

Aleksandra Maria Rogowska  
Uniwersytet Opolski, Wydział Nauk Społecznych, Instytut Psychologii  
<https://orcid.org/0000-0002-4621-8916>

Barbara Zmaczyńska-Witek  
Uniwersytet Opolski, Wydział Nauk Społecznych, Instytut Psychologii  
<https://orcid.org/0000-0001-5472-2576>

Ilona Łatka  
Wojewódzki Szpital Neuropsychiatryczny w Lublińcu,  
Oddział dla Dzieci i Młodzieży

Zofia Kardasz  
Uniwersytet Opolski, Wydział Nauk Społecznych, Instytut Psychologii  
<https://orcid.org/0000-0003-4339-4065>

## Emotional intelligence and coping with stress in foster parents

### Abstract

*Although much research on emotional intelligence (EI) and coping with stress has been performed in recent years, little is known about these dimensions of individual differences between parents. The main purpose of this study was to examine emotional intelligence and coping styles in foster parents. The study included 124 individual participants aged between 30 and 64 years old ( $M = 45.18$ ,  $SD = 8.72$ ), including foster parents ( $n = 63$ , 50.81%) and biological parents ( $n = 61$ , 49.19%). The cross-sectional survey study was conducted using the Schutte Self-Report Emotional Intelligence Test (SSEIT) and Coping Inventory for Stressful Situations (CISS). In comparison to biological parents, foster parents demonstrated significantly higher levels of emotional intelligence (EI), more frequently used task-oriented coping styles, and less often pursued emotional and avoidant coping strategies to deal with stress. EI was positively correlated with task-oriented coping and negatively with emotional coping. Hierarchical regression analysis indicated that EI was a strong predictor of task-oriented coping. Training focused on the enhancement of both EI and coping with stress should be considered as an effective way to improve parents' competence.*

*Keywords: emotional intelligence, coping styles, foster care, parents, mediation analysis.*

### **Abstrakt:**

*Chociaż w ostatnich latach przeprowadzono wiele badań dotyczących inteligencji emocjonalnej (EI) i radzenia sobie ze stresem, niewiele wiadomo na temat tych wymiarów różnic indywidualnych zarówno u rodziców biologicznych, jak i zastępczych. Głównym celem tego badania jest analiza inteligencji emocjonalnej i stylów radzenia sobie ze stresem u rodziców zastępczych, w porównaniu do rodziców biologicznych. Badaniem objęto 124 osoby w wieku od 30 do 64 lat ( $M = 45,18$ ,  $SD = 8,72$ ), włączając rodziców zastępczych ( $n = 63$ , 50,81%) i biologicznych ( $n = 61$ , 49,19%). Przekrojowe badanie ankietowe przeprowadzono za pomocą Samoopisowego Testu Inteligencji Emocjonalnej Schutte (SSEIT) oraz Kwestionariusza Radzenia Sobie w Sytuacjach Stresowych (CISS). W porównaniu z rodzicami biologicznymi, rodzice zastępczy wykazywali istotnie wyższy poziom inteligencji emocjonalnej (EI), częściej stosowali zadaniowe style radzenia sobie ze stresem, jak również rzadziej prezentowali emocjonalne i unikowe strategie radzenia sobie ze stresem. EI korelowało dodatnio ze stylem zadaniowym radzenia sobie ze stresem, a ujemnie ze stylem emocjonalnym. Analiza regresji hierarchicznej wykazała, że EI jest silnym predyktorem zadaniowego stylu radzenia sobie. Szkolenie, skoncentrowane na poprawie zarówno EI, jak i radzenia sobie ze stresem, powinno być brane pod rozwagę jako skuteczny sposób na poprawę kompetencji rodziców.*

*Słowa kluczowe: inteligencja emocjonalna, style radzenia sobie, opieka zastępcza, rodzice, analiza mediacyjna.*

### **Introduction**

A person seeking to become a foster parent should demonstrate that he or she meets the formal criteria (in terms of material status, stable work, and housing conditions), as well as possessing an individual predisposition and competences for foster care. According to the Polish regulations (On Supporting the Family and the Foster Care System Act, 2011, pp. 28, 30), future foster parents must be certified for suitability based on opinions regarding their predisposition to providing good foster care. Individual diagnosis relies on psychological tests and questionnaires, clinical interviews, observations, projection methods, and other documents. Personality traits, the motivations of candidates for starting a foster family, expectations for a child, and life experiences that may affect the process of raising a child are carefully examined (Łucka *et al.*, 2010, pp. 238–240). In addi-

tion, candidates for foster care must complete special training in parental competencies. Research suggests that parenting training may be very effective in improving the emotional and behavioural adjustment of young children, as well as addressing externalizing behavior problems in children (Barlow *et al.*, 2016). Due to the stressful context of foster care provision and the relatively limited scope of research into potential ways of buffering stress or preparing foster parents for their roles, this study examined individual differences in EI and coping with stress as potential resources for foster care.

## 1. The main sources of stress in foster care

Parents experience various stressors related to the high demands of foster care (Gabler *et al.*, 2018, p. 326; Richardson *et al.*, 2018, pp. 77–78). The success of foster care depends on the interaction of multiple factors related to the child, foster parents, and agency. Foster parents are faced with the challenge of the resistant and unpredictable behavior of both children and their biological parents; thus, foster parents are considered as a vulnerable population susceptible to increased parenting stress (Cooley, Thompson and Newell, 2019, pp. 290–291; Harden *et al.*, 2008, p. 881; Vanschoonlandt *et al.*, 2012, p. 330). According to the transactional model of stress (Endler and Parker, 1990a, pp. 844–846), situation-related variables play a significant role in the experience of stress and effective coping.

One of the greatest sources of stress among parents are both emotional and behavioral problems exhibited by their children (Barroso *et al.*, 2018, pp. 450–451). Research indicates that children in foster care have higher rates of behavioral and emotional problems in comparison to the general population (Berrick and Skivenes, 2012, pp. 1956–1957; Maaskant, Van Rooij and Hermanns, 2014, pp. 207–208; Maaskant *et al.*, 2017, p. 523; Solomon, Niec and Schoonover, 2017, p. 3). They often face poorer developmental outcomes (Berrick and Skivenes, 2012, p. 1957; Solomon, Niec and Schoonover, 2017, p. 3) and even mental health problems (Armsden *et al.*, 2000, p. 49; Goemans *et al.*, 2018, p. 2; Murray, Tarren-Sweeny and France, 2011, p. 149; Vanderfaeillie *et al.*, 2016, p. 1515). Moreover, these immediate and chronic difficulties may be increased over time when living in a foster family (Jacobsen *et al.*, 2020; Lawrence, Carlson and Egeland, 2006, p. 57).

Conflicts with the birth parents may also affect foster care (Murray, Tarren-Sweeny and France, 2011, p. 150; Vanderfaeillie *et al.*, 2016, p. 1515). Foster parents have high expectations in their roles, regarding not only the welfare of their foster children but also managing the impacts of fostering on personal and familial well-being (Berrick and Skivenes, 2012, p. 1957; Brown, 2008, pp. 539–

540). Thus, foster parents need support through both formal and informal systems (Cooley and Petren, 2011, p. 1968; Cooley, Thompson and Wojciak, 2017, p. 35; Vanderfaellie *et al.*, 2016, p. 1516). Poor assistance may be an additional source of stress.

Personal resources seem to play an important role in determining the effectiveness of foster care. Previous research has shed some light on the role of psychological factors, such as a child-centred motivation of parents (Broady *et al.*, 2010, p. 570; De Maeyer *et al.*, 2014, pp. 71, 75), an internal locus of control (Geiger, Hayes and Liet, 2013, p. 1357) and empathy (Geiger *et al.*, 2016, pp. 3771–3773). Although these data provide some insight into effective foster care, the findings in this field remain limited. Among the various factors that may affect successful parenting, emotional intelligence and adaptive styles of coping with stress may play an important role. However, to the best of our knowledge, the present research is the first to address both EI and coping with stress as vital characteristics of foster parents.

## 2. Coping with stress

The transactional model conceptualizes stress and coping as a process that leads to a change in cognitive appraisal. Stress is the result of a subjectively perceived relationship between the environment and the person in which the person's resources are not sufficient to meet the demands of the external or internal environment (Lazarus and Folkman 1984, p. 21). In a primary type of appraisal, a stressful event is treated as a loss, threat or challenge. Secondary appraisal focuses on understanding what action can change a stressful situation. Reappraisal refers to a modification of primary or secondary appraisal due to changes in the environment or the person's responses to stress.

A coping mechanism is defined as a process of using cognitive, emotional, and behavioural strategies to control the stress response and adapt to stressful conditions (Lazarus, 1993, pp. 238–239). These deliberate, conscious efforts to manage one's stress in order to reduce its potential harmful impact on psychological adjustment are more significant than the specific external and internal demands of the stress. Coping style is treated as a wide term that refers to coping actions directed toward particular types of stressors (Lazarus and Folkman, 1984, p. 120–121). Endler and Parker (1990b) differentiated three styles of coping with stress: task-oriented, emotion-oriented, and avoidance-oriented coping. The task-oriented coping style is focused on cognitive and behavioral efforts to manage a stressful situation and solve the problem. Emotion-oriented

coping is aimed at reducing the negative effects of stress by lowering emotional tension; it is reflected in wishful thinking. The avoidance coping style involves substitutionary, compensatory activities (distractions) or seeking other people (social diversion) to shift the individual's attention and relegate the stressful event to a secondary status.

Coping with stress can be adaptive if it effectively minimizes all risks and leads to an improvement in well-being (Kovačević *et al.*, 2018, p. 299). Maladaptive coping strategies, however, increase difficulties and reduce quality of life. It should be noted that no coping style is better than the other, but each may be more or less suitable for a given stressful event, the individual's traits, and relevant environmental context. In most stressful situations, task-oriented activity is beneficial for relieving tension and relaxation, which can reduce the risk of disease. On the other hand, long-term emotional rumination on a stressful situation and repressing emotions can become maladaptive coping (Kovačević *et al.*, 2018, p. 299). Emotion- and avoidance-oriented coping styles may lead to burnout or depression (Sears, Urizar and Evans, 2000, p. 56). Furthermore, a systematic review (Livneh, 2019) indicated that avoidance-oriented coping is linked to reports of poorer psychosocial adaptation to chronic illness and disability. This coping style was found to be particularly ineffective in reducing physical and emotional distress, depression, and anxiety, when confronting stressful life events and health-related conditions.

According to the Responses to Stress Model (Connor-Smith *et al.*, 2000, pp. 976–977), there are five dimensions of coping: primary control coping, secondary control coping, disengagement coping, involuntary engagement, and involuntary disengagement. Primary control coping includes problem solving, emotional expression, and the emotional regulation of the stress response. Secondary control coping comprises strategies to deal with stress such as acceptance, cognitive restructuring, distraction, and positive thinking. Disengagement coping includes avoidance, denial, and wishful thinking as strategies of coping with stress. There are two involuntary dimensions: involuntary engagement (emotional and physiological arousal, impulsive behavior, intrusive thoughts, and rumination) and involuntary disengagement (cognitive interference, escape, emotional numbing, and inaction).

Coping styles are gender specific (Cosway *et al.*, 2000, p. 127; Endler and Parker, 1990a, p. 848; Rafnsson *et al.*, 2006, p. 1247). It has been shown that females tend to score more highly for emotion-oriented and avoidant coping styles than males. However, men tend to show equal or even higher scores for task-oriented styles.

Many families are currently faced with enormous hassles in daily life and major stressful events, including poverty, housing difficulties, dangerous neighbourhoods, conflicts in the family, divorce, violence, substance abuse, physical or mental illness, and incarceration (Zimmer-Gembeck and Skinner, 2016, p. 4). Findings (Bagdi and Pfister, 2006, p. 21) reveal that children report even higher stress levels than parents. Overall, better functioning and well-being are associated with the use of problem solving and positive reappraisal to cope with stress among children and adolescents (Zimmer-Gembeck and Skinner, 2016, p. 6–7). Problem-focused coping strategies are associated with fewer emotional and behavioral problems, fewer symptoms of mental health disorders, and greater social competence, whereas emotion-focused coping is generally associated with more internalizing (e.g., anxiety and depression) and externalizing (e.g., aggression) symptoms, contributing to poorer well-being. Research has confirmed a mediational role of coping with stress in the relationship between stress and psychopathology during adolescence (Wadsworth *et al.*, 2005, p. 283).

Parents can help children to channel setbacks and failures adaptively by learning and growing from them. Skinner and Zimmer-Gembeck (2016, p. 239) showed that parents' and children's strategies of coping, both adaptive and maladaptive, should be seen as parts of a reciprocal interpersonal coping system. Parents' coping may contribute to increasing both stress and support for children. Conversely, children's adaptive and maladaptive coping generates stress and support for the parents' subsequent coping. Parents should create an adaptive interpersonal coping system within which children's coping can develop. Children may not cope with stress in a healthy manner if their parents model maladaptive strategies for dealing with stress. Maladaptive parental practices include allowing children to be exposed to overwhelming stress, modelling self-blame, or suggesting coping strategies that are ineffective (Zimmer-Gembeck and Skinner, 2016, p. 44). Longitudinal research (Seiffge-Krenke and Pakalniskiene, 2011, p. 983) revealed that both parents' and adolescents' perceptions of autonomy support in the family may also play an important role in shaping coping styles.

Compas and Williams (1990, pp. 534–539) showed that single mothers (divorced or separated) of young adolescent children use more coping strategies related to accepting responsibility and positive reappraisal than married mothers. It seems that a greater amount of family stress may contribute to the selection of better (more adaptive) strategies for coping. Research on parental coping with stress in the general population has usually focused on families with children with special needs, and rare or chronic diseases. A study (Dąbrowska and Pisula, 2010, p. 266) found that mothers of pre-school children with autism and Down's syndrome tend to use coping strategies oriented towards emotions. However,

if the mother uses a cognitive avoidance coping strategy, the level of perceived parental stress and dysfunctional interaction with her child increases (Calero *et al.*, 2017, p. 3192). Another study (Picci *et al.*, 2015, p. 514) showed that parents of children with chronic diseases preferred to use problem- and emotion-focused strategies, such as active coping, seeking instrumental social support, and positive reinterpretation and growth. To our best knowledge, only one study has been conducted concerning foster parents' stress coping styles; the results suggest that the preferred coping style for a sample of Flemish foster parents was task-oriented coping (De Maeyer *et al.*, 2015, p. 70).

### 3. Emotional intelligence

According to the ability-based approach (Mayer, Caruso and Salovey, 1999, p. 267), EI “refers to an ability to recognize the meanings of emotions and their relationships, and to reason and problem-solve” and “is involved in the capacity to perceive emotions, assimilate emotion-related feelings, understand the information of those emotions, and manage them”. EI is understood as the cooperative combination of emotions and different types of intelligence, such as social, practical and personal intelligence. The cognitive aspect of EI entails a capacity to reason about emotions and use emotions to enhance thinking. The EI model consists of four branches: perceiving emotions, using emotions to facilitate thinking, understanding emotions, and managing emotions (Mayer, Salovey and Caruso, 2004, p. 199). In mixed models (Mayer, Roberts and Barsade, 2008, p. 514), EI may also include motivation, various dispositions and traits (e.g., empathy, happiness, self-esteem, optimism, and self-management), and global personal and social functioning, besides abilities in perceiving, assimilating, understanding, and managing emotions. Numerous studies have shown that females report higher levels of EI than males (e.g., Brackett, Mayer and Warner, 2004, p. 1387; Ciarrochi, Chan and Caputi, 2000, p. 551; Mayer, Caruso and Salovey, 1999, p. 282; Mayer and Geher, 1996, pp. 105–106; Van Rooy, Alonso and Viswesvaran, 2005, p. 689). However, in self-assessments, women sometimes tend to answer questions about EI in line with female stereotypes (Lopez-Zafra and Gartzia, 2014, p. 479; Rudman and Goodwin, 2004, p. 494).

Research indicates that EI is a strong predictor of quality-of-life factors including interpersonal communication and relationships, mood regulation, sense of happiness, life satisfaction, and optimism (Ciarrochi, Chan and Caputi, 2000, p. 539; Ciarrochi, Chan and Bajgar, 2001, p. 1105; Mayer, Roberts and Barsade, 2008, pp. 511, 524; Mayer and Salovey, 1995, pp. 197, 200). Trait EI was found to be

a mediator in the relationship between perceptions of parental psychological control and internalizing behavioural problems in adolescents (Gugliandolo *et al.*, 2015, p. 2290). There is evidence that the sensitivity of parents to the emotional needs of their children contributes to the development of EI in their offspring (Asghari and Besharat, 2011, p. 231; Lekaviciene and Antiniene, 2016, p. 616). Turcule and Tulbure (2014, p. 592) found a positive correlation between the EI of parents and emotional development of their preschool children. A study conducted among Korean high school students (Lim, You and Ha, 2015, p. 631) particularly indicated that maternal emotional support had a significant impact on the emotional intelligence of children. A recent study (Costa *et al.*, 2018, p. 105) reported that adolescent trait EI was positively associated with maternal trait EI. Moreover, the relationship of adolescents' trait EI with paternal and maternal trait EI was mediated via the adolescent's perception of parental autonomy support and their perception of parental psychological control. Barłóg and Stradomska (2017, p. 285) showed that higher levels of EI in foster parents predicted the readiness to foster, involvement in adoptive care, and understanding of foster children.

#### 4. The relationship between EI and coping with stress

EI constitutes the basis for active and effective methods for coping with stress. According to the theory of EI, individuals scoring higher in EI may better appraise, manage, and regulate emotions, and they also have a greater ability to plan and decide on coping resources to reduce the harmful effects of stress (Campbell and Ntobedzi, 2007, p. 39). A higher EI is associated with more effective problem-solving and using more efficient stress-coping strategies (Moradi *et al.*, 2011, p. 748; Noorbakhsha, Besharata and Zarei, 2010, p. 818). The relationship between EI and stress has mainly been shown among university students (Fteiha and Awwad, 2020; Moradi *et al.*, 2011, p. 748; Noorbakhsha, Besharata and Zarei, 2010, p. 818). EI was found to be positively associated with active emotional and problem coping among undergraduates (Fteiha and Awwad, 2020). Noorbakhsha, Besharata and Zarei (2010, p. 818) demonstrated that EI was positively associated with the task-oriented coping style (problem-focused coping) and negatively so with emotion-oriented coping, while a lower EI was related to avoidance–distraction activities. An association between a lower EI level and many fewer personal resources for dealing with stress has also been found (Pau and Croucher, 2003, p. 1023).

Both stress and EI are related to health and well-being. Recent research (Jung *et al.*, 2019) showed that stress and multiple dimensions of emotional intelligence

are closely connected with cytokines. Significant negative correlations were also found between stress and emotional thinking, emotional awareness and expression, and emotional regulation. Poor emotional regulation was related to high levels of anger as a component of stress. EI was found to moderate the relationship between stress and psychological health in nursing staff (Sharma, Dhar and Tyagi, 2016, p. 268). Furthermore, Por *et al.* (2011, p. 855) demonstrated that EI was positively related to well-being and problem-focused coping, and negatively associated with perceived stress among nursing students.

## 5. Current study

Emotional intelligence and coping styles may play a crucial role in socialization and family upbringing, particularly with respect to foster families. A high level of EI (e.g., empathy and an ability to manage the emotions attached to stress) in foster parents appears to promote optimal foster child development and parental care. Por *et al.* (2011, p. 855) suggest that EI has the potential to enable individuals to better cope with and reduce stress, contributing to health and well-being. Both coping strategies and EI may be improved through training (Mattingly and Kraiger, 2019, p. 140). Therefore, examining the relationship between EI and coping styles in foster parents could play a vital role in designing effective support and developing training to improve both EI and coping skills. Unfortunately, there is still a lack of research on EI and coping with stress among biological and foster parents. This study examined, for the first time, the relationship between emotional intelligence and the coping styles of foster parents compared to biological parents, according to the transactional stress model (Endler and Parker, 1990a, pp. 844–846; Lazarus, Folkman, 1984, p. 21) and the ability-based approach to EI (Mayer, Caruso and Salovey, 1999, p. 282). As previous studies have shown that EI and coping styles are gender specific (Brackett, Mayer and Warner, 2004, p. 1387; Ciarrochi, Chan and Caputi, 2000, p. 551; Cosway *et al.*, 2000, p. 127; Endler and Parker, 1990a, p. 848; Mayer, Caruso and Salovey, 1999, p. 282; Mayer, Geher, 1996, pp. 105–106; Rafnsson *et al.*, 2006, p. 1247; Van Rooy, Alonso and Viswesvaran, 2005, p. 689), this study also looked at differences in EI and stress management between male and female parents.

The current study was designed to answer the following research questions: Q1) Does gender differentiate styles of coping with stress and emotional intelligence? Q2) Are foster parents different from biological parents in terms of styles of coping with stress and emotional intelligence? Q3) What is the relationship between emotional intelligence and styles of coping with stress among parents?

Considering previous empirical evidence, we hypothesized that H1) women demonstrate higher scores for EI (Brackett, Mayer and Warner, 2004, p. 1387; Ciarrochi, Chan and Caputi, 2000, p. 551; Mayer, Caruso and Salovey, 1999, p. 282; Mayer, Geher, 1996, pp. 105–106; Van Rooy, Alonso and Viswesvaran, 2005, p. 689) and use both emotional and avoidance styles to cope with stress more often than men (Cosway *et al.*, 2000, p. 127; Endler and Parker, 1990a, p. 848; Rafnsson *et al.*, 2006, p. 1247; H2) because foster parents complete parental training and have to succeed in the selection process, which implies that they have the individual predispositions and parental competencies to provide good foster care, foster parents can be expected to have better EI and apply more adaptive strategies for coping with stress than biological parents; and H3) higher EI scores among parents are related to using task-oriented coping styles more often, and emotion-oriented coping less frequently (Moradi *et al.*, 2011, p. 748; Noorbakhsha, Besharata and Zarei, 2010, p. 818; Pau and Croucher, 2003, p. 1023).

## 6. Methods

### 6.1. Sample

The participants in the study were 124 parents aged 45, on average ( $M = 45.18$ ,  $SD = 8.72$ , range = 30–64 years), in two unrelated groups. All the participants were of white race and Polish ethnicity. The first sample consisted of 63 foster parents (50.81%). As previously discussed, foster parents may experience greater stress than parents in the general population (Cooley, Thompson and Newell, 2019, p. 290–291; Harden *et al.*, 2008, p. 881; Richardson *et al.*, 2018, pp. 77–78; Vanschoonlandt *et al.*, 2012, p. 330), which is associated with the higher rates of emotional and behavioral problems among foster children than among children brought up in biological families (Berrick and Skivenes, 2012, pp. 1956–1957; Maaskant, Van Rooij and Hermanns, 2014, pp. 207–208; Solomon, Niec and Schoonover, 2017, p. 3). Thus, the control sample included 61 biological parents (49.19%), as a convenience sample derived from the general population of parents. The two groups of parents (foster and biological) were well matched in terms of gender, education, and civil status, as shown in Table 1. The overall sample consisted of 64 (52%) women and 60 (48%) men, including 33 women and 30 men in the group of foster parents and 31 women and 30 men in the group of biological parents. The biological parents had an average of two biological children each ( $M = 1.93$ ,  $SD = 0.63$ , range = 1–3), with a mean age of 11 years ( $M = 10.96$  years,  $SD = 8.60$  years, range = 1 month to 42 years). The foster parents had, on average, two bi-

ological children ( $M = 2.25$ ,  $SD = 1.09$ , range = 0–5), with a mean age of 21 years ( $M = 21.15$ ,  $SD = 9.03$ , range = 1.5–44). The group of foster parents cared for an average of four children each ( $M = 4.00$ ,  $SD = 1.99$ , range = 1–9), with a mean age of 10 years ( $M = 9.83$  years,  $SD = 6.38$  years, range = 1 month to 24 years). The average term of foster care in the group of foster parents was about 11 years ( $M = 10.76$ ;  $SD = 6.44$ ; range = 1–30).

## 6.2. Measurement

The Schutte Self-Report Emotional Intelligence Test (SSEIT) was developed in 1998 (Schutte *et al.*, 1998, p. 167), based on the EI model by Salovey and Mayer (1990). The Polish adaptation of the SSEIT (Jaworowska and Matczak, 2001) contains 33 items, describing various behaviors related to EI, understood as an ability. Each item is rated on a 5-point scale (1 = *strongly disagree*; 5 = *strongly agree*), with the total scores ranging from 33 to 165, and a higher total score reflecting better EI. The reliability of the scale, measured using Cronbach's  $\alpha$  coefficient, is high and ranges from 0.83 to 0.90 (Jaworowska and Matczak, 2001; Schutte *et al.*, 1998, p. 167). In the present study, Cronbach's  $\alpha$  was 0.88.

The Coping Inventory for Stressful Situations (CISS, Endler, Parker, 1990b) contains 48 items, which define individual behaviours expressed in stressful situations. The subject responds to each item on a 5-point scale based on the frequency of the occurrence of a given behaviour (from 1 = *never* to 5 = *very often*). The CISS differentiates three scales (each including 16 items): task-oriented, emotion-oriented, and avoidance-oriented. Higher scores indicate the more frequent use of a given coping style. The Cronbach's  $\alpha$  coefficients ranged from 0.72 to 0.92 in the original studies (Endler and Parker, 1990b). In the Polish adaptation (Strelau *et al.*, 2005), the task-oriented and emotion-oriented scales show Cronbach's  $\alpha$  reliability coefficients between 0.82 and 0.88, while the avoidant scale has values ranging from 0.74 to 0.78. In the present study, Cronbach's  $\alpha$  was 0.85, 0.89, and 0.82 for task-, emotion-, and avoidance-oriented coping styles.

A survey of demographic data was also taken in this study, for age, gender, education, marital status, and the number and age of biological and foster children (see Table 1).

## 6.3. Design

The cross-sectional study was attended by foster parents under the care of several Family Welfare Centers (FWCs) in the Silesia region of Southern Poland. In order to preserve the anonymity of the respondents, the FWC coordinator for family

Table 1 Demographic Characteristics of Participants

Demographics	Total sample		Foster parents		Biological parents		$\chi^2$	<i>p</i>	$\varphi$
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%			
Gender							0.03	.862	-.02
Female	64	51.61	33	52.38	31	50.82			
Male	60	48.39	30	47.62	30	49.18			
Education							5.73	.126	.21
Primary	2	1.61	2	3.17	0	0			
Secondary	42	33.87	24	38.1	18	29.51			
Vocational	40	32.26	22	34.92	18	29.51			
Higher	40	32.26	15	23.81	25	40.98			
Marital status							3.31	.346	.16
Single	2	1.61	2	3.17	0	0			
Married	115	92.74	57	90.48	58	95.09			
Divorced	3	2.42	1	1.59	2	3.28			
Widowed	4	3.23	3	4.76	1	1.64			

foster care distributed the informed consent forms and information to the foster parents, and the individuals who agreed to participate in the research project took the survey. The FWC coordinators provided the participants with envelopes including the SSEIT, CISS, and demographic survey in paper-and-pencil format. The control group of biological parents consisted of those whose children attended the several Public Kindergartens and Primary Schools in the Silesia region of Southern Poland. The teachers sent the parents informed consent forms and envelopes with the questionnaires. Although both mothers and fathers were invited to participate in the study, in both groups (foster and biological parents), only one of the parents tended to agree to complete the questionnaire. Thus, it was impossible to compare mothers and fathers as members of the same family in further analysis. The research was carried out with the authorisation of the Committee for Research Ethics at the University of Opole.

Missing data did not exceed 5% and were replaced with variable means. The H1 and H2 hypotheses for the intergroup differences were tested using Student's *t* test. The relationships between EI and coping styles were examined using Pearson's correlation and multiple regression analysis. To determine how each independent variable (gender, family type, and EI) contributed to the explanation of each coping style, a hierarchical three-step model was implemented. Three models of multiple hierarchical regression were used, separately, for each cop-

ing style as an explained variable (i.e., task-oriented, emotion-oriented, and avoidance-oriented). In the first and second steps, the predictor variables were demographics such as gender (women or men) and type of family (foster or biological), respectively. In the third step of analysis, EI was included.

Firstly, descriptive statistics were calculated, such as the distributions of the variables according to measures of central tendencies (the mean, standard deviation, median, modal, skewness, and kurtosis) and the normalities of the distributions. The Kolmogorov–Smirnov  $d$  test for normality indicated that the variables were indeed normally distributed; therefore, in the subsequent step, parametric tests were used to analyse the differences between groups (Student's  $t$  test) and associations between variables (Pearson's correlation and hierarchical multiple regression), using STATISTICA 13.1.

## 7. Results

The descriptive statistics, including the means ( $M$ ), standard deviations ( $SD$ ), Kolmogorov–Smirnov  $d$  statistics for normality (K-S  $d$ ), Cronbach's  $\alpha$  reliability coefficients for particular scales, and Pearson's correlation coefficients ( $r$ ), are presented in Table 2. The Student's  $t$  tests showed that women had better EI and used avoidant and task-oriented styles more often than men (Table 3). Foster parents, compared to biological parents, used the task-oriented coping style significantly more often, and emotional and avoidant coping significantly less. The foster parents also scored higher in EI than the biological parents (see Table 3).

Consistent with assumptions, EI positively correlates with the task-oriented style and negatively with the emotional style; moreover, the emotional style correlates negatively with the task-oriented style and positively with the avoidant style. Hierarchical regression analysis was performed to examine whether EI, gender, and family type were predictors of particular styles of coping with stress (see Table 4 for more details). Female gender was a predictor of both task-oriented and avoidant styles of coping. The foster families scored more highly for task-oriented coping, while the biological families scored more highly for emotion- and avoidance-oriented coping styles. Biological family could explain 28% of the variance for the emotional coping style. Together, female gender and biological family could explain 14% of the variance for avoidance-oriented coping. EI and foster family were significant predictors, explaining 30% of the task-oriented coping, but EI was associated with neither an emotional nor an avoidant style of coping with stress.

Table 2 Descriptive Statistics

Variables		<i>M</i>	<i>SD</i>	Range	K-S <i>d</i>	Cronbach's $\alpha$	1.	2.	3.
Coping styles									
1.	Task-oriented	59.65	7.91	43–76	.10	.85			
2.	Emotion-oriented	38.49	10.30	17–60	.07	.89	-.27**		
3.	Avoidance-oriented	39.42	8.71	17–61	.08	.82	-.09	.37***	
4.	Emotional intelligence	126.15	12.60	86–154	.06	.88	.51***	-.23**	.06

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Table 3 Intergroup Differences in Styles of Coping with Stress and Emotional Intelligence

Variables	Gender						Family type					
	Female		Male				Foster		Biological			
	<i>(n = 64)</i>		<i>(n = 60)</i>				<i>(n = 63)</i>		<i>(n = 61)</i>			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i> (122)	<i>d</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i> (122)	<i>d</i>
Coping styles												
Task-oriented	61.14	8.19	58.05	7.34	2.21*	0.40	62.02	7.46	57.2	7.68	3.55***	0.64
Emotion-oriented	38.67	10.96	38.30	9.63	0.20	0.04	33.19	7.72	43.97	9.78	-6.82***	1.22
Avoidance-oriented	42.02	8.45	36.65	8.17	3.59***	0.65	37.75	7.75	41.15	9.34	-2.21*	0.40
Emotional intelligence	130.36	12.41	121.67	11.25	4.08***	0.73	129.16	12.01	123.05	12.53	2.77**	0.50

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

## 8. Discussion

### 8.1. Gender differences in EI and coping styles

The results of the present study, to a large extent, support the hypotheses. In line with our assumptions, females were characterized by higher levels of EI than males. Most of the studies on gender differences in the context of EI have confirmed that females have higher EI than men (Brackett, Mayer and Warner, 2004, p. 1387; Ciarrochi, Chan and Caputi, p. 551; Jaworowska and Matczak,

Table 4 Hierarchical Regression Results for Coping Styles

Variable	<i>B</i>	95% <i>CI</i> for <i>B</i>		<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	$\Delta R^2$
		<i>LL</i>	<i>UL</i>				
<b>Task-oriented coping style</b>							
Step 1						.04*	.04*
Constant	61.14***	59.21	63.07	0.97			
Gender	-3.09*	-5.86	-0.32	1.40	-0.20*		
Step 2						.13***	.09***
Constant	58.68***	56.39	60.97	1.16			
Gender	-3.02*	-5.66	-0.37	1.34	-0.19*		
Family type	4.77***	2.13	7.42	1.34	0.30***		
Step 3						.30***	.17***
Constant	22.47***	8.97	35.96	6.82			
Gender	-0.57	-3.12	1.98	1.29	-0.04		
Family type	3.07*	0.61	5.54	1.25	0.19*		
Emotional intelligence	0.28***	0.18	0.39	0.05	0.45***		
<b>Emotion-oriented coping style</b>							
Step 1						.00	.00
Constant	38.67***	36.11	41.23	1.29			
Gender	-0.37	-4.05	3.31	1.86	-0.02		
Step 2						.28***	.28***
Constant	44.23***	41.51	46.95	1.37			
Gender	-0.54	-3.68	2.60	1.59	-0.03		
Family type	-10.79***	-13.93	-7.65	1.59	-0.53***		
Step 3						.29***	.02
Constant	58.68***	41.04	76.31	8.91			
Gender	-1.52	-4.85	1.82	1.68	-0.07		
Family type	-10.11***	-13.33	-6.88	1.63	-0.49***		
Emotional intelligence	-0.11	-0.25	0.02	0.07	-0.14		
<b>Avoidance-oriented coping style</b>							
Step 1						.10***	.10***
Constant	42.02***	39.96	44.07	1.04			
Gender	-5.37***	-8.32	-2.41	1.49	-0.31***		
Step 2						.14***	.04*
Constant	43.81***	41.30	46.33	1.27			
Gender	-5.42***	-8.32	-2.52	1.47	-0.31***		

Family type	-3.49*	-6.39	-0.58	1.47	-0.20*		
Step 3						.14***	.00
Constant	43.77***	27.28	60.25	8.32			
Gender	-5.42***	-8.53	-2.30	1.57	-0.31***		
Family type	-3.49*	-6.50	-0.48	1.52	-0.20*		
Emotional intelligence	0.00	-0.13	0.13	0.06	0.00		

*Note.* Family type was coded as: Biological = 0 ( $n = 61$ ), Foster = 1 ( $n = 63$ ). Gender was coded as: Women = 0 ( $n = 64$ ), Men = 1 ( $n = 60$ ).  $N = 124$ . \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

2001; Mayer, Caruso and Salovey 1999, p. 282; Mayer, Geher, 1996, pp. 105–106; Van Rooy, Alonso and Viswesvaran, 2005, p. 689). These numerous studies suggest that women may better understand, analyse, and control their emotions. Women seem to be able to apply knowledge about emotions in a more efficient way than men. However, self-reported measures of EI may be biased according to the social desirability of certain responses and a lack of awareness of one's own stereotypes. In addition, the use of biased measures, such as items considered to be exhibited by women more often than men, may also influence the findings (Lopez-Zafra and Gartzia, 2014, p. 479; Rudman, Goodwin, 2004, p. 494).

The current results are only partly supported by previous research examining gender-related differences in coping styles. Our data demonstrated that women were more likely to use task-oriented and avoidant coping styles than men. The gender differences for emotion-oriented coping were not significant. The present results seem to be consistent with several studies that indicate that emotion-oriented and avoidant coping are more important for women than men, and that there is no gender difference in task-oriented coping (Cosway *et al.*, 2000, p. 127; Endler and Parker, 1990a, p. 848; Strelau *et al.*, 2005). Rafnsson *et al.* (2006, p. 1247) found that there were no gender differences in coping styles among adolescents. The inconsistency in gender differences may indicate that coping styles are influenced by other factors, most likely ones not included in this study. More research with a larger number of variables with various parents samples may resolve this problem in the future.

## 8.2. Differences between foster and biological parents in EI and coping styles

As predicted, foster caregivers showed higher levels of EI than biological parents. A heightened EI of parents contributes to good emotional development and

higher EI in their children (Asghari and Besharat, 2011, p. 231; Costa *et al.*, 2018, p. 105; Lekaviciene and Antiniene, 2016, p. 616; Lim, You and Ha, 2015, p. 631; Turcule and Tulbure, 2014, p. 592). Barłóg and Stradomska (2017, p. 285) suggested that a more emotionally intelligent person has a stronger predisposition to becoming a better foster parent and making the decision to begin and continue the role of a substitute caregiver. Foster parents are selected in a multi-stage selection process and complete parental training. Thus, we suppose that foster parents really possess predispositions and skills that improve parenting. On the other hand, people without high EI may not be interested in foster care. This issue may be a subject of further study.

Children's experiences of foster care begin with them being removed from their homes and placed in the new environments of foster families. Foster care is usually a consequence of various problems in a child's biological family, including neglect, abandonment and/or an inability to cope, child abuse and other family violence, somatic diseases, mental disorders, and/or drug and alcohol addiction experienced by the family members (Denlinger and Dorius, 2018, p. 329). Unfortunately, a child very often experiences additional trauma when suddenly moved from an adverse but familiar environment to an unknown and unpredictable new home (Schoenewald, 2016, p. 11). In some cases, multiple replacement histories strengthen this trauma. Therefore, only foster parents who are empathetic, sensitized to the needs of the foster child, and emotionally intelligent can effectively deal with these challenges.

The total sample of parents in the current study had relatively low average scores for emotional and avoidant coping, compared to the general population (Strelau *et al.*, 2005). However, the use of task-oriented coping was significantly more frequent among foster than biological parents, which is consistent with a previous study (De Maeyer *et al.*, 2015, p. 70). Endler and Parker (1990a, p. 848) emphasized that the problem-focused coping style directly addresses the task or situation and provides optimal results during various stressful situations. Thus, this style of coping with stress is considered to be the most adaptive for most everyday situations in the family (Wadsworth *et al.*, 2005, p. 283; Zimmer-Gembeck and Skinner, 2016, p. 6). Furthermore, foster parents adopted emotional and avoidant styles of coping with stress significantly less often. These coping styles are recognized as maladaptive responses to stress and have been related to changes in emotions associated with greater distress. This may lead to disruptive consequences, such as emotional exhaustion, depersonalization, or even depression (Sears, Urizar and Evans, 2000, p. 56).

In general, the present results are consistent with the hypotheses. However, De Maeyer *et al.* (2015) emphasized the importance of using a variety of coping

styles in handling everyday problems. Foster parents may play two distinct roles (De Maeyer *et al.*, 2015, p. 75). The first role, 'taking care of a child,' refers to dealing with foster care 'work problems,' and the task-oriented style predominates. In the second 'paraprofessional' role, when foster parents face 'health and family' problems, another coping style may be more useful. Although foster parents showed high levels of EI and abilities to cope with stress, one should consider introducing training that strengthens these skills. It would also seem beneficial to increase the foster parents' adoption of certain avoidant and emotion-oriented strategies, such as seeking emotional social support, positive reinterpretation, acceptance, behaviour and mental disengagement, denial and reducing tension with relaxation, meditation, mindfulness, turning to religion, humour, physical activity, etc. These strategies may sometimes be equally useful or even more useful than task-oriented coping strategies in various daily stressful events.

### 8.3. Relationship between emotional intelligence and coping styles

The present study suggests that a high frequency of using the task-oriented coping style is moderately related to high EI. As expected, EI correlated positively with the task-oriented coping style and negatively with the emotional style. This is in line with the results of previous findings (Fteiha and Awwad, 2020; Jaworowska and Matczak, 2001; Moradi *et al.*, 2011, p. 748; Noorbakhsha, Besharata and Zarei, 2010, p. 818; Pau and Croucher, 2003, p. 1023). The results also indicate that using the avoidant coping style is not associated with EI at all.

Furthermore, hierarchical regression analysis showed that the use of the task-oriented coping style was predicted by EI and foster type of family (accounting for 30% of the variance). In other words, foster parents and those with higher EI scores most frequently used task-oriented coping. While gender was an important predictor of task-oriented coping styles in the first and second steps of regression, it lost its influence in the model when EI was included in the third step of the regression analysis.

The positive relationship of the task-oriented coping style with EI may be beneficial for the health and well-being of foster parents (Por *et al.*, 2011, p. 855). Previous research confirmed that EI can support effective strategies for coping with stress by enabling the more appropriate appraisal, management, and regulation of emotions (Campbell and Ntobedzi, 2007, p. 39; Fteiha, Awwad, 2020). Poor emotional regulation may increase stress and reduce the ability to cope (Por *et al.*, 2011, p. 855 ; Sharma, Dhar and Tyagi, 2016, p. 268). Por *et al.* (2011, p. 855) suggest that increased feelings of control and emotional competence support active and effective coping, which in turn enhance subjective well-being.

An emotionally intelligent parent is able to identify emerging stress and avoid it. Facing the challenge of the 'ambivalence paradox', emotionally intelligent parents, adequately equipped to deal with emotional difficulties, may be more distanced from their mentees, as a form of self-defence, and less emotionally affected. However, such an attitude does not preclude high empathy and sensitivity to the child's needs. The emotional dependence between a parent and child in a biological family is more intense than that in foster relations. Entangled in prior, complex interdependence with a child, a more emotionally involved parent may be driven to emotional and avoidant coping through denying difficulties, dissociating themselves from problems, and committing to substitutionary activities. Foster parents can act more rationally than biological parents, due to the lower levels of emotional strain related to lower attachment to foster children. Furthermore, foster parents are very often under time pressure, facing valid problems in fostering. Hence, using a task-oriented coping style, which enables them to avoid the accumulation of current problems to save time, may be the best option.

#### 8.4. Limitations of the study

Despite the importance of the present study's results, the findings must be viewed within the context of its limitations and interpreted with caution. The limitations include the relatively small sample size; a larger sample size would significantly increase the generalizability of our findings. Moreover, there are other correlatives such as personal traits and characteristics that can affect both EI and coping with stress. Future research is therefore needed to investigate the more complicated relationships among the conceptual constructs. Finally, given that this research was based only on parents' self-reports through surveys, a further study may take into account other methods of psychological assessment, such as the partner's and child's assessment of the foster parent, as well as a qualitative method (e.g., an interview or observation). More research is needed on the resources of foster parents, including an examination of individual differences (e.g., in cognitive intelligence, personality, and temperament) and social factors, to provide more information about the relative strengths and weaknesses of foster caregivers. This is the first step toward implementing appropriate and effective support programmes (e.g., Barlow, Coren and Stewart-Brown, 2003; Solomon, Niec and Schoonover, 2017, , p. 3), which are crucial with regard to the social welfare system.

## 8.5. Conclusions and implications for practice

This study suggests that women scored higher in EI, task-oriented and avoidance-oriented coping styles. Foster parents achieved higher scores for EI and the task-oriented coping style, and used emotional and avoidance-oriented coping strategies less often than biological parents. A positive correlation was found between EI and task-oriented coping, as was a negative correlation between EI and emotion-oriented coping. However, regression analysis showed that EI was a positive predictor only for the task-oriented coping style. Task-oriented coping can also be predicted on the basis of a foster family, while emotional coping is associated with a biological family. Female gender and biological type of family are predictors of the avoidance-oriented coping style.

If the frequent use of task-oriented methods to cope with stress can be predicted by EI, training in EI and approach coping strategies may increase parents' skills and should be recommended to both foster and biological parents, particularly men. High EI, which is related to the effective use of emotional information, may determine how one approaches coping with stress and enable one to realise a wider range of planning and problem solutions. Ignoring a child's problems (as in avoidance-oriented coping) or focusing on one's own negative emotions (as in emotional-oriented coping) may be less effective than actively engaging in problem solving.

A recent meta-analytical study shows that emotional intelligence can be developed through training, since moderate positive effects of training on the EI of adult participants has been confirmed in many studies (Mattingly and Kraiger, 2019, p. 140). EI can be improved via interventions such as training or educational programmes. A programme may focus on improving emotional regulation and management, and specific EI skills (e.g., empathy, stress management, and emotional expression). Research (Platsidou and Tsirogiannidou, 2016, p. 245) showed that even 10 weeks of participating in a particular parent education programme may modestly improve EI, as well as family communication and satisfaction. The findings also suggest that the improvement of EI, particularly the development of a greater sense of control and emotional competence, can support the adoption of more active and effective coping strategies, and this may enhance subjective well-being in nursing students (Por *et al.*, 2011, p. 855). The findings on the potential value of facilitating EI may be promising for the application of EI training for foster parents.

Findings also support the effectiveness of intervention programmes focusing on improving coping skills for the parents of children with conduct problems (Ludmer *et al.*, 2018, p. 100). Parents of children with special needs (such

as autism, Down's syndrome, disabilities, and somatic and chronic diseases) benefit from early intervention programmes that provide support to help them to incorporate approach coping styles in their coping strategies (Calero *et al.*, 2017, p. 3192). Further research on the effectiveness of family therapy involving training in EI and coping with stress among biological and foster parents is necessary.

Data wpłynięcia: 2021-08-14;

Data uzyskania pozytywnych recenzji: 2021-12-30;

Data przesłania do druku: 2021-12-30.

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