



STUDYING THE RELATIONSHIP BETWEEN ATTACHMENT STYLE AND SELF-EFFICACY OF COUPLES WITH MARITAL SATISFACTION AMONG MARRIED NURSES IN ZAHEDAN HOSPITALS

SANAZ REIGI¹, GHOLAM REZA SANAGOYE MOHARAR^{2*}

1- MA Student, Zahedan branch, Islamic Azad University, Zahedan, Iran

2- Faculty of Humanities, Zahedan branch, Islamic Azad University, Zahedan, Iran

ABSTRACT

The aim of this study was to investigate the relationship between attachment style and self-efficacy of married couples with marital satisfaction among nurses in Zahedan hospitals. The research method is descriptive of correlational-predicting type. The population of this research was all the nurses of the hospitals (Imam Ali (pbuh), social security, Bu Ali, Khatam, Baharan, Ali Asghar and Alzahra Ophthalmology) of Zahedan that was 1113 people. Sampling in this study was a multi-stage cluster sampling. At first the list of the hospitals in Zahedan was procured, which were seven hospitals, of which three hospitals and from them three sections were chosen in drawing form, and then research questionnaires were distributed among married nurses in purposive way. In addition, to determine the sample size, Cochran's formula based on the parameters ($P=0.5$, $q = 0.5$, $Z = 1.96$, $d = 0.05$) was used. In order to collect data, three questionnaires were used: the attachment style questionnaire by Collins and Read (1990), General Self-Efficacy Questionnaire Sherer *et al.* (1982) and Enrich marital satisfaction questionnaire (1989) were used. The results showed a positive relationship between marital satisfaction with sub-scales of attachment styles: being intimate ($r=0.55$), and attachment style ($r=0.35$) at ($p\leq 0.01$) level. There is a negative relationship between satisfaction and anxious attachment style ($r=-0.10$), there is also positive and significant relationship between self-efficacy of the couples with marital satisfaction of nurses at ($p\leq 0.01$) level, in a way that self-efficacy of the couples alone predicts 0.30 of variance of marital satisfaction of the nurses.

Keywords: Attachment Styles, Self-efficacy of couples, marital satisfaction, married nurses, hospital

INTRODUCTION

The scientific study of marital satisfaction has strongly been considered since the 1990s. Marital satisfaction is one of the most extensive concepts to explain and demonstrate the joy and lasting relationship. Marital satisfaction is a process that occurs throughout the couples' life, because it requires compliance of tastes, knowledge of cognitive features, and establishing rules of behavior and formation of communication patterns. Couples who are happy with type and level of their relationships have great agreement with each other and well plan their financial and time problems (Greeff, 2000, citing Teimuri Asfichi, Lavassani GA, and Bakhshayesh, 2012). Marital satisfaction has four areas of physical-sexual attraction, understanding, attitudes and investment and affects the relationship between parents and children. This relationship has a significant impact on individual and the mental health of children, the health of couples and family health (Rajabi, Sarvestani and Aslani, 2013). Marital satisfaction is one of the foundations of society that attachment is one of the factors affecting it. Attachment is created from birth because it is the emotional bond between the mother and her developing baby, but its impact is not confined to childhood and includes the entire course of life, even

the elderly (Shaker, Ashtiani and Mahdavian, 2010). Ainsworth (1987) quoted Boroujerdi, Sohrabi and Borjali 2011 identified three attachments: secure attachment, insecure avoidant attachment and insecure ambivalent or anxiety attachment. He concluded that individual attachment to parents continues in the next years. Generally three attachments based on the quality of the relationship between mothers with children are created in the early year. In secure attachment of mother, there are three features: receptivity, responsiveness and availability, and the child she raises is the one that first trusts himself and then their surroundings in some cases he reaches the basic capability needed for the survival, trust, until one year of age. However, in ambivalent insecure style, due to lack of a receptor, responsive, and accessible mother, the child suffers anxiety and in the critical condition, attachment style is avoidant in which the child avoids communicating with others and due to frequent non-meeting of his needs by the mother, he gets used to somehow self-learned helplessness. As an adult, such a person avoids any communication in adulthood that leads to intimacy, and sees intimacy as essentially worthless, and it is just the repetition and stability of negative behaviors

over time and during the first 5 years of life that leads to the formation of a certain type of attachment. The attachment relations have a very important role in our sense of safety and security. For the children, this relationship is first established between the parents and as adults with a spouse. Another important factor that can play a major role in marital satisfaction, and has attracted the attention of researchers is self-efficacy. Self-efficacy is a degree of one's feeling of command about his ability to perform certain activities, self-efficacy is a tool for use in health promotion and client education, it can be stated that self-efficacy is the main pre-requirement for changing behavior, including health behavior (Masoudi, Afzali and Moghaddasi, 2008). Self-efficacy is a concept that refers to a person's feeling competent about his level of capability and affects the quality of a person's way of dealing with life. Self-efficacy is caused by four sources: individual success, alternative experiences, verbal persuasion and emotional states while judging one's own ability where the fourth component is discussed both in cognitive and emotional dimensions (Bandura, 1997). Thus, considering the above, this research seeks the answer whether there is a relationship between attachment styles and self-efficacy of individuals with marital satisfaction?

Theoretical basics of Research

The concept of attachment

Attachment is an emotional bond between two people that connects them physically and spatially and continues (Ainsworth, 1987). The term attachment is sometimes used synonymously with dependence, but in reality they are different. This term refers to the feeling of a mother towards her child and is different from attachments (Kaplan, 1379). Every child that is born sees and touches mother as the first person. In fact, infants leave the enclosed fetal safety while compensating this missing security with a hug of a loving mother. Moreover, this full of emotion base is the founder of the first psychological and emotional communication scheme in the infant, which undoubtedly guarantees psycho-emotional safety of children in the first years of their lives, and perhaps long-term effects of maternal emotions extends over the person's life. Thus, it would be great to help women understand the fact that the feeling that children have naturally and innately to the mother can have a big impact on supplying his welfare and health and is seen as an enormous power in this regard (Heydariyan and Eghbaali, 2010).

The concept of self-efficacy

Self-efficacy is the individual's judgment about his ability to organize and execute

courses of action required to achieve the level of performance and development designed (Pajares, 2002). Self-efficacy is not defined and assessed as a trait, but is the person's ability to perform the skills and the ability to achieve the planned development in specific conditions (Maddox, 2000 quoted Ali Nia Karoui, 2003).

Self-efficacy does not mean motivation, absorber or the need to control; the person may have a need for control in a particular position, while the dysfunctional beliefs about the same position are predominant in him (Ali Nia Karoui, 2003). According to Bandura (1993) efficacy expectations of people are the main determiner of activity selection, the interest to try more, and insisting on the action. Bandura proposed a special form of expectation that is called self-efficacy, self-efficacy refers to beliefs and ideas of people about their abilities and competences to exercise control over their performance and events affecting the lives, in other words, it is as a direct and immediate decisive determiner in the motivation and behavior of human.

The concept of marital satisfaction

Family is the first and most important biological-human unit in different human societies. Emotional space, fundamental values, and the quality of the ruling

relationship in the family have a profound and stable effect on the quality of formation of the personality status of its members. In addition to the fact that family, as a closed action system, has relative autonomy against the environment, it is in constant communication and interaction with it. In the past, forming a new family was considered as a ring of a comprehensive communication circle that was the extended family, but nuclear family today is based on the couple's relationship, and it is the couple who must find the solutions to overcome the crisis in the process of dialogue and offering practical solutions (Arab Bafrani, Abedi and Ashraf Abadi, 2012).

No society can claim to be healthy, if it does not have healthy families and none of the social problems arise regardless of family influence. Healthy couples build healthy families and healthy families build healthy communities, so for having a healthy society, one should pay attention to the health of the first unit of society that is family health. One of the determinants of family health is marital satisfaction. The stability and strength of the family depend on stable marriage and marital relationships that is any instability and laxity in marital satisfaction or lack of a successful marriage not only disrupts the mental relaxation of the couples,

but puts the family survival at risk (Mazaheri, 1999, citing Poumeidani, Nouri and Shafti, 2014).

Research Objectives

Overall objectives

1. Studying the relationship between attachment style and self-efficacy of couples with marital satisfaction among married nurses in Zahedan hospitals
2. Determining the role of attachment styles and self-efficacy of the couples in predicting marital satisfaction of married nurses of Zahedan hospitals.

Specific objectives

1. Determining the relationship between attachment style and marital satisfaction in married nurses in hospitals in Zahedan.
2. Determining the relationship between self-efficacy of couples and marital satisfaction in married nurses in hospitals in Zahedan.
3. Determining the role of attachment styles in predicting marital satisfaction of married nurses of Zahedan hospitals.
4. Determining the role of self-efficacy of the couples in predicting marital satisfaction of married nurses of Zahedan hospitals.

Research questions

1. Is there a relationship between attachment style and marital satisfaction of married nurses in Zahedan hospitals?
2. Is there a relationship between self-efficacy of the couples and marital satisfaction of married nurses in Zahedan hospitals?
3. Is an attachment style predicted marital satisfaction Zahedan hospitals married nurses?
4. Is self-efficacy of the couples predicted marital satisfaction Zahedan hospitals married nurses?

RESEARCH METHODOLOGY

Methods of this study are descriptive of predictor form. The population of this research was all the nurses of the hospitals (Imam Ali (pbuh), social security, Bu Ali, Khatam, Baharan, Ali Asghar and Alzahra Ophthalmology) of Zahedan that was 1113 people. In this study, 285 questionnaires were distributed among 285 married nurses in hospitals in Zahedan in a purposive way. Sampling in this study was a multi-stage cluster sampling. At first the list of the hospitals in Zahedan was procured, which were seven hospitals, of which three hospitals and from them three sections were chosen in drawing form, and then research

questionnaires were distributed among married nurses in purposive way. In addition, to determine the sample size, Cochran's formula based on the parameters ($P=0.5$, $q = 0.5$, $Z = 1.96$, $d = 0.05$) was used.

In order to collect information three questionnaire including attachment style questionnaire by Collins and Read, Revised Adult Attachment Scale (RAAS), General Self-Efficacy Questionnaire (GSE-17) by Sherer, and Enrich colleagues' marital satisfaction questionnaire (Short Form) were used, whose validity was confirmed and their

reliability was obtained using Cronbach's alpha test that was more than the standard rate (0.07) showing the high reliability of the questionnaire. After collecting information through questionnaires, the data were entered the spss19 and according to the research questions, appropriate statistical analyses were performed on them. At inferential statistics in order to achieve the research questions, Pearson correlation and regression were used.

RESEARCH FINDINGS

INFERENCE FINDINGS

Table 1: Results of Kolmogorov – Smirnov test

	N	Kolmogorov-smirnov z	sig
Attachment	285	0/79	0/54
Self-efficacy	285	0/64	0/79
Marital Satisfaction	285	0/96	0/30

As can be seen in Table 1, data collected from three questionnaires: attachment styles, self-efficacy and marital satisfaction with regard to ($p \geq 0.05$) level of significance follow a normal distribution.

The first question: 1. is there a relationship between attachment style and marital

satisfaction of married nurses in Zahedan hospitals?

In order to analyze the data related to the first question, the Pearson correlation coefficient and stepwise regression are used and the results are presented in the following tables.

Table 2: Results of correlation matrix of the aspects of attachment styles with marital satisfaction in married nurses in hospital

Variables	1	2	3	4	5
1. Attachment style	1				
2. Anxiety style subscale	0/48**	1			
3. Intimacy subscale	0/61**	0/36**	1		
4. The attachment subscale	0/68**	0/33**	0/50**	1	
5. The marital satisfaction	0/58**	-0/10	0/55**	0/35**	1

*Correlation is significant at $p \leq 0.05$ level; **Correlation is significant at $p \leq 0.01$ level.

As Table 2 shows, there is a relationship between marital satisfaction and attachment sub-styles: intimacy ($r=0.355$), and

attachment style ($r=0.35$) at ($p \leq 0.01$) level. In addition, there is a negative relationship between satisfaction with anxiety attachment

style ($r=-0.10$), but this relationship is not statistically significant ($p \geq 0.01$).

Table 3: Results of stepwise regression to predict marital satisfaction with sub-scales of attachment styles

Step	Variable			Adjusted R Square	F	Sig	B	β	t	Sig	
First step	Attachment style	0/35	0/12	0/11	45/94	0/00	1/33	0/35	7/20	0/00	0/35
Second step	Attachment style Intimacy style	0/48	0/23	0/29	30/62	0/00	0/90 0/82	0/22 0/25	3/66 2/54	0/00 0/01	0/48

*Correlation is significant at $p \leq 0.05$ level.

** Correlation is significant at $p \leq 0.01$ level.

As can be seen in Table 3, the results of stepwise regression to predict marital satisfaction of married nurses of the hospital by subscales of attachment styles show that in the first step attachment dependency component alone 0.12, and in the second step, attachment dependency style and attachment style of intimacy on the whole predict 0.23 of the variance of marital satisfaction of the nurses. Thus, beta standardized coefficients show that by increase of one unit of standard deviation in the below subscales: attachment dependency style and intimacy attachment style, the marital satisfaction score of the nurses changes by 0.22 and 0.25, respectively.

The second question:2. is there a relationship between self-efficacy of the couples and marital satisfaction of married nurses in Zahedan hospitals?

In order to analyze the data related to the second question, the Pearson correlation coefficient and stepwise regression are used and the results are presented in the following tables.

As can be seen in Table 4, there is a positive relationship between self-efficacy of couples with marital satisfaction of nurses at ($p \leq 0.01$) level.

As can be seen in Table 5, the results of regression, in order to predict nurses' marital satisfaction with regards to self-efficacy variable of the couples show that self-efficacy of the couples alone predicts 0.30 of variance of the variable marital satisfaction of nurses. Thus beta standardized coefficients indicate that with one unit change in standard deviation of self-efficacy variable, marital satisfaction score changes 0.55.

Table 4: Results of correlation matrix of the aspects of self-efficacy of the couples with marital satisfaction in married nurses in hospital

Variables	marital satisfaction	sig
self-efficacy of the couples	0.55**	0.000

*Correlation is significant at $p \leq 0.05$ level; ** Correlation is significant at $p \leq 0.01$ level.

Table 5: Results of stepwise regression to predict marital satisfaction with self-efficacy of the couples

Step	Variable			Adjusted R Square	F	Sig	B	β	t	Sig	
	self-efficacy of the couples	0/55	0/30	0/28	9/84	0/00	0/94	0/55	3/97	0/00	

*Correlation is significant at $p \leq 0.05$ level; ** Correlation is significant at $p \leq 0.01$ level.

CONCLUSION AND SUGGESTIONS

Given the importance of attachment and self-efficacy, the results of this study in response to the first question: Is there a relationship between attachment style and marital satisfaction of married nurses in Zahedan hospitals? The results showed a positive relationship between marital satisfaction with the subscale of attachment styles: intimacy ($r=0.55$), and attachment style ($r =0.35$) at ($p \leq 0.01$) level. In addition, there is a negative relationship between satisfaction with anxiety attachment style ($r=-0.10$). In continuation, the result of stepwise regression to predict marital satisfaction of married nurses in hospital showed that in the first step attachment dependency component alone 0.12, and in the second step, attachment dependency style and attachment style of intimacy on the whole predict 0.23 of the variance of marital satisfaction of the nurses. Thus, beta standardized coefficients show that by increase of one unit of standard deviation in the below subscales: attachment dependency style and intimacy attachment style, the marital satisfaction score of the

nurses changes by 0.22 and 0.25, respectively.

Also in response to the second question: Is there a relationship between self-efficacy of married couples and marital satisfaction of the nurses in Zahedan hospitals? The results showed that there is positive and significant relationship between self-efficacy of the couples with marital satisfaction of nurses at ($p \leq 0.01$) level. Then the results of regression, in order to predict marital satisfaction of nurses showed that self-efficacy of the couples alone predicts 0.30 of variance of marital satisfaction of nurses. in a way that self-efficacy of the couples alone predicts 0.30 of variance of marital satisfaction of the nurses.

Thus beta standardized coefficients indicate that with one unit change in standard deviation of self-efficacy variable, marital satisfaction score changes 0.55. In a study conducted in this regard by Fathi, Etemadi, Hatami and Gorgi (2012) was conducted, the results showed a positive and significant relationship between secure attachment and marital satisfaction, and a significant

negative relationship between avoidant or anxiety attachment with job satisfaction, and there is a significant positive relationship with personal commitment and marital satisfaction.

Emotional and cognitive attachment styles are important strategies that guide emotional, and interpersonal relationships and even marital reactions in people, and self-judgments is the person's judgment about his capabilities to organize and execute courses of action required to achieve objectives.

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