



## **Coping Strategies and Their Relationships to Psychological Resilience among Mothers Working a Single Shift: A Field Study at Slimane Amirat Hospital, M'Sila**

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### **Abstract:**

*This correlational study aimed to identify the relationship between coping strategies and psychological resilience among mothers working a single shift. The study sample consisted of 35 mothers employed on a single-shift schedule in the nursing profession. The general hypothesis of the study was that coping strategies are related to the dimensions of psychological resilience among mothers working a single shift. In contrast, the specific hypotheses proposed the existence of a relationship between each type of coping strategy and the various dimensions of psychological resilience. To achieve the study's objectives, a descriptive correlational method was employed, and both the Coping Strategies Scale, developed by Boulhan and colleagues, and the Connor-Davidson Resilience Scale (CD-RISC) were administered. The data obtained were analysed via Pearson's correlation coefficient to determine the relationships between the study variables. The study yielded the following results:*

- 1. There is a positive relationship between coping strategies (overall) and the dimensions of self-efficacy and positive emotions and no relationship with the dimensions of emotional control, social support, or religion.*
- 2. There is a positive relationship between the problem-solving strategy and the resilience dimensions of self-efficacy, emotional control, and positive emotions and no relationship with the dimensions of social support and the religious dimension.*
- 3. There is a positive correlation between the avoidance strategy dimension and the self-efficacy dimension and no relationship with emotional control, positive emotions, social support, or the religious dimension.*

4. *There was no correlation between the social support-seeking strategy and any of the dimensions of psychological resilience.*
5. *There was no correlation between positive reappraisal strategies and any of the dimensions of psychological resilience.*
6. *There is a negative correlation between self-blame strategy and the social support dimension and no relationship between self-blame and the remaining dimensions of psychological resilience.*

**Keywords:** *coping strategies; psychological resilience; working mother*

### **Résumé :**

*Cette étude corrélacionnelle visait à identifier la relation entre les stratégies d'adaptation et la résilience psychologique chez les mères travaillant en horaires simples. L'échantillon de l'étude était composé de 35 mères employées dans le secteur des soins infirmiers et travaillant en horaires simples. L'hypothèse générale de l'étude était que les stratégies d'adaptation sont liées aux dimensions de la résilience psychologique chez les mères travaillant en horaires simples. En revanche, les hypothèses spécifiques proposaient l'existence d'une relation entre chaque type de stratégie d'adaptation et les différentes dimensions de la résilience psychologique. Pour atteindre les objectifs de l'étude, une méthode corrélacionnelle descriptive a été utilisée, et l'échelle des stratégies d'adaptation, développée par Boulhan et ses collègues, ainsi que l'échelle de résilience de Connor-Davidson (CD-RISC) ont été administrées. Les données obtenues ont été analysées à l'aide du coefficient de corrélation de Pearson afin de déterminer les relations entre les variables de l'étude. L'étude a donné les résultats suivants :*

1. *Il existe une relation positive entre les stratégies d'adaptation (dans leur ensemble) et les dimensions de l'auto-efficacité et des émotions positives, et aucune relation avec les dimensions du contrôle émotionnel, du soutien social ou de la religion.*
2. *Il existe une relation positive entre la stratégie de résolution de problèmes et les dimensions de la résilience que sont l'auto-efficacité, le contrôle émotionnel et les émotions positives, et aucune relation avec les dimensions du soutien social et de la religion.*
3. *Il existe une corrélation positive entre la dimension de la stratégie d'évitement et la dimension de l'auto-efficacité, et aucune relation avec le contrôle émotionnel, les émotions positives, le soutien social ou la dimension religieuse.*



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4. *Il n'y avait aucune corrélation entre la stratégie de recherche de soutien social et aucune des dimensions de la résilience psychologique.*
5. *Il n'y a pas de corrélation entre les stratégies de réévaluation positive et les dimensions de la résilience psychologique.*
6. *Il existe une corrélation négative entre la stratégie d'auto-accusation et la dimension du soutien social, et aucune relation entre l'auto-accusation et les autres dimensions de la résilience psychologique.*

**Mots-clés** : *stratégies d'adaptation ; résilience psychologique ; mère qui travaille*

## Introduction

The family constitutes the foundation of a society's survival and continuity, and the mother represents its principal driving force. With the development of life and the entry of women into the labour market, women have come to perform multiple roles and contribute effectively to the development of society in various fields, driven by motives such as self-fulfilment, achieving financial independence, or keeping pace with economic changes.

The working mother bears two fundamental responsibilities: raising her children and managing her family's affairs on the one hand and fulfilling her professional duties on the other, which leads her to strive to achieve a balance between these two roles. In doing so, she faces pressures and conflicts arising from the multiplicity of her responsibilities, which cause her to feel a sense of deficiency and guilt toward her family and children.

Reconciling all these tasks and satisfying the demands of the surrounding environment creates new situations for the mother that render her a person who suffers from multiple changes; placing her under pressure, tension, and emotional strain; and exposing her to various sources of psychological stress and occupational fatigue as a result of bearing more than her capacity and abilities. Her exposure to these events, situations, and daily crises, as well as their cumulative effects, causes a state of distress and tension, as well as various maladaptive behaviours, which affect her psychological characteristics and her adjustment to different situations and conditions. Her presence in two different places and her assumption of two different responsibilities make her face, within rapid and brief periods, a considerable



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number of sudden and unexpected situations, which requires her to confront difficult situations with confidence, resilience, and objectivity and to acquire sufficient mental flexibility to review her rapid decisions and adjust them according to the situations that are appropriate for her to achieve professional and personal success. Some working mothers fail to overcome all these situations and incidents, which is due to their psychological characteristics and makeup. In contrast, others can live with and confront all the situations and events that drain their capacities, which is due to behavioural, cognitive, and adaptive methods and techniques that working mothers resort to to confront stressful events and disturbing situations and achieve balance and mental health.

Interest has increased in the means and methods by which individuals, with their differing physical, cognitive, and personality characteristics, resort to avoid the various dangers they encounter in their daily lives. Scholars have termed these "coping strategies," which are "constantly changing cognitive and behavioural efforts to deal with specific external demands or internal demands, or both internal and external together, that drain or exceed the individual's reserves" (Samer Jamil Radwan, 2002, p. 165).

Coping styles may differ, including those that focus on the problem, emotion, avoidance, or other strategies, which makes it incumbent upon the individual to acquire an appropriate method or manner of solving daily problems to achieve internal and external adjustment. Numerous studies have confirmed that individuals differ in their adoption of coping styles to resolve stressful situations or mitigate the emotional impact arising from them. These studies have

shown that individuals who employ an effective problem-solving strategy are characterised by problem-focused coping, which reduces the impact of the problems they encounter, leading in turn to a reduction in the negative emotions resulting from them.

In view of the importance of coping strategies and psychological resilience among working mothers, particularly those working under a shift system that requires them to work long daily hours and keep them away from their families and children, this topic was selected for in-depth consideration and study. In the present study, we aimed to investigate the relationships between coping strategies and various dimensions of psychological resilience among mothers working a single shift.

### ***General hypothesis:***

There is a statistically significant relationship between coping strategies and the dimensions of psychological resilience among mothers working a single shift.

### ***Specific hypotheses:***

- There is a statistically significant relationship between the problem-solving strategy and the dimensions of psychological resilience among mothers working a single shift.
- There is a statistically significant relationship between the avoidance strategy and the dimensions of psychological resilience among mothers working a single shift.
- There is a statistically significant relationship between the social support-seeking strategy and the



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dimensions of psychological resilience among mothers working a single shift.

- There is a statistically significant relationship between positive reappraisal strategies and the dimensions of psychological resilience among mothers working a single shift.
- There is a statistically significant relationship between the self-blame strategy and the dimensions of psychological resilience among mothers working a single shift.

## **1. Operational definition of the study terms:**

### **1.1. Coping strategies:**

These are the methods used by the mother working under the shift system to confront daily pressures in her family and occupational life and are measured by the Coping Scale of Boulhan and colleagues.

### **1.2. Psychological Resilience:**

This is the working mother's ability to adapt to and confront pressures to achieve psychological balance, as measured by the Connor-Davidson Resilience Scale.

#### **1.2.1. Working mother:**

She is the woman who performs work outside her home in return for financial remuneration and at the same time assumes other roles as the person responsible for the household, children, husband, and family; thus, she performs the role of worker and the role of mother and head of household.

### **1.2.2. Single-shift system:**

This is a system in which the mother works for 24 continuous hours, after which she receives one or two days of rest, and then returns to work at the same time.

- **Study method:** This study relies on the descriptive correlational method, which aims to describe the phenomenon and analyse its components and the factors influencing it while identifying the relationships between variables to predict their future. This method is characterised by transcending superficial observation to scientific analysis and interpretation to reach generalisations on the basis of findings and hypotheses. (Kamel Mohammed Al-Maghribi, 2011, pp. 95–96)
- **\*Study sample:** The study sample included a group of working mothers at the specialised hospital institution for obstetrics and gynaecology, paediatrics, and paediatric surgery, who were selected purposively.

## **2. Operational definition of the study terms:**

### **2.1. Coping strategies:**

These are the methods used by the mother working under the shift system to confront daily pressures in her family and occupational life and are measured by the Coping Scale of Boulhan and others.

### **2.2 Psychological Resilience:**

This refers to a working mother's ability to adapt and confront pressures to achieve psychological balance, as measured by the Connor–Davidson Resilience Scale.



### 2.3. Working mother:

She is the woman who performs work outside her home in return for financial remuneration and at the same time performs other roles as the person responsible for the household, children, husband, and family; thus, she fulfils the role of worker and the role of mother and head of household.

### 2.4. Single-shift system:

This is a system in which the mother works for 24 continuous hours, after which she obtains one or two days of rest, and then returns to work on the same schedule.

- **Study method:** This study relies on the descriptive correlational method, which aims to describe the phenomenon and analyse its components and the factors influencing it while identifying the relationships between variables to predict their future. This method is characterised by transcending superficial observation to scientific analysis and interpretation to arrive at generalisations on the basis of results and hypotheses. (Kamel Mohamed Al-Maghribi, 2011, pp. 95-96)
- **Study sample:** The study sample comprised a group of working mothers at the hospital institution specialising in obstetrics and gynaecology, paediatrics, and paediatric surgery who were selected purposively.

### **3. Study instruments:**

#### **3.1. Coping Scale (coping) by Boulhan and others:**

The Coping Scale was developed by Lazarus and Folkman in 1984 and consists of 64 items. As part of the procedures concerning validity, (100) individuals were interviewed every month for a year, and they were asked to describe a stressful situation and to indicate the type of strategy most frequently used to cope with that situation. The results revealed the existence of (08) subscales, each of which comprises several items, namely, problem solving, confrontive spirit, taking precautions or minimising threats, positive reappraisal, self-blame, seeking social support, and self-control.

In 1985, Vitaliano and others proposed an abridged version of this scale consisting of 42 items, and the global analysis revealed the presence of five subscales, namely, problem solving, self-blame, positive reappraisal, seeking social support, and avoidance.

In 1994, (Paulhan), (Naissier), (Quintard), (Bourgeois), and (Lousson) adapted the abridged version of Vitalian and others (1985) to the French context, resulting in the retention of (29) items. The aim was to investigate the effectiveness of coping in modifying the relationship (stress, tension) and to clarify the types of strategies associated with physical and psychological health, according to the following adaptation steps:

- Translation of the scale by the Language Laboratory at the University of Bordeaux; it was administered to a sample of 50 adults, students and employees of both sexes whose ages ranged between 20 and 35 years.



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- The test items take into account a general axis of coping that includes problem-focused strategies and emotion-focused strategies.
- The scale items reflect (05) levels of coping, constituting the final form of the scale subscales.

By following the exact instructions and using statistical analysis, the following result was obtained:

- Problem solving.
- Avoidance with positive thinking.
- Seeking social support.
- Reappraisal.
- Self-blame. (Tabbi Siham, 2013, pp. 73-74)

The reliability and validity of the scale were verified in the Arab and Algerian context. The study by "Tabbi Siham" (2013) showed that the reliability coefficient reached 0.75 by the Spearman-Brown method and 0.65 by Cronbach's alpha, which are values indicative of reliability. The discriminant validity of the scale was also demonstrated through the presence of significant differences between the upper and lower groups, which indicates the validity of the scale in measuring coping strategies.

#### **4. Presentation of the results:**

##### **4.1. Presentation of the results of the general hypothesis:**

The general research hypothesis is as follows: "There is a statistically significant relationship between coping strategies and the dimensions of psychological resilience among mothers working a single shift."

The hypotheses were tested by calculating the correlation coefficients between coping strategies and the dimensions of

psychological resilience; the statistical results are presented in the table.

**Table 1**

*Correlation coefficients between coping strategies and the dimensions of psychological resilience*

Significance level	Correlation coefficient	Variables
Significant at 0.01	0.52	Coping strategies/self-efficacy
Nonsignificant	0.15	Coping strategies/emotional control
Significant at 0.05	0.35	Coping strategies/positive emotions
Nonsignificant	-0.21	Coping strategies/social support
Nonsignificant	0.22	Coping strategies/religious dimension

It is evident from the results in the above table that there is a positive and statistically significant correlation between coping strategies and the self-efficacy dimension, amounting to (0.52) at (0.01), and with the positive emotions dimension (0.35) at the significance level (0.05). This means that there is a direct relationship between coping strategies and these two dimensions; that is, the higher the scores on the two dimensions are, the higher the level of coping strategies, and the greater the degree of coping, the higher the level of the two dimensions.



Regarding the results of the correlation between coping strategies and the dimensions of emotional control and the religious dimension, the correlations were positive but nonsignificant, with values of 0.15 for emotional control and 0.22 for the religious dimension, which suggests that there is no relationship between coping strategies and these two dimensions.

With respect to coping strategies and their relationship with the social support dimension, the correlation was negative, amounting to (-0.21), and nonsignificant, which negates the existence of a relationship between them.

#### 4.2. Presentation of the results of the first specific hypothesis:

The hypothesis states, "There is a statistically significant relationship between the problem-solving strategy and the dimensions of psychological resilience among mothers working a single shift."

To test this hypothesis, we calculated the correlation coefficient between the problem-solving strategy and each dimension of psychological resilience, and the results are presented in the following table.

**Table 2**

*Correlation coefficients between the problem-solving strategy and the dimensions of psychological resilience*

Significance level	Correlation coefficient	Variables
Significant at 0.01	0.54	Problem-solving strategy/self-efficacy
Significant at	0.36	Problem-solving

0.05		strategy/emotional control
Significant at 0.01	0.50	Problem-solving strategy/positive emotions
Nonsignificant	0.09	Problem-solving strategy/social support
Nonsignificant	-0.02	Problem-solving strategy/religious dimension

The results presented in the table above indicate that the value of the correlation coefficient for the relationship between the problem-solving strategy dimension and the self-efficacy dimension is 0.54, which is positive and significant at the 0.01 level. Similarly, its relationship with the emotional control dimension was positive (0.36) and significant at the 0.05 level. The correlation coefficient value was also positive, reaching 0.50, which confirms the relationship between the problem-solving strategy and this dimension.

The correlation coefficient between problem-solving strategies and their relationship with social support reached 0.09, indicating a weak and nonsignificant relationship. In contrast, the correlation coefficient between the problem-solving strategy and the religious dimension indicated the absence of a relationship, as the correlation was negative (-0.02) and nonsignificant.



### 4.3. Presentation of the results of the second specific hypothesis:

It states, “There is a statistically significant relationship between the avoidance strategy and the dimensions of psychological resilience.”

By calculating the correlation coefficients between the avoidance strategy and each dimension of psychological resilience, we obtain the following results:

**Table 3**

*Correlation coefficients between the avoidance strategy and the dimensions of psychological resilience*

Significance level	Correlation coefficient	Variables
Significant at 0.01	0.55	Avoidance strategy/self-efficacy
Nonsignificant	0.07	Avoidance strategy/emotional control
Nonsignificant	0.10	Avoidance strategy/positive emotions
Nonsignificant	-0.17	Avoidance strategy/social support
Nonsignificant	0.22	Avoidance strategy/religious dimension

As noted in the table above, regarding the correlation between the avoidance strategy and the dimensions of psychological resilience, a positive and significant correlation was observed with self-efficacy ( $r = 0.55$ ). The relationship between the avoidance strategy and this

dimension is therefore direct; that is, the higher the level of self-efficacy, the higher the level of the avoidance strategy, and the higher the level of avoidance, the greater the self-efficacy. The correlations with emotional control ( $r = 0.07$ ), positive emotions ( $r = 0.10$ ), and the religious dimension ( $r = 0.22$ ) were positive, weak, and nonsignificant. The value of the correlation coefficient was negative and nonsignificant for the relationship between the avoidance strategy and the social support dimension ( $-0.17$ ).

**4.4. Presentation of the results of the third specific hypothesis:**

It stated as follows: “There is a statistically significant relationship between the social support-seeking strategy and the dimensions of psychological resilience.”

The following table shows the results of testing this hypothesis.

**Table 4**  
*Correlation coefficients between the social support-seeking strategy and the dimensions of psychological resilience*

Significance level	Correlation coefficient	Variables
Nonsignificant	0.16	Social support-seeking strategy/self-efficacy dimension
Nonsignificant	0.12	Social support-seeking strategy/emotional control dimension
Nonsignificant	0.16	Social support-seeking strategy/positive emotions dimension



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Nonsignificant	-0.10	Social support-seeking strategy/social dimension
Nonsignificant	0.24	Social support-seeking strategy/religious dimension

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Table 4 shows that the correlation between the social support-seeking strategy and the dimensions of psychological resilience was positive and nonsignificant, except for self-efficacy, emotional control, positive emotions, and the religious dimension. The correlation was nonsignificant and negative with social support (-0.10), which suggests that there is no relationship between the social support-seeking strategy and the social support dimension.

#### **4.5. Presentation of the results of the fourth specific hypothesis:**

It stated, "There is a statistically significant relationship between the positive reappraisal strategy and the dimensions of psychological resilience."

To verify this hypothesis, the correlation coefficients between the positive reappraisal strategy and each dimension of psychological resilience were calculated, and the results were as follows:

**Table 5***Correlation coefficients between positive reappraisal strategies and the dimensions of psychological resilience*

Significance level	Correlation coefficient	Variables
Nonsignificant	-0.08	Positive reappraisal strategy/self-efficacy dimension
Nonsignificant	0.11	Positive reappraisal strategy/emotional control dimension
Nonsignificant	0.18	Positive reappraisal strategy/positive emotions dimension
Nonsignificant	-0.18	Positive reappraisal strategy/social support dimension
Nonsignificant	0.20	Positive reappraisal strategy/religious dimension

The correlations between positive reappraisal strategies and each dimension of psychological resilience, as shown in the table, were positive and weak, with the emotional control dimension ( $r = 0.11$ ), the positive emotion dimension ( $r = 0.18$ ), and the religious dimension ( $r = 0.20$ ); however, none of these correlations were significant.

The correlations were also weak, nonsignificant, and negative with the self-efficacy dimension (-0.08) and with the social support dimension (-0.18).



#### 4.6. Presentation of the results of the fifth specific hypothesis

The hypothesis states, "There is a statistically significant relationship between the self-blame strategy and the dimensions of psychological resilience among mothers working a single shift."

To test this hypothesis, we calculated the correlation coefficient of the self-blame strategy with each dimension of psychological resilience, and we obtained the results shown in the following table:

**Table 6**

Correlation coefficients between self-blame strategies and the dimensions of psychological resilience

Significance level	Correlation coefficient	Variables
Nonsignificant	0.17	Self-blame strategy/self-efficacy dimension
Nonsignificant	-0.14	Self-blame strategy/emotional control dimension
Nonsignificant	0.08	Self-blame strategy/positive emotions dimension
Significant at 0.01	-0.35	Self-blame strategy/social support dimension
Nonsignificant	0.08	Self-blame strategy/religious dimension

The results shown in the above table reveal a negative correlation between the self-blame strategy and social support (-0.35), which is a correlation significant at the (0.01) level, indicating an inverse relationship; that is, the greater the self-blame, the lower the level of social support, and the higher the level of social support, the lower the self-blame. The results also revealed a positive, albeit nonsignificant, correlation with self-efficacy, positive emotions, and the religious dimension. The correlation was nonsignificant and negative with the emotional control dimension.

## **5. Discussion and interpretation of the results**

### **5.1. Discussion and interpretation of the results of the general hypothesis**

With respect to the relationships between coping strategies and the dimensions of self-efficacy and positive emotions, the hypothesis was confirmed. It is a positive, direct relationship in that the more the working mother possesses self-efficacy and is characterised by positive emotions, the better and greater her level of coping. The more she employs coping strategies, the more she acquires these components of psychological resilience. She exerts considerable effort in her profession as a nurse, striving to prove herself and achieve accomplishments that confer value and social status in the work environment, especially since the nursing profession requires specific psychological and emotional characteristics. This profession is considered one of the humanitarian professions, and those who practice it must display patience, self-control, a helping disposition, calmness, and sustained activity, and so forth.



## **5.2. Discussion and interpretation of the results of the first specific hypothesis**

The problem-solving strategy functions to change the situation by adopting the necessary plans to alter the experienced situation that constitutes an obstacle or a problem or contains some form of difficulty, which indirectly contributes to changing the emotional state. The psychology literature has consistently demonstrated the effectiveness of the problem-solving strategy in maintaining overall mental health. The more the mother working under the single-shift system uses the problem-solving strategy, the higher her level of self-efficacy, the greater her ability to control her emotions, and the more her feelings develop in a positive direction; the opposite is also true.

## **5.3. Discussion and interpretation of the results of the second specific hypothesis**

Avoidance is linked to self-efficacy; the more self-efficacy the mother working under the shift system enjoys, the more able she is to employ the avoidance strategy, and the more she employs the avoidance strategy, the more self-efficacy she possesses. Avoidance helps lessen the intensity of emotion and prevents her from feeling exhausted under the weight of the emotions resulting from exposure to stress and negative feelings. This allows her to accept the stressful situation and thus experience improvement. Working mothers in the nursing profession often face cognitive and emotional burdens due to the nature of their work in this complex field, under a single-shift system, and in the presence of multiple family responsibilities. The optimal solution for addressing all these demands is therefore to

resort to the use of avoidance as a means of maintaining balance and conducting her life properly as both a mother and a worker.

However, the hypothesis was not confirmed regarding the relationship between the avoidance strategy and the dimensions of psychological resilience (emotional control, positive emotions, social support, and the religious dimension). This is because avoidance reflects a failure in coping and does not express the individual's possession of the characteristic of psychological resilience, nor is it associated with its factors. The individual's control over their emotions, enjoyment of positive feelings, high level of religiosity, and presence of a supportive social environment all contribute to confronting distressing situations and events rather than avoiding and isolating them and working effectively to interpret and resolve them. Avoidance expresses a form of social withdrawal and escape, consisting of redirecting attention away from stressful situations through alternatives and implying a lack of effort to confront the problem or situation. This is inconsistent with the characteristic of psychological resilience, which reflects a high level of control, confrontation, and ability to overcome difficult situations and distressing events.

#### **5.4. Discussion and interpretation of the results of the third specific hypothesis:**

It is clear from the results relating to the correlation coefficients associated with the third specific hypothesis of the study, which stated: "There is a statistically significant relationship between the social support-seeking strategy and the dimensions of psychological resilience among mothers working a single shift," that there is no relationship between



the social support-seeking strategy and the dimensions of psychological resilience, and thus, the hypothesis was not confirmed. In other words, the working mother's resort to seeking sources of social support and assistance, which act as barriers against the adverse effects of life stresses on mental and physical health, does not mean that the mother employed in the health sector enjoys the factors of psychological resilience, particularly when she works under a shift system that requires her to be away from the family environment for many hours, while she is at the same time a mother, a wife, and responsible for the household. The dimensions of resilience reflect her ability to confront the multiple pressures she encounters, whether originating from the family or the work environment. Her resort to seeking social support does not indicate that she possesses the necessary factors of self-efficacy, positive emotions, a religious component, a source of social support, and emotional control sufficient to qualify her to confront the situations and events she faces. This is because the nature, place, and timing of the work do not allow the mother to reconcile all her tasks and perform her various responsibilities, which leads her to seek a source of help or support, whether in carrying out some of her roles or in receiving psychological support. Working under a single-shift system distances her from her family responsibilities and intensifies her roles within the workplace, making it necessary for her to seek sources of social support.

### **5.5. Discussion and interpretation of the results of the fourth specific hypothesis**

The correlation results, shown in Table 5, for the relationship between the positive reappraisal strategy and the dimensions of psychological resilience indicated a nonsignificant correlation with all dimensions of psychological resilience; thus, the hypothesis was not confirmed. This strategy reflects the cognitive activity employed to change the subjective meaning of the experience through re-evaluating the stressful situation and transforming the threat into a challenge.

The working mother's resort to positive reappraisal of the situations and events she encounters is therefore unrelated to her possession of the various characteristics and factors of psychological resilience. What may explain her resort to this type of strategy is the complexity and multiplicity of the situations she faces, which compels her to reanalyse, reevaluate, and reinterpret them to give them the correct meaning and to determine the type and nature of the response to these situations and the manner of dealing with them. (Amal Abdelkader Joudeh, 2004, p. 673)

### **5.6. Discussion and interpretation of the results of the fifth specific hypothesis**

The statistical results of the correlation coefficient for the relationship between the self-blame strategy and the dimensions of psychological resilience confirmed the presence of a negative inverse relationship with the social support dimension. Thus, the hypothesis was confirmed for this dimension. The more social support available to mothers working a single shift, the less self-blame is used as



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a coping style; conversely, self-blame increases as social support diminishes.

The availability of this factor for mothers working under the single-shift system helps them perceive the situation and provide a realistic and logical interpretation of it. It also helps her overcome her tendency to blame herself and attribute the existence of problems and pressures to herself, thereby reducing the intensity of stress, tension, and negative emotions, particularly self-reproach. She performs a dual function, as she works outside the home and at the same time undertakes the upbringing and care of her children, and her shortcoming in fulfilling her maternal role in particular makes her feel guilty, leading her to assume responsibility for every deficiency that occurs in the upbringing and care of the children. A study by "Kilger" confirmed that working mothers show anxiety and a sense of guilt toward their children. (Kamilia Ibrahim Abdel-Fattah, 1984, p. 91)

The correlation results for the same hypothesis also confirmed the absence of a relationship with the dimensions of psychological resilience, represented by self-efficacy, emotional control, positive emotions, and the religious dimension, indicating that the hypothesis was not confirmed for these dimensions. The use of the self-blame strategy and the attribution of blame to the self are not related to the presence or absence of the characteristic of psychological resilience and its factors, which indicate self-efficacy and a high capacity to return to a normal state and to overcome various pressures, crises, and distressing events with positive feelings, with the social support factor contributing

to this. This, in turn, helps overcome any issues that may cause annoyance, distress, or tension.

## **Conclusion:**

In the end, and in light of what has been addressed in this study, it is apparent that both coping strategies in their various forms and psychological resilience in their different dimensions fall within the concepts of control or protective factors that enable and assist the individual in confronting situations and events that may be threatening or pose a danger to him or her. The present study contributes to revealing the relationship between these two variables, specifically among working mothers under the single-shift system, which was the main objective of this study. Given the physical and social problems inherent in her work environment and her performance of numerous family and social roles, the mother's work exposes her to many intense and stressful events and situations that affect her physical and psychological health. This requires her to resort to various coping strategies and to acquire the characteristic of psychological resilience to maintain her health and balance amid the complex multiplicity of responsibilities and roles.

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