

Coping Behaviors and Family Well-Being of Urban Thai Families

Sunee Lagampan, Sawitree Buranakarn, Punyarat Lapvongwatana, Patchaporn Kerdmongkol

Abstract : This study investigates the relationships between coping behaviors and family well-being of urban Thai families. A descriptive correlational study was guided by the theory of Lazarus' stress and coping. Samples of 100 families residing in an urban area of one district in Bangkok were recruited by purposive sampling. Data collection was carried out by using interview forms consisting of items on sociodemographics, Coping Behavior Scales, and Family Well-being Assessment (FWA).

The findings reveal that the husbands and wives reported similar coping behaviors and family well-being. There were significant correlations between coping behavior and family well-being for both husbands and wives ($r = 0.35$ and $r = 0.30$ at $p < .01$, respectively). When sociodemographics factors were adjusted, both problem-focused coping and emotional-focused coping could account for the family well-being of the husbands ($R^2 = 0.270$, $F = 17.792$, $p < .001$). Similarly, problem-focused coping, emotional-focused coping, and sufficient family income could account for the family well-being of the wives ($R^2 = 0.182$, $F = 7.142$, $p < .001$).

The study suggests that family should be counseled and educated to use appropriate coping behaviors when faced with stressful life events for enhancing their family well-being.

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Background and Significance

As today's society becomes more complex, changing gender roles of family members lead to women investing relatively less parenting time, while contributing to the shared family economy in more varied way. Fathers, older children, extended kinship networks, and neighbors all participate actively in child rearing. The integration of family and work life allows for intensive sharing of labor

Sunee Lagampan, R.N., Ed.D Associate Professor, Department of Public Health Nursing, Faculty of Public Health, Mahidol University, Bangkok, Thailand.

Sawitree Buranakarn, R.N., M. Sc. Instructor, Faculty of Nursing, Mission College, Bangkok, Thailand.

Punyarat Lapvongwatana, R.N., Ph.D. Assistant Professor, Department of Public Health Nursing, Faculty of Public Health, Mahidol University, Bangkok, Thailand.

Patchaporn Kerdmongkol, R.N., D.N.Sc. Assistant Professor, Department of Public Health Nursing, Faculty of Public Health, Mahidol University, Bangkok, Thailand.

between husbands and wives, and parents and children.¹ Industrialization and urbanization in the western hemisphere brought a redefinition of gender roles and functions. Family work and “productive” paid work became segregated into separate gendered spheres of home and workplace.² Domesticity became glorified, assigning to women exclusively the roles of custodian of the hearth, nurturer of the young, and caretaker of the old.¹

The maternal role came to be reified during the last 50 years to such an extent that mothers have been regarded as the primary, essential, and irreplaceable caregiver, responsible for the healthy development of children and blamed for any or all child and family problems.³ Accordingly women’s unpaid domestic work was devalued and rendered invisible, with their total dependency remaining on the financial support of males. When women were forced by necessity into the workforce, their wages and job status were lower than men’s, but working women still remained bound to their primary family obligations - a dual disparity that widely persists.¹

At present, husbands and wives roles are highly adaptive to the demands of the industrial economy of the times. However, the rigid gender roles, subordination of their wives to their husbands, and most fathers’ peripheral position due to heavy workplace demands are not healthy for either the functioning of the family or the well-being of its members.¹ The statistics of marriage, divorce, and divorce rate from 1994 to 2000 illustrated an increasing number of divorce,⁴⁻⁵ especially in Bangkok metropolis, an average of 10,000 couples per year.⁶ In addition, the results of poll in the year 2006 about “factors causing the breakdown of the Thai family” from 1,095 families that reside in Bangkok metropolis and surrounding areas showed that: 1) major causes of family failures were

“misunderstanding, not getting along together, and frequent conflicts among family members,” 2) the consequences of the breakdown of the family were “low self esteem perception of the child, who felt lack of a warm family, and 3) the ways to reduce family problems were “family adaptation for problem solving, and having empathy with family members.”⁷

This study aimed to investigate family well-being and coping behaviors of families by asking information from husbands and wives. The findings from this study will benefit the public/ community health nurses who are responsible for promoting family health by making possible more appropriate family intervention in order to enhance coping behaviors and increase family well-being.

Objectives

1. To describe coping behaviors and family well-being of husbands and wives in an urban area of Bangkok metropolis.
2. To analyze the relationship between coping behaviors and well-being of families in an urban area of Bangkok metropolis

Conceptual Framework

Based on the Family Well-being Assessment of Caldwell,⁸ developed from Thomas’s theory of family stress,⁹ this conceptual model defines the family system as 1) the relationship of structure, including the units of which the family is composed, 2) the interrelationship of functions or roles in the way the family tasks are done, and 3) the vulnerability to other influences such as those genetic, physiological, sociological, and psychological origins. The family is responsible for creating and maintaining a physical, emotional, social, and spiritual environment that will preserve and enhance the well-being of its members. The components in

this model were used to guide the measurement of dependent variables as 1) family structure components including family stress, satisfaction, support, cohesion, and adaptation, 2) family functional role processes including role conflict, overload, ambiguity, nonparticipation, and preparedness, and 3) family vulnerabilities including psychosomatic symptoms and a scale of life satisfaction. Family structure, functional role processes, and vulnerabilities are by no means novel concepts in the study of family systems and health. Their novelty and uniqueness are attributable to their placement in a dynamic, multidimensional model that posits an interaction between the many components as a necessary dimension in the analysis of family well-being.

Focusing on coping, a component of models related to stress management, refers to situations of psychological stress that call for mobilization and involves all efforts to manage family life, regardless of outcomes. Managing may include avoiding, denying, minimizing, tolerating, accepting the stressful situation, or striving for change.¹⁰ Based on Lazarus and Folkman,¹¹ coping includes both behaviors and thoughts that help to calm a person depending on how the event is cognitively appraised. Lazarus and Folkman¹³ distinguish between coping that is directed toward managing or altering the problem (problem-focused coping) and the emotion (emotional-focused coping), which serves the purpose of coping with primarily the emotional response to the problem. For effective coping, people use a combination of the two coping strategies. Using a variety of coping strategies provides greater adaptability and flexibility for the family and this is a more effective way of family stress management that affects family function and well-being in the families.

Methods

A descriptive cross sectional design was used to investigate family well-being and the relationship between coping behavior and well-being of families in an urban area of Bangkok metropolis.

Samples

In this study the sample size was estimated using an effect size of 0.30 with alpha of 0.05 and a power of 0.80, therefore 88 families were needed.¹² To increase the power, the sample size was increased to 100 families (100 husbands and 100 wives)

An urban area was randomly selected from one district of Bangkok metropolis. Purposive sampling was used for participant family selection, with the following inclusion criteria 1) families living in Bangkok at least 1 year, 2) couples being married for at least 6 months, 3) spouses and children living together, and 4) willingness to participate in the study.

Instruments

General Information Questionnaire. The General Information Questionnaire was comprised of demographic characteristics of the couples. These include age, educational level, and occupation of both wives and husbands, family income, family types, and family crisis events.

The Family Coping Scale (FCS). FCS was measured by Jalowiec Coping Scale,¹³ which was based on Lazarus's stress coping theoretical framework.¹³ FCS included two dimensions of problem-focused coping and emotional-focused coping of 65 items with four point rating Likert's scales ranging from 1=never used, 2 = occasionally used, 3 = frequently used, and 4 = very often used. The internal consistency reliability by the Cronbach's coefficient alpha of FCS was 0.91 (problem-focused coping was 0.84 and emotional-focused coping was 0.83)

The Family Well-Being Assessment (FWA).

FWA was measured by the Caldwell's concepts.¹⁴ The FWA is the norm-referenced cognitive assessment by members of family about their perceptions on the extent to which the followings are presented in family life: 1) family structural components (16 items, Cronbach's alpha = 0.80), 2) family functional role processes (16 items, Cronbach's alpha = 0.65), and 3) family vulnerability (10 items, Cronbach's alpha = 0.55). This tool consisted of 42 items with 2 parts. Part I consists of 25 items of 4 points Likert's scale ranging from 4 = strongly agree, 3 = agree, 2 = disagree, and 1 = strongly disagree. Part II consists of 17 items of a 4 points scale ranging from 4 = very often, 3 = occasionally, 2 = almost never and 1 = never. The reliability by Cronbach's coefficient alpha of total scale of FWA was 0.81.

Data Collection Procedure

Data were collected after the Human Right Committee Related to Human Experimentation of Mahidol University approved the questionnaires (No.108/2003), and a permission from the head of the target community was received. The following steps were followed to facilitate the data collection.

1. The head of the community and public health nurses of a health center under the Department of Health, Bangkok Metropolitan Authority in the study area were contacted to inform them about the objectives and data collection procedure.
2. Families who met the criteria were recruited for the study. The couples in each family were informed of the objectives and data collection procedures and also asked to participate in the study
3. After the named couple participants were informed of their human rights protection and asked to sign the consent form, they were interviewed by the investigator using the FCS and FWB instruments. The interview took approximately 45 minutes.

Result

Characteristics of the samples

The data were collected from 100 families including both husbands and wives. The average age was 42 ± 9.14 years (range between 21-61 years) for the husbands, and 39 ± 8.86 years (range between 19-60 years) for the wives. Most of them were Buddhist and finished Primary school (47.0 % for the husbands, 51.0% for the wives). All husbands were head of family while all wives were members of family, and majority of the couples worked outside the home (58.0% for the husbands, 42 % for the wives). Most of them were of a single family (65.0%) and more than a half (52.0%) had family income of more than 10,000 bahts per month (average $14,440 \pm 1327$ bahts). Forty percents of the families had sufficient income but no savings, 66.0% having income only from working. A majority of the samples (59.0%) reported that there were crisis events in their family within one month before the data collection was conducted.

Coping behaviors

The mean score for coping behaviors for the husbands was 2.27 (SD = 0.33), within a range of observed score = 1.43-3.12 (possible range =1-4), and for the wives was 2.23 (SD = 0.33), within a range of observed score = 1.54-3.26. For the subscale of problem-focused coping for the husbands, the mean was 2.39 (SD = 0.41), and in wives the mean was 2.32 (SD = 0.36). For emotional-focused coping for the husbands, the mean was 2.15 (SD = 0.30), and for the wives, the mean was 2.11 (SD = 1.35). The mean scores for coping behaviors were compared using t-test between the husbands and the wives and were not significantly different (**Table 1**).

Table 1 Descriptive statistic of FCS and FWA of husbands and wives

variables	Husbands (n=100)				Wives(n=100)			
	Min	Max	Mean	SD	Min	Max	Mean	SD
Coping Behaviors	1.54	3.26	2.23	0.33	1.43	3.12	2.27	0.33
					t-test =1.36, p= 0.18			
Problem-focused coping	1.57	3.29	2.32	0.36	1.43	3.43	2.39	0.41
					t-test =1.04, p= 0.24			
Emotional-focused coping	1.43	3.19	2.11	0.32	1.32	3.03	2.15	0.30
					t-test =1.36, p= 0.18			
Family Well-being	1.90	3.31	2.80	0.28	2.24	3.69	2.82	0.28
					t-test =1.17, p= 0.25			
Family structure	1.56	3.88	2.99	0.42	2.00	3.81	2.98	0.41
					t-test =0.59, p= 0.56			
Family role	2.00	3.38	2.70	0.29	1.75	3.63	2.73	0.29
					t-test =0.89, p= 0.18			
Family vulnerability	1.90	3.30	2.63	0.29	1.80	3.60	2.71	0.31
					t-test =0.34, p= 0.73			

Family well-being

Mean score of family well-being for the husbands was 2.82 (SD = 0.28) for the wives mean was 2.80 (SD = 0.28). When focused on each subscale of family well-being, for family structure, the mean of the husbands was 2.98 (SD = 0.41) and the mean of the wives was 2.99 (SD = 0.42). For family role of the husbands, the mean was 2.73 (SD = 0.29) and the mean of the wives was 2.70 (SD = 0.29). In addition, on the subscale of family vulnerability, the mean of the husbands was 2.71 (SD = 0.31), and of the wives the mean was 2.63 (SD = 0.29). When the family well-being's mean scores of the husbands and the wives were compared by t-test, they were not significantly different (**Table 1**).

Relationship between coping behaviors and family well-being

The Pearson's Product Moment correlation was used for analyzing the relationship between coping behaviors and family well-being. The results showed that, for husbands, coping behaviors had a significantly positive relationship with family well-being ($r = 0.349$, $p<0.1$). In addition, coping behaviors had significantly positive relationship with two subscales of family well-being, family structure and family role ($r = 0.291$, 0.353 , $p<.01$, respectively). Similarly, for wives, there was a significantly positive relationship between coping behaviors and family well-being ($r = 0.298$, $p<.01$). Furthermore, coping-behaviors had a significantly positive relationship with all subscales of family well-being:

Family structure, family role, and family vulnerability ($r = 0.236, 0.241, 0.229, p < .05$, respectively).

When considering the relationship in each dimension of coping behaviors the results indicated that, for husbands, problem-focused coping had a significantly positive relationship with family well-being ($r = 0.366, p < .01$), and also with the two subscales of family well-being, family structure and family role ($r = 0.310, 0.374, p < .01$). Emotional-focused coping had a significant relationship with

family well-being ($r = 0.298, p < .01$), and with only one of the subscales of family well-being, family structure ($r = 0.217, p < .05$). For wives, problem-focused coping had a significant relationship with family well-being ($r = 0.401, p < .01$), and also with all subscales of family well-being: family structure, family role, and family vulnerability ($r = 0.310, 0.345, 0.289, p < .01$). Emotional focused-coping, it had no significant relationship with family focus coping (**Table 2**).

Table 2 Correlation coefficient between coping behavior and family well being

Variable	Family well	Family	Family	Family
	being	structure	role	vulnerability
	r	r	r	r
	(p-value)	(p-value)	(p-value)	(p-value)
Husband (n=100)				
Coping behavior	0.349	0.291	0.353	0.126
	(<.01)	(<.01)	(<.01)	(.211)
Problem-focused coping	0.366	0.310	0.374	0.082
	(<.01)	(<.01)	(<.01)	(.415)
Emotional-focused coping	0.266	0.217	0.233	0.151
	(<.01)	(.03)	(.20)	(.133)
Wives (n=100)				
Coping behavior	0.298	0.236	0.241	0.229
	(<.01)	(.018)	(.016)	(.022)
Problem-focused coping	0.401	0.310	0.345	0.289
	(<.01)	(<.01)	(<.01)	(<.01)
Emotional-focused coping	0.149	0.125	0.099	0.133
	(.138)	(.215)	(.328)	(.546)

When using stepwise multiple linear regression for controlling sociodemographic factors, the problem-focused coping and emotional focus coping were the significant predictors that accounted for family well-being for the husbands ($R^2 = 0.270$, $F = 17.792$, $p = <.001$). Furthermore, the significant

predictors for the wives that could predict the variance of family well-being were problem-focused coping, emotional-focused coping, and sufficient family income with no-saving ($R^2 = 0.182$, $F = 7.14$, $p <.001$) (**Table 3**)

Table 3 Selected factors regress on family well-being

predictor	β	beta	R^2	Adj R^2	R^2 change
Husbands (n=100)					
Problem-focused coping	0.507	0.738			0.204
Emotional-focused coping	-0.353	-0.385	0.270	0.255	0.066
Constant = 2.364, $F = 17.792$, $p < .001$					
Wives (n=100)					
Problem-focused coping	0.425	0.534			0.078
Emotional-focused coping	-0.301	-0.3777			0.059
Sufficient family income with non-saving	0.125	0.216	0.182	0.157	0.046
Constant = 2.395, $F = 7.142$, $p < .001$					

Discussion

The results showed that both the husband and wives who live in the same family report similar coping behaviors and family well-being. This finding may reflect that the husbands and wives perception were similar and in directed to the same ends.

For family coping behaviors, the results showed that those coping behaviors that husbands and wives used in daily events encountered by the family were occasionally used. The findings indicated that families (the couples) used their cognitive effort to manage the day-to-day family stressors or stressful situations. In addition, the results showed that more than half of the couples encountered stressors one month before the interview date. The types of stressors encountered were varied: Family conflicts, loss of

family member, chronic illness, and accidents. Thus, to manage changes that occurred in the family, the husbands and wives used problem-focused coping more frequently than emotional-focused coping. However, they used both ways of coping family with stressors. Depending on their primary appraisal, the process that people have to decide to use depends on whether or not what is happening is relevant to one's values, goal commitments, beliefs about self and the world, and situational intension, and if so, in what way.¹⁵ This means that when an encounter was appraised as stressful or potentially stressful, the family members further appraised it as a harm or loss, threat, or challenge and constantly changed their cognitive efforts to manage external and/ or internal demands that were taxing or exceeding the resources of the individual person.¹¹

People may decide to meet a stressful situation head-on or to retreat from the stressful environment. They may cope by managing or altering the problem (problem-focused coping). Examples of activities adopted by the couples were, “Trying to do creative activities,” “Be assured of what they believe and fight for what they want,” “Listening to others advice on problem solving,” Emphasize “What is to be done,” and “Considering what will be said or done.” Bomar (2004) said that use of a variety of coping strategies provides greater adaptability and flexibility for the family.¹⁰ The findings demonstrated that the couples also used emotional-focused coping when appraisal indicate that nothing could be done to change the environmental conditions of harm, threat, or challenge. An example of how a family used emotional-focused coping is shown by this quote, “Expecting what to be faced in the future is better than now.” For effective coping, people use a combination of the two strategies when faced with stressful events.

For family well-being, the mean scores were at a moderate level and there was no significant difference in perceptions of family well-being for the husbands and wives. This may indicate that the husbands and wives can be considered as speaking with one voice. Either husband or wife can be chosen to be the representative of the family for providing family information because a family is viewed as an interactional system^{10,16} in which members share meanings, values, history, and culture. In addition, a family also has its functions including exchanges of love, affection, and companionship, as well as provision of day-to-day nurturing and care, health care, economic security, a sense of belonging, and providing guidance on commonly held social values.¹⁰

Caldwell¹⁴ indicates family well-being is the norm-referenced cognitive assessment by members of families of their perceptions which have three components: 1) family structure, 2) family functional role process, and 3) family vulnerability. These components are interrelated and an indicator of family well-being. Considering each component of the family well-being concept, the findings indicated that the highest family well-being scores in the subscale of family structure were composed of level of family stress, satisfaction, support, cohesion, and adaptation. All of the components reflected family perception of sense of identity, including a family atmosphere that allows members to express themselves freely and clearly about problematic relational issues, and which fosters their resolution through mutual participation in decision making that will enable the family to have a sense of well-being and cohesion. Examples of what the couples said in the interview are, “Husband/wives give support within family” and “Husband/wives listened to each other willingly.” For family vulnerability, the findings showed the couples perceived their well-being in this component at a moderate level. Family vulnerability, based on Caldwell,⁹ is composed of the family perceiving their psychosomatic symptoms and their life satisfactions. For family functional role process, the findings indicated that the perception of members in performing their role depended upon whether or not husbands and wives could perform their roles properly. As life in today’s society becomes more complex, there are many role-related problems such as role conflict, role overload, role ambiguity, role nonparticipation, and role preparedness. People hold a number of roles requiring intense demands, and the intensity of these demands on the expected or prescribed roles of the individual, combined with the playing of several roles at the same time, produces role stress.¹⁰

The relationship between family coping behaviors and family well-being was significantly positive for both the husbands and wives. This finding supported the stress and coping theory of Lazarus.^{11,15} Coping behavior is a mechanism that families selected to confront stressors in day-to-day living; it is a cognitive effort to manage stressful situations that have potential for threats, harm or loss, or challenges. Effective coping is characterized by using appraisals that are in accordance with their primary appraisal, either problem-focused coping or emotional-focused coping, to gear the family's cognitive, emotional, and behavioral responses toward restoring balance and relieving the family strain¹⁰ and thus increase family well-being. Because the family is a small social system, the members within a family are interdependent; what one does affects others and, ultimately, influences the total family health¹⁷ and its well-being.

From stepwise regression model (**Table 3**), sufficient family income with non-saving was a significantly accounted approximately 5% of the family well-being of the wives. This meant that the wives in Thai's family are the responsible persons for family expenses and safety security so the burden of financial management is on the wives' shoulder.

Limitation

The Cronbach's coefficient alpha of total scale of FWA was acceptable at 0.81 but the subscales of family functional role processes ($\alpha = 0.65$) and family vulnerability ($\alpha = 0.55$) were lower than 0.70. Therefore, further uses of these subscales should be revised in order to be suitable to the context of the actual family being studied.

Recommendations

Family well-being is a complex concept and it has a health outcome about which nurses who are interested in family health should have a clear understanding. For family health promotion, public/community health nurses should design family interventions to promote effective family coping behaviors when faced with day-to day stressors, which will then influence the well-being of the family.

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พฤติกรรมการเผชิญปัญหาและความผาสุกในครอบครัวไทยเขตเมือง

สุนีย์ ละกำปั่น, สาวิตรี บุรณะกานุจัน, ปัญญรัตน์ ลากวงศ์วัฒนา, พัชราพร เกิดมงคล

บทคัดย่อ : วัตถุประสงค์ของการวิจัยนี้ เพื่อศึกษาความสัมพันธ์ระหว่างพฤติกรรมการเผชิญปัญหา และความผาสุกในครอบครัวไทยเขตเมือง รูปแบบการวิจัยเป็นการวิจัยเชิงพรรณนาหาความสัมพันธ์โดยประยุกต์ใช้ทฤษฎีความเครียดและการเผชิญความเครียดของลากาลส์ เป็นแนวทางในการศึกษา กลุ่มตัวอย่างเป็นคู่สามีภรรยาจำนวน 100 ครอบครัว ที่อาศัยในชุมชนเขตเมืองในกรุงเทพมหานคร เลือกเข้ามาเป็นกลุ่มตัวอย่างตามเกณฑ์ที่กำหนด เก็บรวบรวมข้อมูลโดยใช้การสัมภาษณ์ตามโครงสร้างได้แก่ คำถามด้านลังค์ประชาร์ มาตรวัดพฤติกรรมการเผชิญปัญหา (Jalowiec, 1988) และแบบประเมินความผาสุกในครอบครัว (Caldwell, 1988)

ผลการวิจัยพบว่า กลุ่มตัวอย่างสามีและภรรยา มีพฤติกรรมการเผชิญปัญหาและการรับรู้ความผาสุกในครอบครัวคล้ายคลึงกัน พฤติกรรมการเผชิญปัญหามีความสัมพันธ์อย่างมีนัยสำคัญ กับความผาสุกในครอบครัวทั้งในกลุ่มสามีและภรรยา ($r = 0.35$ และ $r = 0.30$ $p < .01$ ตามลำดับ) เมื่อนำปัจจัยทางด้านลังค์ประชาร์มาพิจารณาด้วย พบว่า มีเพียงการเผชิญปัญหาแบบมุ่งแก้ปัญหา และการเผชิญปัญหาแบบใช้อารมณ์ ที่สามารถอธิบายความแปรปรวนความผาสุกในครอบครัว ตามการรับรู้ของสามีได้อย่างมีนัยสำคัญ ($R^2 = 0.270$ $F = 17.792$ $p < .001$) และพบว่า การเผชิญปัญหาแบบมุ่งแก้ปัญหา การเผชิญปัญหาแบบใช้อารมณ์ และความเพียงพอของรายได้ครอบครัว สามารถอธิบายความแปรปรวนความผาสุกในครอบครัวตามการรับรู้ของภรรยาได้อย่างมีนัยสำคัญ ($R^2 = 0.182$ $F = 7.142$ $p < .001$)

จากข้อค้นพบที่ได้เสนอแนะว่าครอบครัวควรได้รับการให้คำปรึกษาและการให้ความรู้ใน การใช้พฤติกรรมการเผชิญปัญหาย่างเหมาะสม เมื่อต้องเผชิญกับภาวะเครียดต่างๆ ในชีวิตประจำวัน ทั้งนี้เพื่อส่งเสริมให้เกิดความผาสุกในครอบครัว

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คำสำคัญ : การเผชิญปัญหา ความผาสุกในครอบครัว ครอบครัวไทยเขตเมือง

สุนีย์ ละกำปั่น R.N., Ed.D. รองศาสตราจารย์ ภาควิชาการพยาบาลสาธารณสุข คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล กรุงเทพฯ ประเทศไทย
สาวิตรี บุรณะกานุจัน R.N., M.Sc. อาจารย์ คณะพยาบาลศาสตร์ วิทยาลัยมิชชั่น กรุงเทพฯ ประเทศไทย
ปัญญรัตน์ ลากวงศ์วัฒนา R.N., Ph.D. ผู้ช่วยศาสตราจารย์ ภาควิชาการพยาบาลสาธารณสุข คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล กรุงเทพฯ ประเทศไทย
พัชราพร เกิดมงคล R.N., D.N.Sc. ผู้ช่วยศาสตราจารย์ ภาควิชาการพยาบาลสาธารณสุข คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล กรุงเทพฯ ประเทศไทย