
Mediation Role of Psychological Resilience on The Relationship between Perfectionism and Marital Adjustment Among Undergraduate Nursing Students

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Abstract

Background: Marriage is a crucial aspect of human life, offering profound intimacy and companionship. A successful marriage provides a sense of belonging and protection against life's challenges, while a failed marriage can lead to significant distress. **Aim:** This study aimed to investigate how resilience mediates the effects of perfectionism on marital adjustment. **Subjects and Method: Design:** A descriptive correlational design was used, adhering to STROBE guidelines. **Setting:** The study was conducted at the Faculties of Nursing at Damanhour University and Alexandria University, Egypt. **Subjects:** The sample included 530 married nursing students, selected through convenience sampling. **Tools:** Data were collected using three tools: Connor–Davidson Resilience Scale (10-Item Version), Perfectionism Scale, and Marital Adjustment Scale. **Results:** Most participants reported high levels of resilience and marital adjustment, while perfectionism was moderate to high. Correlation analysis revealed negative correlation between resilience and perfectionism, strong positive correlation between resilience and marital adjustment, and negative correlation between perfectionism and marital adjustment. Path analysis confirmed that resilience partially mediated the negative effects of perfectionism on marital adjustment. **Conclusion:** The study reveals that resilience positively influences marital adjustment, while perfectionism negatively impacts it. Resilience partially mediates the relationship between perfectionism and marital adjustment, suggesting that enhancing resilience can mitigate the adverse effects of perfectionism on marital satisfaction. **Implications:** Mental health nurses should plan cognitive-behavioral therapy to address maladaptive perfectionism and enhance resilience, improving marital adjustment. Psycho-education and counseling programs should focus on setting realistic expectations, improving communication skills, and fostering resilience among nursing students. Premarital counseling and ongoing support can help couples manage conflicts and maintain a stable, satisfying marital relationship, contributing to their well-being and the quality of care they provide.

Keywords: Nursing students, marital adjustment, Psychological resilience, Perfectionism.

Introduction

Marriage is considered a deeply intimate relationship in human life, with the potential to be a profound aspect of one's existence (Khalaf & Al-Hadrawi, 2022). A successful marriage offers a sense of belonging and protects against life's challenges (Dobrowolska et al., 2020). Conversely, a failed marriage can result in unexpected misery (Karney & Bradbury, 2020; Surijah et al., 2021). The goal of every married couple is a happy and healthy marriage, which hinges on marital adjustment (Ahmad & Jahangir, 2020).

Resilience is crucial for married nursing students, enabling them to adjust effectively to their professional and personal lives. Resilience is the ability to cope mentally and emotionally with crisis or to return to precrisis status quickly. Well-developed resilience allows those students to cope with and rapidly respond to challenges and unpleasant occurrences (Elsayed et al., 2023). It reflects their capacity to adapt to changing educational conditions and develop new ways of thinking. Psychologically resilient couples experience positive emotions that enhance their lives and health, aiding in quick and efficient adaptation and maximizing marital adjustment (Khalaf & Al-Hadrawi, 2022). Resilience in marital life acts as a protective factor, facilitating family integrity and functioning while fulfilling developmental tasks (Surijah et al., 2021). For married nursing students, resilience is an adaptive coping strategy that helps them manage emotional challenges independently (Jeryl Shawn, 2023). Resilience mitigates the adverse effects of stress on depression,

anxiety, and stress, while maladaptive perfectionism exacerbates these issues by promoting unrealistic self-expectations and ineffective problem-solving (Besser et al., 2010; Harrington, 2019). Maladaptive perfectionism, including self-oriented and other-oriented forms, perpetuates stress and poor interpersonal relationships, leading to poor marital adjustment (Biyikoglu & Egeci, 2017; Mee et al., 2015).

Marital adjustment is defined as overall happiness and satisfaction within the marriage and with each other (Sinha & Mukherjee, 1990). It encompasses mental, sexual, social, and emotional aspects, as well as the health of partners, crucial for a fulfilling marital relationship and psychological well-being (İlmen & Sürücü, 2022). Amid university experiences, nursing students face stress from social, family, and academic pressures, a common occurrence among them (Najafi et al., 2023). Balancing academic demands with family and financial responsibilities can strain married nursing students' relationships and family dynamics (Findyartini et al., 2021; Llenares et al., 2020). Intense stress, especially when not managed effectively, can lead to challenges in recovering married nursing students, potentially resulting in negative mental health outcomes (Wu et al., 2020). Those capable of coping with stressors is more likely to succeed in their marriages, showing resilience in the face of adversity (Bradley & Hojjat, 2017). Resilient individuals view hardships as opportunities for growth, demonstrating optimism, a positive outlook, and emotional regulation, all essential for marital adjustment and satisfaction.

Resilience significantly influences how individuals handle stress and ultimately impacts marital adjustment positively (**Ahmad & Jahangir, 2020**).

Nursing school demands balancing academic and clinical work, with additional stressors like fear of mistakes and self-doubt (**Kelly & Clark, 2017**). Nursing students often struggle to balance school, work, and life, and their higher incidence of negative perfectionism can interfere with learning and future careers (**Kelly & Clark, 2017; Moscaritolo, 2009**). While perfectionism can motivate success, at high levels, it leads to depressive symptoms and dissatisfaction (**El Zeny et al. 2019, Ghaffari et al., 2021**). Nurses' roles in premarital care require strong communication skills across various domains, enhancing marital satisfaction and emotional stability (**Jamal et al., 2019; Khalil et al., 2021**). Psychoeducation on perfectionism's impact on marital satisfaction and counseling can address married couples' needs (**Mee et al., 2015**).

Marriage is foundational to society, and marital adjustment is crucial for family welfare. Nursing students face high risks of marital dissatisfaction due to job stress, impacting their quality of life (**Pejman et al., 2017**). Conflicting family and academic responsibilities lead to marital maladjustment, highlighting the need for strategies to support married nursing students (**Pascucci et al., 2022**).

Understanding psychological resilience in students can create a conducive educational environment (**Hamdy et al., 2019**). While academic stressors, perfectionism, and resilience in nursing students have been studied, few studies have focused on these

variables concerning marital adjustment among married nursing students. Examining psychological resilience as a mediator between perfectionism and marital adjustment can elucidate the emotional needs of this highly stressed population.

The significance of this study lies in its exploration of the intricate relationship between psychological resilience, perfectionism, and marital adjustment among married nursing students. This demographic uniquely experiences compounded stress from academic, familial, and financial responsibilities, potentially leading to marital dissatisfaction and mental health challenges. By examining how resilience mediates the effects of perfectionism on marital adjustment, the study aims to identify key factors contributing to married nursing students' well-being. Understanding these dynamics is crucial for developing targeted interventions and support systems to enhance their academic performance and marital satisfaction. Given nurses' vital role in healthcare, ensuring their well-being is essential for their personal lives and the quality of care they provide. Moreover, insights gained from this study can inform educational institutions and policymakers about the specific needs of married nursing students, leading to improved support services and training programs. By addressing the unique stressors faced by this group, the study contributes to a broader understanding of how to foster resilience and effective coping mechanisms in high-stress professions, ultimately promoting healthier marriages and more resilient healthcare professionals. This research fills a

gap in existing literature, highlighting the importance of psychological resilience in balancing the demands of nursing education and marital life and paving the way for future studies focused on enhancing the holistic well-being of nursing students. So, this study examines the mediating role of psychological resilience in the relationship between perfectionism and marital adjustment.

Aim of the study

This study aimed to investigate how resilience mediates the effects of perfectionism on marital adjustment.

Research questions:

- What is the psychological resilience, perfectionism, and marital adjustment levels among undergraduate nursing students?
- What is the relationship between psychological resilience, perfectionism, and marital adjustment?
- How psychological resilience mediate the relationship between perfectionism and marital adjustment among undergraduate nursing students?

Subjects and Method

Research Design:

A descriptive-correlational design has been used following STROBE gaudiness.

Setting:

Both the Damanhour University Faculty of Nursing, affiliated with the Albeheira Governorate, and the Alexandria University Faculty of Nursing, affiliated with the Alexandria Governorate, function under the direction of the Egyptian Ministry of Higher Education and adhere to the national standards for nursing education. Nine specialized scientific departments covering a wide range of nursing topics are housed in

both institutions. Nursing Administration, Community Health Nursing, Gerontological Nursing, Medical-Surgical Nursing, Critical Care Nursing, Pediatric Nursing, Obstetric and Gynecological Nursing, Nursing Education, and Psychiatric Nursing and Mental Health are a few of these. The credit hour system is the foundation of the academic framework of both graduate and undergraduate programs. This system provides a structured framework for tracking academic progress and conducting analyses, ensuring a comprehensive evaluation of the educational outcomes. All participants were approached after clinical sessions at the faculty of nursing's classroom and skill labs. The study's purpose and nature were explained to them to gain their acceptance and cooperation, assure them about confidentiality and anonymity, and invite them to participate.

Study subjects:

The study initially screened all 600 male or female married students, including all educational stages (1st, 2nd, 3rd, 4th, and the stage of training) eligible to participate, with 320 from Alexandria University and 280 from Damanhour University. However, exclusions were made for various reasons. At Alexandria University, 25 students were excluded from the pilot study 5 did not meet the inclusion criteria, and 10 refused to participate, resulting in a total exclusion of 40 students. At Damanhour University, 25 students were excluded from the pilot study, and 5 did not meet the inclusion criteria, leading to a total exclusion of 30 students. Consequently, the final number of married nursing students conveniently enrolled in both universities was 530. (See Figure 1)

Inclusion criteria

Participants of both sex who are married. Additionally, individuals should not have chronic medical or psychiatric illnesses that could influence the study variables.

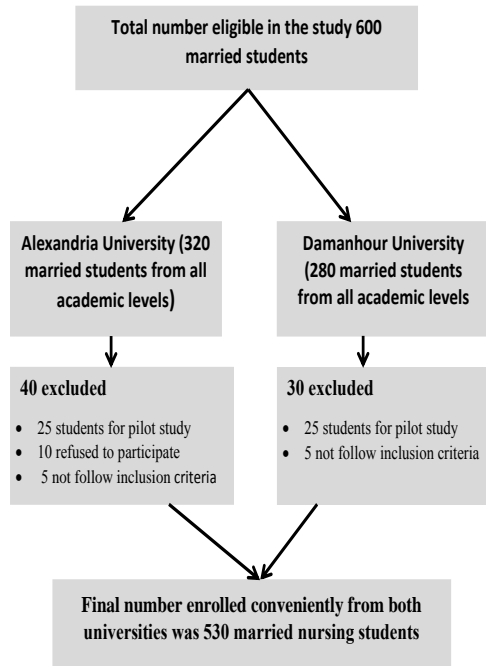


Figure (1): follow chart of the recruitment process

Tools of Data Collection

Data were collected using four Tools to achieve the current study objectives.

Tool I: Socio-demographic data questionnaire

It was developed by the researchers to elicit data about married nursing students and encompass items such as gender, academic year, Partner's educational degree, Income, Living state, and Age difference between spouses.

Tool II: Connor–Davidson Resilience Scale 10-Item Version

The scale was developed by Connor and Davidson (2003). This scale measures the student's resilience through the ability to think of self as a strong person, control one's

own life, focus and think clearly Under pressure, handle unpleasant feelings, Know where to get help, adapt to change, and Pride in achievements. It consisted of 25 items, then reduced to a 10-Items Version (Aloba et al., 2016). The scale is structured as a 5-point Likert-type cumulative instrument (0 = never to 4 = almost always). A summation of the response to each scale's item yields a score that ranges from a minimum of 0 to a maximum of 40, which signifies the highest level of resilience. The author obtained written permission to explore the scale's psychometric properties. Connor–Davidson Resilience Scale 10-Item Version has been found to have good psychometric properties, including content validity and reliability. Regarding reliability, Cronbach's alpha coefficients are typically 0.96.

Tool III: Arabic version Perfectionism scale

Arabic version Perfectionism scale developed and validated by (Salehein, Abdelaa, 2017). The scale consists of 26 items divided into 4 domains as follows: **High-performance standards** that consist of 4 items represent the tendency of the individual to complete the work with superior quality and to set high standards for evaluating those works to reach the desired levels. **Need for approval** (7 items) that measure the individual's desire to obtain the approval and admiration of others, so he sees the necessity of achieving perfection in his performance and behavior to gain the appreciation of those around him and those close to him, and to obtain positive support from them. **Sensitivity to criticism** (8 items) measures the individual's

preoccupation with the opinions and impressions of others about him, being influenced by them, and trying to avoid negative criticism of him, which makes him adopt high standards and strict performance behaviors to avoid blaming and criticizing others. **Obsessive thoughts** (7 items) that assess the compulsive and authoritarian thoughts that affect the behavior and performance of individuals, where there is doubt about the performance of actions, self-reflection, and excessive preoccupation with what is worth and what is not. The items are rated by respondents using a 3-point Likert scale. On a scale of 1 to 3, 1 representing disagree, 2 sometimes, and 3 agree. The total score ranges from 23 to 69; the higher the scores, the greater the level of perfectionism. The reliability of the Perfectionism scale was checked by testing its internal consistency using Cronbach's Alpha test, which yielded a coefficient of 0.87

Tool V: Marital adjustment scale

The marital adjustment scale was developed by (Ghizan, 2019). The scale comprised 32 items divided into 6 domains. **Emotional adjustment** consists of 6 items to measure the student's ability to show mutual positive emotions, choose attractive phrases, understand the partner's needs, and show signs of satisfaction regarding the duration of the marital relationship. **Sexual adjustment:** 4 items measure students' ability to exchange together the expressive romantic and love talk and discuss their sexuality openly. **Economic adjustment:** composed of 6 items, measure student's ability to have a stable source of income, participate in making a plan for expenses in

life, avoid internal disputes related to the economic sphere of the family, stand together in difficult situations, and bear the economic burdens of the family. **Planning for the family's future:** contains 8 items that measure a student's ability to be keen on the continuity of marital life, manage the relationship with relatives, keep their secrets from each other, and have a stable life without anyone's interference. **Social adjustment:** 5 items domain measure student's ability to have intimate relationships with the other's families, share the methods of dealing with people and home burdens, understand each other's rights and duties, and encourage each other to build special friendships with others. **The cultural adjustment** consists of 3 items: measure students' ability to adhere to culturally inherited customs, converge in their cultural concepts, talk about topics of common cultural importance, accept the cultural situation of their people, and prevent others from interfering in their cultural life.

The items are rated by respondents using a 3-point Likert scale. On a scale of 1 to 3, 1 representing disagrees, 2 sometimes, and 3 agree. The total score ranges from 32 to 96; the higher the scores, the greater the level of compatibility. The present study calculated the score as Less than 48 low, 48-72 moderate, and 72.1-96 high.

Validity and Reliability:

A comprehensive translation and validation process was implemented to ensure the research instruments' validity. First, a professional translator proficient in both languages translated the instruments into Arabic. Next, a panel of five psychiatric

nursing and mental health experts evaluated the translated instruments for content validity, completeness, clarity, and cultural relevance to the Egyptian patient population. Each item was carefully examined for clarity and simplicity, and feedback was provided to improve understanding and minimize misinterpretation. The instruments were also reviewed for cultural appropriateness, considering language nuances and cultural norms. Subsequently, a different translator performed a back-translation to verify accuracy. Based on the expert feedback and back-translation results, necessary adjustments were made to refine the instruments. Validity was further confirmed using the Lewis test, which indicated an item-level content validity index (I-CVI) of 0.810 for each item and a scale-level content validity index (S-CVI/Ave) of 0.910 for the entire instrument.

Regarding reliability, the marital adjustment scale has good internal consistency, with Cronbach's alpha coefficient 0.93, which was high. The reliability of the resilience tool was 0.96, which was high. The reliability of the perfectionism tool was 0.87

Pilot study:

The pilot's primary goals were to assess the tools' applicability and relevance, evaluate the questions' phrasing and presentational order, ensure consistency, calculate the time required to finish the tools and identify any issues that might impact data collection. To do that, the tool was evaluated on 50 instances at the start of the research, or 10% of the entire sample. The individuals under research did not include those who participated in the pilot trial.

Procedure

Using accessible textbooks, articles, magazines, journals, and the internet, a survey of previous and contemporary Arabic and English-related literature spanning many facets of the research field was conducted to familiarize oneself with research variables and create study tools. The translated scale used in this study was verified by the investigator using and according to the back translation technique. To further confirm the accuracy of the English format translation, the investigator in this method translated the Arabic format into English and provided the same format to bilingual specialists. After the researcher had requested in writing permission from the vice deans of Damanshour University and Alexandria University to conduct the study, official authorization was given.

Subsequently, a formal correspondence was dispatched to the vice dean of every scientific department at both nursing colleges, requesting authorization to interact with students beyond clinical hours. We made contact with every nursing student who met the requirements for inclusion. Subsequently, individual or group interviews were carried out with the research participants. They were then informed of the nature and goal of the study, which was to win their cooperation and approval, as well as to reassure them of their privacy and anonymity and extend an invitation to participate. After that, the participant gave consent to complete the research instrument. Before data collection, each subject provided written consent. Data were gathered over three months, from January 10, 2023, to January 1, 2024. The average time needed to complete the tools ranged

from 20 to 30 minutes, minutes depending on the subjects' degree of understanding and response.

Ethical Consideration:

On August 17, 2023, the Ethical Committee and Research at The Faculty of Nursing Damanhour University code (83-C) granted ethical permission for the current study. Principal the present study was approved by the Damanhour University Faculty of Nursing's Ethical Committee and Research. All subjects (married nursing students) were given a thorough explanation of the study's goals and design. They were also told that participation in the study is entirely voluntary and that each participant's identity and confidentiality are safeguarded by being assigned a code number. They were also assured that there was no danger involved in participating in the study and that they may leave at any moment. Written informed consent was obtained from the study participants.

Statistical analysis of the data

The computer was given data, and IBM SPSS software package version 23.0 was used for analysis. The Pearson coefficient was employed to correlate normally distributed quantitative data. Utilizing regression analysis, the variables influencing marital adjustment were identified. Resilience mediates direct and indirect perfectionism on marital adjustment, which may be found via path analysis. At the 5% level, the results' significance was assessed. Two quantitative variables were correlated using the Pearson coefficient. Any statistical association, whether causal or not, between two random variables or bivariate data is referred to as correlation or dependency in

statistics. In statistics, "correlation" often refers to the degree of linear relationship between two variables. However, it can signify any kind of link in a wide sense. The connection between the dependent variable (y) and the regression vector (x) is assumed to be linear in a linear regression model. SPSS AMOS version 23 was used to analyze the path analysis. The comparative fit index (CFI; IFI; > 0.90 or more preferably ≥ 0.95) and the root mean square error of approximation (RMSEA ≤ 0.10) were used to evaluate the quality of fit.

Results

Table (1) shows the demographic characteristics of the studied married nursing students. The results revealed predominantly female students, with 93.2% (494) female and only 6.8% (36) male. Regarding employment, 41.1% (218) of the participants' spouses work in government jobs, 24.5% (130) in private jobs, 27.5% (146) were self-employed, 3.8% (20) were technicians, and 3.0% (16) were unemployed. Regarding income, 40.4% (214) reported having enough income, 52.3% (277) found their income to be just sufficient, and 7.4% (39) reported insufficient income. Satisfaction with home conditions was high, with 83.8% (444) satisfied, 10.4% (55) somewhat satisfied, and 5.8% (31) dissatisfied. Age gaps between couples showed that 26.0% (138) had a 1-3 year difference, 34.2% (181) had a 4-6 year gap, 36.4% (193) had a 7-10 year difference, and 3.4% (18) had an age gap of more than 10 years. Most participants, 61.7% (327), resided in rural areas, while 38.3% (203) lived in urban areas. Family types reveal that 40.8% (216) lived in

nuclear families and 59.2% (314) in extended families. Most participants, 84.2% (446), had been married for 1-2 years, while 15.8% (84) had been married for 3-4 years. Chronic diseases were rare among the participants, with only 4.5% (24) suffering from one and an even smaller proportion, 0.9% (5), reporting their spouses having a chronic disease.

Table (2) presents the descriptive analysis of the Connor Davidson resilience scale, perfectionism scale, and marital adjustment scale for the 530 participants, providing insightful data on their psychological and relational metrics. The Connor Davidson Resilience scale shows a moderately high level of Resilience among participants, with a mean score of 23.96 (SD = 3.11) and a mean percent score of 69.80% (SD = 15.55). The Perfectionism scale reveals a mean score of 49.90 (SD = 7.17) and a mean percent score of 58.48% (SD = 15.60), with 63.6% (337 participants) at a moderate level, 35.1% (186 participants) at a high level, and only 1.3% (7 participants) at a low level. Subscale analysis shows high-performance standards (mean score of 10.96, SD = 1.14, mean percent score of 86.98%, SD = 14.30), moderate need for approval (mean score of 11.09, SD = 2.87, mean percent score of 60.87%, SD = 28.70), moderate sensitivity to criticism (mean score of 16.64, SD = 3.44, mean percent score of 54.02%, SD = 21.53), and lower obsessive thoughts (mean score of 11.21, SD = 2.56, mean percent score of 43.45%, SD = 21.36). The Marital adjustment scale indicates a remarkably high level of marital satisfaction, with a mean score of 86.30 (SD = 8.22) and a mean percent score of 84.84% (SD = 12.86). A

majority, 93.3% (496 participants), report high marital adjustment, 6.0% (32 participants) report moderate adjustment, and only 0.4% (2 participants) report low adjustment. Subscales include emotional compatibility (mean score of 15.45, SD = 1.98, mean percent score of 78.76%, SD = 16.54), sexual compatibility (mean score of 11.19, SD = 1.36, mean percent score of 89.82%, SD = 17.03), economic compatibility (mean score of 16.84, SD = 1.66, mean percent score of 90.34%, SD = 13.86), planning for the family future (mean score of 21.94, SD = 2.36, mean percent score of 87.17%, SD = 14.76), social compatibility (mean score of 13.09, SD = 1.94, mean percent score of 80.87%, SD = 19.44), and cultural compatibility (mean score of 7.78, SD = 1.18, mean percent score of 79.77%, SD = 19.64). These results suggest that participants generally exhibit high Resilience, moderate perfectionism emphasizing performance standards, and high marital adjustment, indicating positive overall personal and relational well-being.

Table (3) presents the correlation analysis between the studied variables, revealing several significant relationships. The Connor Davidson Resilience scale shows a negative correlation with overall perfectionism ($r = -0.205$, $p < 0.001$), indicating that higher Resilience is associated with lower levels of perfectionism. Among the subscales of perfectionism, Resilience negatively correlates with the need for approval ($r = -0.120$, $p = 0.006$), sensitivity to criticism ($r = -0.158$, $p < 0.001$), and obsessive thoughts ($r = -0.190$, $p < 0.001$), but not significantly with high-performance standards. The marital adjustment scale presents a strong

positive correlation with Resilience ($r = 0.320$, $p < 0.001$), suggesting that higher Resilience is associated with better marital adjustment. This positive relationship is reinforced across various dimensions of marital compatibility, including emotional compatibility ($r = 0.288$, $p < 0.001$), sexual compatibility ($r = 0.224$, $p < 0.001$), economic compatibility ($r = 0.319$, $p < 0.001$), planning for the family future ($r = 0.194$, $p < 0.001$), social compatibility ($r = 0.250$, $p < 0.001$), and cultural compatibility ($r = 0.235$, $p < 0.001$). Marital adjustment correlates negatively with overall perfectionism ($r = -0.167$, $p < 0.001$) and its subscales, such as sensitivity to criticism ($r = -0.167$, $p < 0.001$) and obsessive thoughts ($r = -0.192$, $p < 0.001$). This indicates that higher levels of perfectionism, particularly sensitivity to criticism and obsessive thoughts, are associated with lower marital satisfaction. The positive correlation between Resilience and marital adjustment offers optimism for the potential improvement of relationships.

Table (4) presents the multivariate linear regression analysis that identifies significant factors affecting marital adjustment among the studied sample of 530 participants. Resilience shows a positive impact on marital adjustment with a B value of 0.788, a standardized coefficient (Beta) of 0.298, and a t-value of 7.107, which is statistically significant ($p < 0.001$). The 95% confidence interval (CI) for Resilience ranges from 0.570 to 1.006. In contrast, perfectionism negatively impacts marital adjustment, with a B value of -0.122, a Beta of -0.106, and a t-value of -2.528, also statistically significant ($p = 0.012$). The 95% CI for

perfectionism ranges from -0.216 to -0.027. The model explains 11.3% of the variance in marital adjustment ($R^2 = 0.113$, Adjusted $R^2 = 0.110$), and the overall model fit is significant ($F = 33.531$, $p < 0.001$).

Table (5) and Figure (2) show the direct and indirect effects and elaborate on these relationships. Perfectionism has a direct negative effect on Resilience with a coefficient of -0.089 and a critical ratio (C.R) of -4.806, which is statistically significant ($p < 0.001$). Additionally, perfectionism directly affects marital adjustment negatively, with a coefficient of -0.122 and an indirect effect of -0.061, with a C.R of -2.533 ($p = 0.011$). On the other hand, Resilience has a strong positive direct effect on marital adjustment with a coefficient of 0.788 and a C.R of 7.121, which is highly significant ($p < 0.001$). Resilience directly influences marital adjustment, while perfectionism negatively impacts marital adjustment directly and indirectly through its negative effect on Resilience. Subsequently, Resilience had a partial mediating role in mitigating the adverse effects of perfectionism on marital adjustment. The model fit indices, including the Comparative Fit Index (CFI) and Incremental Fit Index (IFI), both at 1.000 and the Root Mean Square Error of Approximation (RMSEA) at 0.107, suggest a good model fit. The model's chi-square (χ^2) value of 28.658 is also significant ($p < 0.001$).

Table (1): Distribution of the studied sample according to demographic characteristics (n=530)

Demographic characteristics	No	%
Gender		
Male	36	6.8
Female	494	93.2
Husband/wife occupation		
Governmental work	218	41.1
Private work	130	24.5
Free work	146	27.5
Technician	20	3.8
Does not work	16	3.0
Income		
Enough	214	40.4
So far enough	277	52.3
Not enough	39	7.4
Home		
Satisfying	444	83.8
So far satisfying	55	10.4
Not satisfying	31	5.8
Age gap between couples		
1-3 years	138	26.0
4-6 years	181	34.2
7-10 years	193	36.4
> 10 years	18	3.4
Residence		
Urban	203	38.3
Rural	327	61.7
Type of family		
Nuclear	216	40.8
Extended	314	59.2
Years of marriage		
1-2 years	446	84.2
3-4 years	84	15.8
Suffer from chronic disease		
Yes	24	4.5
No	506	95.5
Husband/wife suffers from chronic disease		
Yes	5	0.9
No	525	99.1

Table (2): Descriptive analysis of the Connor Davidson Resilience scale, Perfectionism scale, and Marital adjustment scale (n =530)

Variables	Total score	Mean percent score
	Mean ± SD	Mean ± SD
Connor Davidson Resilience scale	23.96±3.11	69.80±15.55
Perfectionism scale	49.90±7.17	58.48±15.60
High performance standards	10.96±1.14	86.98±14.30
Need for approval	11.09±2.87	60.87±28.70
Sensitivity to criticism	16.64±3.44	54.02±21.53
Obsessive thoughts	11.21±2.56	43.45±21.36
Marital adjustment scale	86.30±8.22	84.84±12.86
Emotional compatibility	15.45±1.98	78.76±16.54
Sexual compatibility	11.19±1.36	89.82±17.03
Economic compatibility	16.84±1.66	90.34±13.86
Planning For the family future	21.94±2.36	87.17±14.76
Social compatibility	13.09±1.94	80.87±19.44
Cultural compatibility	7.78±1.18	79.77±19.64

Table (3): Correlation between the studied variables (n=530)

Variables		Resilience	High performance standards	Need for approval	Sensitivity to criticism	Obsessive thoughts	Overall Perfectionism	Emotional compatibility	Sexual compatibility	Economic compatibility	Planning For the family future	Social compatibility	Cultural compatibility
Resilience	r												
	p												
High performance standards	r	-0.078											
	p	0.073											
Need for approval	r	-0.120*	0.463*										
	p	0.006*	<0.001*										
Sensitivity to criticism	r	-0.158*	0.261*	0.605*									
	p	<0.001*	<0.001*	<0.001*									
Obsessive thoughts	r	-0.190*	0.049	0.142*	0.227*								
	p	<0.001*	0.264	0.001*	<0.001*								
Overall Perfectionism	r	-0.205*	0.488*	0.816*	0.845*	0.531*							
	p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*							
Emotional compatibility	r	0.288*	0.050	-0.022	-0.124*	-0.101*	-0.097*						
	p	<0.001*	0.246	0.608	0.004*	0.020*	0.026*						
Sexual compatibility	r	0.224*	0.014	0.006	-0.075	-0.141*	-0.082	0.644*					
	p	<0.001*	0.740	0.886	0.084	0.001*	0.061	<0.001*					
Economic compatibility	r	0.319*	0.035	-0.079	-0.165*	-0.175*	-0.168*	0.511*	0.566*				
	p	<0.001*	0.416	0.068	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*				
Planning For the family future	r	0.194*	0.052	-0.037	-0.126*	-0.183*	-0.132*	0.590*	0.514*	0.613*			
	p	<0.001*	0.235	0.397	0.004*	<0.001*	0.002*	<0.001*	<0.001*	<0.001*			
Social compatibility	r	0.250*	-0.002	-0.072	-0.167*	-0.141*	-0.160*	0.554*	0.318*	0.442*	0.677*		
	p	<0.001*	0.967	0.096	<0.001*	0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*		
Cultural compatibility	r	0.235*	-0.048	-0.057	-0.111*	-0.163*	-0.142*	0.388*	0.273*	0.388*	0.596*	0.603*	
	p	<0.001*	0.266	0.188	0.011*	<0.001*	0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	
Overall Marital adjustment	r	0.320*	0.029	-0.056	-0.167*	-0.192*	-0.167*	0.807*	0.697*	0.755*	0.884*	0.793*	0.674*
	p	<0.001*	0.503	0.196	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*

r: Pearson Correlation coefficient

*: Statistically significant at p ≤ 0.05

Table (4): Multivariate Linear Regression Analysis for factors affecting Marital adjustment (n =530)

factors affecting Marital adjustment	B	Beta	T	P	95% CI	
					LL	UL
Resilience	0.788	0.298	7.107*	<0.001*	0.570	1.006
Perfectionism	-0.122	-0.106	-2.528*	0.012*	-0.216	-0.027
$R^2=0.113$, Adjusted $R^2=0.110$, $F= 33.531^*$, $p<0.001^*$						

F,p: f and p values for the model

 R^2 : Coefficient of determination

B: Unstandardized Coefficients

Beta: Standardized Coefficients

T: t-test of significance

LL: Lower limit UL: Upper Limit

*: Statistically significant at $p \leq 0.05$ **Table (5): Direct and indirect effect**

Variable 1		Variable 2	Direct effect	Indirect effect	C.R	p-value
Resilience	←	Perfectionism	-0.089	-	-4.806*	<0.001*
Marital adjustment	←	Perfectionism	-0.122	-0.061	-2.533*	0.011*
Marital adjustment	←	Resilience	0.788	-	7.121*	<0.001*

Model fit parameters CFI; IFI; RMSEA (1.000; 1.000; 0.107).

Model χ^2 ;

significance 28.658* (<0.001*)

CFI = Comparative fit index; IFI = incremental fit index; and RMSEA = Root Mean Square Error of Approximation.

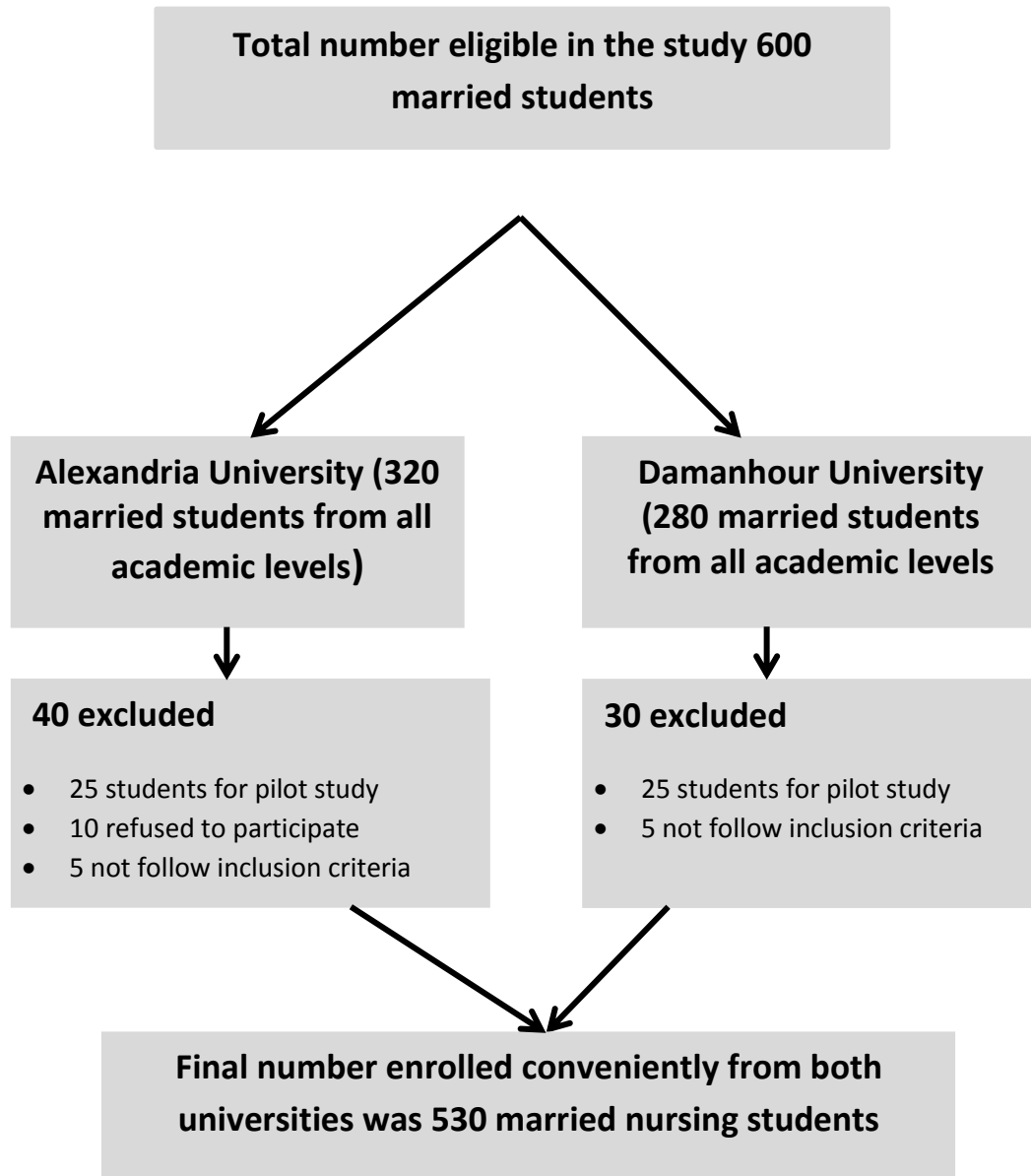


Figure (1): follow chart of the recruitment process

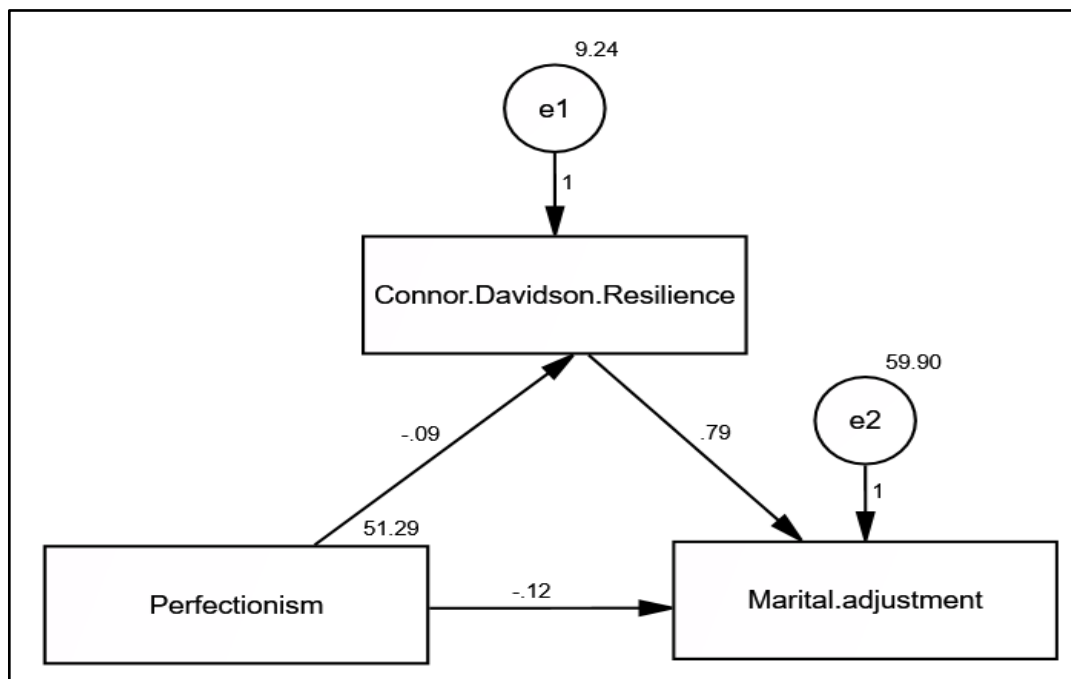


Figure (2): Path analysis to detect the Direct and Indirect Effect of Perfectionism on Marital adjustment: The mediating Role of Resilience (n=530)

Discussion

Marriage is the pinnacle of intimate relationship expression. A well-adjusted marriage comprises a growing repertoire of partner interactions that support each spouse's well-being and help them adjust to life's challenges (Tuncay, 2006). Perfectionism is a major contributor to emotional and communication difficulties, as well as the ongoing effects of psychological harm (Mostafa et al., 2021). Resilience is a protective trait that facilitates overcoming adversity and conflict and enhances marital adjustment and pleasure (Hamkins, 2019).

Concerning levels of resilience among married nursing students, the study's findings showed that participants' levels of resilience were somewhat high. These findings might be explained by the fact that most students reside in satisfactory rural homes with extended families that can offer certain social, familial, and financial support, which might lessen the stress burden on those couples, particularly as their marriages get closer. This point of view is consistent with the justification of (Khalaf and Al-Hadrawi, 2022), discovered that most women had high to moderate levels of

psychological resilience. They linked these findings to social support, which has been shown to enhance people's capacity to manage life's challenges, lower stress levels, and boost happiness. Furthermore, this assistance lessens the negative effects of outside events and boosts confidence and good emotions (**Machisa et al., 2018**).

Similarly, the study of (**Abdallah et al., (2023)**) found that most of the studied nursing students have an “established and strong level of resilience.” Also, according to a study by (**Ozsaban et al., (2019)**), nursing students who possess strong resilience are more likely to bounce back from academic adversities that could negatively impact their physical, emotional, and social well-being.

Regarding perfectionism, the study's findings showed that sixty-three and thirty-five percent of individuals had high to moderate levels of the trait. Nursing students strive to achieve the highest level of perfection, as errors can have a negative health impact on direct care receivers. Furthermore, nursing students are more likely than the general population to display negative, other-oriented, and socially prescribed perfectionism because they hold themselves to high standards for delivering high-quality care that satisfies patient and community requirements and fosters recovery (**Kelly & Clark, 2017**;

Kelly & Kelly, 2018). Otherwise, most students, particularly nursing students, have a high level of perfectionism, as healthcare practitioners must think critically and have a perfectionistic attitude (**El Zeny et al., 2019**).

Regarding marital adjustment levels, major participants had a high marital adjustment. Marital problems can hinder marital enjoyment, leading to bitterness, mistrust, lack of communication, hostility, lack of delight, and complete marital dissatisfaction, including themselves, their lives, and family stability. Lack of marital harmony could cause things to spiral out of control, leading to the dissolution of the marriage and the collapse of the family, thus affecting their stability and well-being (**Naemi, 2018**).

This result could be explained by the possibility that, in addition to the previously listed factors of social support with fewer stressors, the majority of participants are early marrieds with or without children, meaning they have low levels of responsibilities and financial burdens as well as new, lovely emotions away from marriage boredom. (**Williamson and Lavner, (2020)**) supported this argument by stating that most couples find significant stability and contentment in their first year of marriage, with significant declines in satisfaction occurring exclusively in lower-quality relationships.

There is a negative correlation between resilience and perfectionism. Likewise, research by **(Harrington, (2019))** detected that high levels of maladaptive perfectionism were strongly and significantly associated with lower levels of resilience in a sample of college students, which were significantly related to depression, anxiety, and stress. Emerging research claims that perfectionism decreases students' resilience. Also, Perfectionist students seek perfection in all areas and are overly concerned with the family, peers, and teachers' judgments. Besides, they are subject to stress and mental tension due to putting themselves in stress-producing conditions **(Raeis Saadi et al., 2019)**.

Study results revealed a strong positive correlation between marital adjustment and resilience, suggesting that higher resilience is associated with better marital adjustment. Psychologically resilient couples have pleasant feelings that enhance their life and health, allowing them to adapt quickly and efficiently. Highly resilient individuals have a greater understanding of the positive emotions that can be expressed in times of stress. Education is essential in maintaining a higher level of resilience among individuals. The current study participants are mainly highly educated and have high social support. These justifications are supported by **(Khalaf and Al-Hadrawi, (2022))**. Analogous to

these findings, a study by **(Cihan and Aydogan (2020))** demonstrated the significance of relational resilience's actor and partner impacts for improving marital adjustment and fostering stronger relationships.

Marital adjustment negatively correlates with perfectionism and its subscales. Several studies linked self-oriented perfectionism (SOP) levels with some relationship traits such as being socially distant, being obsessively demanding and emotionally reliant on the partner, lower marriage adjustment/satisfaction, and lower sexual satisfaction **(Dimitrovsky et al., 2002; Stoeber, 2012)**.

Consistent with these results, socially prescribed perfectionism (SPP) has been argued to be a significant predictor of marital life satisfaction for both partners. Unfortunately, those who expect perfection from themselves tend to have relationship problems as they believe that their partners' demands are unreasonable and uncontrollable, feeling that they cannot satisfy their spouses, which can cause them to feel as though their marriages are failing emotionally. Individuals are more prone to be afraid of criticism because they are more concerned with meeting other people's expectations **(Tuncay, 2006)**.

In contrast, **(Biyikoglu and Egeci's, (2017))** study discovered that people with higher levels of self-oriented perfectionism (SOP) reported better

levels of marital adjustment as they set goals for their romantic relationships and success-related issues. SOP does not only include setting higher standards for the self but also involves apparent motivational components that reserve needs for the obsessive desire for personal success and development for being perfect.

As expected, these earlier findings indicate that all positive psychological traits, particularly resilience, and marital adjustment, are adversely impacted by perfectionism, a form of cognitive distortion that may impair psychosocial performance. It was approved that perfectionism negatively impacts marital adjustment directly and indirectly through its negative effect on resilience. Resilience had a highly significant positive direct effect on marital adjustment. Subsequently, resilience had a partial mediating role in qualifying the adverse effects of perfectionism on marital adjustment, thus providing hopeful improvements for future relationships.

Limitations of the Study

Several limitations should be acknowledged in this study. Firstly, the sample was limited to married nursing students from two universities in Egypt, which may affect the generalizability of the findings to other populations or regions. Additionally, the study's cross-sectional design precludes any causal

inferences between psychological resilience, perfectionism, and marital adjustment. The reliance on self-reported data might introduce response biases, as participants may provide socially desirable answers. The exclusion of students with chronic medical or psychiatric conditions might have overlooked significant variations in resilience and marital adjustment.

Furthermore, the study did not account for potential confounding variables such as the duration of marriage, number of children, or specific academic pressures that could influence the outcomes. Finally, while the instruments were validated for content and cultural appropriateness, the inherent subjectivity in their application and interpretation could affect the results. Future research should consider longitudinal designs, diverse populations, and additional contextual factors to build on these findings.

Conclusion

The study results reveal that resilience directly influences marital adjustment, while perfectionism negatively impacts marital adjustment indirectly through its negative effect on resilience. Subsequently, resilience had a partial mediating role in mitigating the adverse effects of perfectionism on marital adjustment. Also, findings suggest that counseling and intervention programs must be planned to reduce maladaptive

perfectionism and improve the resilience of nursing students, thus helping improve their marital adjustment.

Implications in nursing practices

Mental health nurses, as the primary healthcare providers for individuals with maladaptive perfectionism as a type of cognitive distortion, must plan for cognitive behavioral therapy to minimize accompanied distress, thus enhancing life satisfaction and optimizing relationship competency. Psycho-education on the influence of perfectionism on marital satisfaction, setting realistic expectations, and being flexible in evaluating partners. Individual counseling, couple counseling, family counseling, and support could be arranged to address the specific needs of efficient, well-adapted marital relationships.

Educational and counseling programs for enhancing psychological resilience among nursing students before marriage will increase communication between couples, contribute to the formation of a healthy family, prevent domestic violence, and reduce divorces. Psychiatric nurse has a pivotal role in premarital counseling programs and sessions that must be planned for couples to manage conflicts, misunderstanding, and marital dissatisfaction, thus reducing psychological burden. A psychiatric nurse has to plan for providing couples with strong communication skills, thus enhancing their emotional stability and

boosting their sexual closeness, which promotes their marital adjustment.

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