çalışma grubunun psikolojik sağlamlık ve çift uyum ölçeği puan ortalamaları program öncesine göre program sonrası ve programdan üç ay sonrasında anlamlı düzeyde artmıştır ($p<0,05$).

Sonuç: Çalışma grubuna uygulanan program, evli kadınlarda psikolojik sağlamlığı artırmış, evlilik uyumunu ise geliştirmiştir. Evlilik öncesi ve evlilik sırasında iletişim ve psikolojik sağlamlık ile ilgili eğitim programlarının uygulamada yer alması ve sürekliliğinin sağlanması önerilmektedir.

Anahtar Kelimeler: Çift Uyumu, İletişim, Kendini Tanıma, Problem Çözme, Psikolojik Sağlamlık

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INTRODUCTION

Self-knowledge is a significant factor in the creation of effective interpersonal relationships (Tenney et al., 2013). Self-knowledge reflects the correct perception of one's personality or patterns of emotions, thoughts and behaviors, as well as the knowledge of how others perceive this pattern (Carlson, 2013). Especially the development of self-recognition skills of married couples in the context of their relationships and interactions increases marital satisfaction and helps to strengthen marriages (Ghorbani et al., 2015). One of the most important predictors of interaction between spouses is problem solving. Solving the problems encountered in marriage effectively ensures the maintenance of a healthy marriage and increased marital satisfaction (Deniz et al., 2020). Having effective communication and problem-solving skills makes it possible for women, in particular, to solve marital conflicts instead of avoiding marital problems (Jafari et al., 2021).

Marital happiness and marital satisfaction, which develop due to a harmonious marriage, play an important role in human life and closely affect the psychological health of married individuals (Mirzanezhad, 2020). Psychological resilience is defined as a coping mechanism that helps individuals adapt emotionally, physically and economically to the conditions and life-threatening challenges they face (Fergus & Zimmerman, 2005; Wojujutari et al., 2019). Psychological resilience levels are an important determinant of women's ability to adapt to a challenging life event such as marriage. In this direction, it is thought that women, who know themselves, use effective communication techniques by reflecting this to their relationships and have problem-solving skills will be psychologically empowered and dyadic adjustment will also increase in married women.

Most of the couples who apply to a family therapist complain of problems such as lack of communication and problem-solving skills (Sarac & Sanberk, 2022). It is stated that trainings that teach communication skills and gain problem-solving skills are an important part of treatment programs for these couples who need counseling support (Farbod et al., 2014; Ünal & Akgün, 2022). Particularly, as an effective and structured method, problem solving intervention is considered to play an effective role in promoting mutual interaction between couples (Mirzanezhad, 2020). At the same time, it is stated that active coping with problems supports resilience by increasing the resilience factor (Helmreich et al., 2017). It is envisaged that such protective/preventive programs will not eliminate the problem completely, but will aid reduce the problems that may arise later by reducing it to the lowest levels (Serpen & Mackan, 2017). However, research on empowerment-focused interventions to support married women is insufficient (Rasi et al., 2013). With this research, it was aimed to determine the effect of the training program focused on developing self-knowledge, communication and problem-solving skills applied to married women on psychological resilience and dyadic adjustment.

MATERIAL AND METHOD

Design

The research has the characteristics of an experimental research with a control group, which includes pre-test-post-test and follow-up measurements.

Participants

The study was conducted with married women aged 18-49 years who were followed up and monitored in three randomly selected Family Health Centers (FHCs) in a provincial center. The sample size was calculated at 80% confidence level using the "G. Power-3.1.9.2" program. The effect size of the study was 0.25, the alpha value was 0.05 and the theoretical power was 0.80, and the minimum sample size was determined as at least 28 in each group. Married women were placed in the intervention (n=32) and control (n=32) groups by simple random sampling.

Inclusion criteria

Women who were married, in the 18-49 age group, living with their husbands, had at least primary school education, had no diagnosis of any mental illness, were not employed, lived in a nuclear family, had a problem solving inventory score above 64 (inadequate problem solving skills), and had access to computers and internet were included in the study.

Exclusion criteria

Women with a diagnosis of psychiatric or physical illness, alcohol and substance abuse or addiction, or who participated in any support group or psychotherapy were not included in the study.

Measures

Sociodemographic Data Form

The data form prepared by the researchers consisted of a total of six questions about the respondents' age, educational level, income, age at marriage, duration of marriage, and number of children.

Problem Solving Inventory (PSI)

The "Problem Solving Inventory" developed by Heppner and Petersen (1982) aims to assess what individuals think about their problem solving behaviors and approaches and to measure how they evaluate themselves in terms of problem solving skills. The inventory is a six-point likert-type inventory consisting of 32 items describing how to respond to personal and daily life problems. The lowest score that can be obtained from the scale is 32 and the highest score is 192. A high total score indicates that the person perceives himself/herself as inadequate in problem solving. The Cronbach Alpha reliability coefficient of the scale adapted to Turkish was 0.88 (Savaşır & Şahin, 1997). In this study, the Cronbach Alpha reliability coefficient of the scale was 0.70.

Adult Resilience Measure (ARM)

An adult form was developed by Arslan (2015) based on the Child and Youth Resilience Measure (CYRM-28) developed by Ungar and Liebenberg (2011). The scale is a five-point likert scale consisting of a total of 21 items. Higher scores indicate higher psychological resilience. In the Turkish validity and reliability study of the measure used to assess psychological resilience in adults, Cronbach Alpha reliability coefficient was 0.94 (Arslan, 2015). In this study, the Cronbach Alpha reliability coefficient of the measure was 0.92.

Dyadic Adjustment Scale (DAS)

Dyadic adjustment scale is a 32-item scale developed by Spanier (1976) to assess how the quality of the relationship is perceived in married or cohabiting couples. The majority of the items are evaluated on a six-point scoring system using values between 0-5. Total scores reflect the degree of dyadic adjustment and satisfaction. The adaptation, validity and reliability study of the DAS into Turkish was conducted by Fıfıloğlu and Demir (2000). The Cronbach Alpha value of the scale was found to be 0.96 by Spanier and 0.92 by Fıfıloğlu and Demir. In this study, the Cronbach Alpha value of the scale was 0.94.

Procedure

Before starting the implementation, an "Online Training Program Focusing on Self-Knowledge, Communication and Problem Solving Skills Development" was created for women. The program consists of a total of 12 sessions one day a week. Each session lasts approximately one hour. The content of the training program, which received expert opinion, consists of self-knowledge window and SWOT analysis, basic communication skills, verbal communication, body language, behavioral styles in communication, assertive behavior, I language and assertive behavior practices, family communication, stress and conflict management, and development of problem solving skills (Table 1).

Table 1. Content of the Online Training Program Focusing on Self-Knowledge, Communication and Problem Solving Skills Development

Session	Subject	Content
1	Start-session	Implementation of pre-tests, acquaintance and giving information about group training
2	Self-knowledge	Practicing self-knowledge with Johari window technique and SWOT analysis
3	Basic communication skills	Teaching basic communication skills such as listening, speaking, giving feedback and empathy and practicing verbal communication
4	Body language	Teaching nonverbal messages such as eye contact, body posture, gestures and facial expressions and practicing body language
5	Behavioral styles in communication	Defining passive, assertive and aggressive behaviors in communication
6	I language and assertive behavior	Using I language and practicing assertive behavior
7	Family communication	Discussing the factors that strengthen and hinder family communication

8	Stress management	Teaching the concept of stress and recognizing the skills of coping with stress
9	Conflict management	Teaching the concept of conflict and conflict resolution techniques
10	Development of problem solving skills	Teaching and practicing problem solving skills
11	Development of problem solving skills	Teaching and practicing problem solving skills
12	Finish-session	Summary and closing, implementation of post-tests

During the implementation phase in which the research data were collected, the researcher met with 82 married women aged 18-49 who came for routine follow-up and follow-up between April and August 2021 in three randomly selected Family Health Centers (FHCs) in a provincial center, briefly explained the research process to the women, and offered to implement the PCI. Sixty-four women who agreed, had a PCI score above 64 and could participate in the web-based online training program from home were included in the study. Eighteen of the women were excluded from the study because their PSI score was sufficient. Women who agreed to participate in the study were asked to read and sign the Informed Consent Form. Simple random sampling method was used to assign women to the intervention and control groups. The first woman who agreed to participate in the study was included in the intervention group and the second woman in the control group.

Measurement tools were administered to both groups by face-to-face interviews at a time when women were available at the FHCs and pre-test data were collected. Afterwards, a web-based online program "Self-Knowledge, Communication and Problem Solving Skills Development Focused Training Program" was initiated with the women in the intervention group. The program was implemented once a week for 12 weeks. Interviews lasting 45-60 minutes were conducted on appropriate days and times when women were at home. The women in the intervention group were interviewed for repeated measurements one week and three months after the program was completed, and the data collection tools were applied again. While the program was conducted with the intervention group, the women in the control group were not interviewed. The researcher interviewed the women in the control group for the post-test and three-month follow-up measurements and reapplied the data collection tools. In both the intervention and control groups, the post-test and three-month follow-up measurements were administered online. The study was completed with a total of 64 women, 32 in the intervention group and 32 in the control group (Figure 1).

The process followed regarding the research method is given in Figure 1.

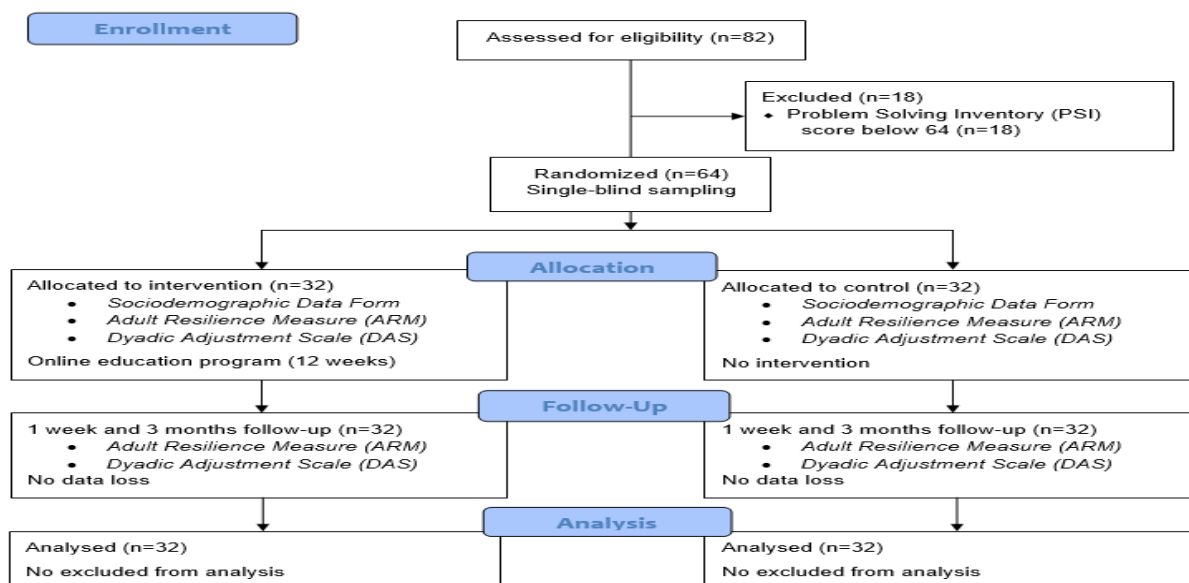


Figure 1. Randomized controlled experimental research design with control group pre-test post-test design

Ethical statement

Written permission was obtained from the Amasya University Non-Invasive Clinical Research Ethics Committee (decision dated 04.02.2021 and numbered 24) and the Amasya Provincial Health Directorate (decision dated 09.02.2021 and numbered E-68724985-044-987) before starting the study. Informed consent was obtained from the participants.

Data analysis

The data obtained from this study were analyzed with IBM SPSS 25 package program. Statistical significance level was determined as $p < 0.05$. In the evaluation of the data, mean and standard deviation were used for numerical variables and percentage and frequency measurements were used for categorical variables. Since the data were not normally distributed, nonparametric tests were used in the analysis. Two-way analysis of variance with repetitions on a single factor was used to evaluate the effect of the program on the scale scores of women in the intervention and control groups. Whether there was a difference between the mean scale scores between the groups was evaluated with the significance test of the difference between two means in independent groups.

RESULTS

Individual characteristics of the groups and mean PCI scores for inclusion criteria are given in Table 2. There was no significant difference between the two groups in terms of age, educational status, income level, age at marriage, duration of marriage and number of children ($p > 0.05$; Table 2).

Table 2. Comparison of the groups' individual characteristics and mean PSI scores

Characteristics	Intervention group (n=32)		Control group (n=32)		Significance		
	Mean±SD	Min-Max	Mean±SD	Min-Max	Z	p	
Age	37.18±5.26	23-45	37.00±5.55	21-45	-0.054	0.957	
Age at marriage	24.15±3.89	19-34	23.90±4.17	19-32	-0.474	0.635	
Duration of marriage (year)	13.03±5.97	2-23	13.15±6.32	2-25	-0.081	0.935	
PSI scores	96.50±13.13	70-120	97.00±11.94	70-119	-0.377	0.706	
	n	%	n	%	Chi square	p	
Educational level	Primary school	5	15.6	7	21.9	1.736	0.629
	Secondary school	6	18.8	4	12.5		
	High school	8	25.0	5	15.6		
	University	13	40.6	16	50.0		
Income status	Income lower than expenses	6	18.8	8	25.0	0.373	0.830
	Equal income and expenses	24	75.0	22	68.8		
	Income higher than expenses	2	6.3	2	6.3		
Number of children	1	8	25.0	8	25.0	0.820	0.664
	2	17	53.1	14	43.8		
	3	7	21.9	10	31.3		

Z: Mann Whitney U Test, Chi square: Pearson Chi-Square Test

The intra- and inter-group comparisons of the mean scores of the intervention and control groups on the ARM and DAS are given in Table 3. Before the program (1), there was no statistically significant difference between the mean scores of the intervention and control groups in the ARM and DAS ($p > 0.05$). After the program (2) and 3 months after the program (3), the mean ARM and DAS scores of the women in the intervention group were significantly higher than the women in the control group ($p < 0.05$).

In the intervention group, the mean total ARM scores after the program (2) and 3 months after the program (3) were significantly higher than the mean total ARM scores before the program (1) ($p < 0.05$). Similarly, the mean DAS scores after the program (2) and 3 months after the program (3) in

the intervention group were significantly higher than the mean scores before the program (1) ($p < 0.05$; Table 3).

In the control group, the mean total ARM scores 3 months after the program (3) were significantly higher than the mean total ARM scores before (1) and after (2) the program ($p < 0.05$). In the control group, the mean total DAS scores after the program (2) and three months after the program (3) did not show a statistically significant difference compared to before the program (1) ($p > 0.05$; Table 3).

Table 3. Comparison of the ARM and DAS mean scores of the intervention and control groups before the program (1), after the program (2), 3 months after the program (3)

Scales	Intervention group (n=32)			Control group (n=32)			Significance	
	Mean±SD	Min-Max	Mean rank	Mean±SD	Min-Max	Mean rank	Z	p
Pre-test(1)	86.21±11.69	63-103	32.30	86.56±10.98	65-102	32.70	-0.087	0.930
Post-test(2)	92.50±10.68	68-105	38.28	86.21±11.69	63-103	26.72	-2.486	0.013
ARM 3 months after the program(3)	93.59±10.67	6-105	38.45	87.71±10.27	65-103	26.55	-2.562	0.010
	Chi square: 54.983 p= 0.000			Chi square: 17.054 p= 0.000				
	Multiple comparisons: 1-2, 1-3			Multiple comparisons: 1-3, 2-3				
Pre-test(1)	103.62±20.96	47-126	31.84	104.50±19.84	47-126	33.16	-0.283	0.778
Post-test(2)	115.00±19.36	59-143	37.45	105.31±20.37	48-129	27.55	-2.131	0.033
DAS 3 months after the program(3)	115.90±19.91	58-143	38.83	105.09±19.47	47-128	26.17	-2.720	0.007
	Chi square: 45.220 p= 0.000			Chi square: 5.509 p=0.064				
	Multiple comparisons: 1-2, 1-3							

Z: Mann Whitney U Test, Chi square: Friedman's Two Way ANOVA Test
Bold values denote statistical significance at the $p < 0.05$ level.

DISCUSSION

The effect of a training program focused on developing self-knowledge, communication and problem-solving skills on psychological resilience and dyadic adjustment was evaluated with this study whose sample consisted of married women with insufficient problem-solving skills. The results of the studies in the literature demonstrate that communication and problem-solving skills are important predictors of marital satisfaction and dyadic adjustment (Dilmaç & Bakırcıaloğlu, 2019; Kara & Ümmet, 2021; Vural Batık & Kalkan, 2017; Yılmaz & Parlar, 2021). It is emphasized that communication plays a key role especially in long-term marriages (Jackl, 2016; Robinson & Blanton, 1993). In their study, Seider et al. (2009) found that spouses' cooperation and using I language instead of you language in their communication facilitated the solution of the problems they faced in their marital life and increased the level of happiness in marital relationships. Erbek et al. (2005) also stated that marital satisfaction and adjustment are high in couples who agree on issues concerning the family and solve problems through positive ways such as effective communication. At the same time, Greeff and Bruyne (2000) suggested that when marital conflicts are managed constructively, relationships are strengthened, while when they are managed destructively, the likelihood of unsatisfied and unhappy relationships increases. The results of the studies reveal that individuals with high communication and problem solving skills have high dyadic adjustment and marital satisfaction and positively affect the relationships of couples.

In this study, it was determined that after the program and 3 months after the program, the DAS mean scores of the women in the intervention group were significantly higher than the women in the control group. In other words, communication and problem-solving skills development training contributed positively to dyadic adjustment. Askari et al. (2012) and Yalcin and Karahan (2007) concluded that communication and problem-solving skills development training increased dyadic

adjustment and satisfaction in the intervention groups compared to the control groups in their experimental studies conducted on married couples with intervention and control groups. When communication and problem solving skills are developed, an effective way will be followed in solving problems between spouses, which will make it easier for spouses to understand each other and lead to a harmonious marriage. In addition, in the control group, while the mean scores of the total DAS scores after the program and three months after the program did not show a statistically significant difference compared to the pre-program, In the intervention group, the DAS mean scores of the post-program and 3 months after the program were significantly higher than the mean scores before the program. This finding shows that the communication and problem solving training program continues to be effective in the long term. Similarly, in the experimental study conducted by Moodi et al. (2022), in which they examined the effects of "Self-Awareness and Problem-Solving Skills Training" on marital satisfaction in married women, conducted an experimental and a control group study, it was determined that problem-solving skills training was more effective in increasing the marital satisfaction score than self-awareness skills training. In the same study, teaching problem-solving skills to married women significantly increased their marital satisfaction one month after the intervention. This research finding and the results of Moodi et al. (2022) suggest that the long-term effect of the program may be a motivation for future studies. Learning problem solving steps and incorporating them into daily life will prevent communication conflicts between couples, improve marital harmony and increase marital satisfaction.

In this study, the mean ARM scores of the women in the intervention group after the program and 3 months after the program were significantly higher than the women in the control group. At the same time, in the intervention group, the mean ARM total scores after the program and 3 months after the program were significantly higher than the mean ARM total scores before the program. Communication and problem-solving skills development training contributed positively to women's psychological resilience. Serpen and Mackan (2017) concluded that problem-solving skills and psychological resilience affect dyadic adjustment. Similarly, Ahmad and Jahangir (2020), İlmen and Sürücü (2022) and Khalaf and Al-Hadrawi (2022) found that psychological resilience was a significant predictor of dyadic adjustment in married individuals. Studies have shown that there is a significant positive relationship between psychological resilience and dyadic adjustment of married individuals. In other words, as the marital satisfaction scores of married individuals increase, their psychological resilience scores also increase. Psychological resilience is affected by communication and problem-solving skills between spouses, and that resilience is a driving force for better dyadic adjustment. Accordingly, it was concluded that women should be supported with appropriate interventions in order to manage the communication process in marriage and develop a healthy dyadic adjustment. In this context, it can be said that communication skills trainings empower married individuals. In the experimental studies, it was found that quality of life increased and marital burnout decreased in married women who received communication skills training, and the results revealed significant differences compared to control groups (Deveci Sirin & Deniz, 2016; Farbod et al., 2014; Jafari et al., 2021). It is thought that the results of this study aimed at increasing the quality of life and reducing burnout may be related to the psychological resilience of individuals and may also positively affect dyadic adjustment and satisfaction.

Limitations

The study was initiated during the Covid-19 pandemic. Therefore, the number of applications to FHCs remained quite limited. Even if a sufficient sample size was reached, this online training program prevented the study with a larger group. At the same time, the fact that women registered at the FHC live in the same neighborhood increases the possibility of knowing each other. Therefore, the interaction between the intervention and control groups may have affected the results of the study.

CONCLUSION

In this study, it was concluded that the training program focused on self-knowledge, communication and problem solving skills development applied to married women had a positive effect on psychological resilience and dyadic adjustment. The results of the study showed that the program increased psychological resilience and improved dyadic adjustment in women. In addition, after the program, it

was found that the psychological resilience scale and couple adjustment scale scores of the intervention group were higher than the women in the control group.

For the continuity of these results and their lasting effects, it is necessary to give importance to the development of such skills both in married couples and in the premarital period. The implementation of programs to be developed in this direction individually or in appropriate groups is also considered very important in terms of marital harmony and psychological resilience of individuals. Studies should be carried out to develop effective communication skills, especially in women who are in the psychologically risky group in society and who are considered vulnerable. Empowering women in this regard will have a positive impact on both individual and couple relationships. It is thought that implementation in larger groups and face-to-face will increase this effect even more. Experts are recommended to organize training and social support programs on self-awareness, communication and problem solving skills.

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Conflict of interest disclosure

No potential conflict of interest was reported by the authors.

Authors' contributions

GU led study design, performed statistical analysis and manuscript writing. SS contributed to the writing and revision of the article. All authors read and approved the final manuscript.

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