

# Families' Coping Strategies and Quality of Life Before and During the COVID-19 Pandemic

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DOI: [10.5014/ajot.2022.76S1-PO149](https://doi.org/10.5014/ajot.2022.76S1-PO149)

Date presented: April 1, 2022

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The COVID-19 pandemic brought new challenges to most aspects of parents' and their children's lives, posing an acute threat to family quality of life (FQOL). Internal and external coping strategies using resources within and outside the nuclear family may make families less vulnerable to negative impacts of the pandemic's difficulties and stressors (Donker, Mastrotheodoros, & Branje, 2020). Because families' coping strategies likely influence FQOL, this study aimed to identify families' coping-strategy profiles before the pandemic and investigate interactions between the profiles and FQOL before and during the crisis. In this experimental study, a convenience sample of participants completed an online survey with a demographic questionnaire, Family Crisis Oriented Personal Evaluation Scales (FCOPES; McCubbin, Olson, & Larsen, 1987), and Beach Center FQOL Scale (Hoffman et al., 2006) before and during the pandemic. Inclusion criteria were families with children between 3 and 18 years. The FCOPES identifies families' problem-solving and behavioral strategies in difficult situations in five scales as external: acquiring social support, seeking spiritual support, and mobilizing family to acquire and accept help, and internal: reframing and passive appraisal. The FQOL Scale assesses parent perception regarding FQOL aspects (family interaction, parenting, and emotional and material well-being). Cluster analysis was used to identify profiles of coping strategies, and interactions of these profiles with FQOL were investigated using repeated-measures MANOVA. Participants included 253 Israeli parents (43.5% fathers). The total FCOPE level was significantly higher in the time before the crisis ( $M = 3.20$ ,  $SD = 0.43$ ) than during the crisis ( $M = 3.14$ ,  $SD = 0.44$ ),  $t(252) = 2.45$ ,  $p = .01$ . Four clusters were found before the COVID-19. Cluster 1, consisting of 77 families (30.4%) represented families with reframing and appraisal strategies and less use of acquiring and mobilizing strategies. Cluster 2, comprised of 86 (34%) families, consisted of those characterized as using varied strategies. Cluster 3 comprised 17 (6.7%) families represented by using high levels of reframing, acquiring, and mobilizing and fewer appraisal strategies. Finally, Cluster 4 consists of 73 (28.9%) families characterized by fewer reframing, acquiring, mobilizing, and appraisal strategies. All clusters showed decrease in material well-being during the crisis,  $F(3,249) = 11.45$ ,  $p < .001$ ,  $\eta^2 = .12$ . Only Cluster 3 demonstrated significance negative change between the time before and during the crisis in family interaction,  $t(76) = 2.96$ ,  $p = .009$ ; in parenting,  $t(76) = 2.57$ ,  $p = .02$ ; and in emotional well-being,  $t(76) = 2.82$ ,  $p = .01$ . The results indicated that external strategies demonstrate a significant decrease in well-being. In contrast, internal strategies show no significant differences from before to during the pandemic. No significant changes were found in the FQOL interaction before and during the crisis in Clusters 1, 2, or 4. Families in Cluster 3 present a drastic decrease in all FQOL aspects. A profile that expresses a diverse and balanced use of strategies may be a protective factor in a family's FQOL in times of crisis. Occupational therapists can analyze and characterize the family's internal and external resources and define with the family the performance skills that fit its unique coping-strategy profile and that may support the family's daily participation, health, and well-being. This study's scientific contribution is in understanding the underlying mechanism and daily performance implications of families' coping strategies. It highlights an option for families to not only survive the crisis, but also emerge from it stronger.

## References

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