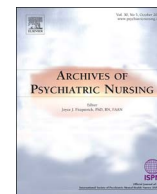




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Do Psychological Characteristics of Mothers Predict Parenting Stress? A Cross-Sectional Study among Mothers of Children with Different Disabilities

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ABSTRACT

BACKGROUND/OBJECTIVE: We aimed at assessing the parenting stress levels among mothers of children with different disabilities and its association with various mothers' psychological characteristics.

METHODS: In this cross-sectional study, 302 mothers of 6–12 years old children suffering from sensory motor mental, chronic physical and psychological disabilities were enrolled. Parenting stress, coping strategies, marital satisfaction and psychological problems of mothers were assessed using validated questionnaires.

RESULTS: In this study, mothers of 302 children with sensory-motor mental ($n = 64$), psychological ($n = 149$) and chronic physical ($n = 89$) disabilities were investigated. Mean total score of parenting stress was significantly higher in mothers of children with psychological disabilities ($F = 4.285, P < 0.05$). There was positive significant relationship between emotion oriented coping style and parenting stress scores ($\beta = 0.56, P < 0.05$). Parenting stress had significant negative association with marital satisfaction ($\beta = -0.3, P < 0.001$).

CONCLUSIONS: Our findings indicated different parenting stress levels among mothers of children with different disabilities. Mother's psychological characteristics such as marital satisfaction, psychological problems and coping styles are significant determinants of parenting stress. These findings provide baseline information for designing future interventional studies and developing more effective approaches for managing the parenting stress.

INTRODUCTION

Parenting stress as a chronic emotional phenomenon is a feeling of anxiety that arise when the demands of the childrearing process are perceived as greater than personal and social resources (BeLue, Halgunseth, Abiero, & Bediako, 2015; Deater-Deckard, 2004). It is influenced by factors such as child illness and behavior problems, marital conflict, parental unemployment and negative family environment (Abidin, 1990) and it could have many negative consequences on the functioning of both parents and their children. (Hartley, Seltzer, Barker, & Greenberg, 2011).

There are growing evidences that parents of children with

developmental or chronic disabilities experience higher levels of psychological problems including stress, depression, anxiety, failure, hopelessness and guilt feeling comparing to those without those problems (Dervishali, 2013; Samadi, McConkey, & Bunting, 2014; Valicenti-McDermott et al., 2015).

Parenting stress may significantly affect their adjustment to taking care of a child with special needs. Successful adaptation depends on various factors such as "how parents cope with stress" (Dabrowska & Pisula, 2010). For instance, some studies indicated that emotion-oriented coping style is positively but task oriented coping is negatively associated with psychological problems such as anxiety and depression. (Cohan, Jang, & Stein, 2006; Dabrowska & Pisula, 2010). Hastings et al.

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(2005) showed that active avoidance coping is related to a high level of stress in parents with preschool and school-aged children.

There is also some evidence that being in a satisfied marital relationship serves as an important source of support for dealing with the challenges of having a child with developmental disabilities (Hartley et al., 2011). The main source of emotional support for dealing with parenting stress is often provided by spouse (Hartley et al., 2011). An excessive parenting stress is related to having a child with developmental or chronic disabilities may mean that spousal support is particularly strong determinant of psychological well-being for these parents (Hartley et al., 2011). The results of some studies among such parents indicated a strong association between marital satisfaction and experience of parenting stress (Hartley et al., 2011; Hartley, Seltzer, Head, & Abbeduto, 2012; Lehr Essex & Hong, 2005).

Although, there are many studies on the association of psychological characteristics of parents with parenting stress particularly among parents of children with mental and physical developmental disabilities, majority of them have focused on one or few parents' psychological traits in on hand and on the other hand the associations were assessed among parents with children suffering from a specific developmental disability (Abbeduto et al., 2004; Dabrowska & Pisula, 2010; Estes et al., 2009; Rayan & Ahmad, 2016). The current study, aimed at investigating the association of major mothers' psychological characteristics i.e. psychological problems (depression, anxiety and stress), coping styles and marital satisfaction with total and sub-domains of parenting stress among a relatively large sample of Iranian mothers of children with diverse physical and mental developmental disabilities. Therefore, the current study's results provide comprehensive perspectives about how major psychological characteristics of mothers affect the various aspects of parenting stress of parents with different developmental disabilities. We postulated that the experiencing higher levels of psychological problems and lower marital satisfaction by mothers are accompanied with higher parenting stress and different coping styles differently affect parenting stress levels.

METHODS

STUDY DESIGN AND PARTICIPANTS

In this cross-sectional study which was conducted from 2012 to 2013 in Isfahan, Iran; 302 mothers of children aged 6–12 years that their child suffering from different physical and mental disabilities were enrolled. Selected children belonged to one these three groups: chronic physical diseases (diabetes, epilepsy, renal problems, and leukemia), difficult sensory-motor conditions (blindness, deafness, mental retardation, cerebral palsy), and psychological problems (scolionophobia, autism, ADHD, conduct disorder, oppositional defiant disorder, and learning disability). The study samples were selected using convenience sampling method among mothers of children with one of the above-mentioned problems, who referred to psychiatric clinics, neuro-developmental and child neurology specialists' offices, advisory centers of department of education and training for autism rehabilitation and organization for exceptional children at Isfahan city, Iran.

Inclusion criteria for mother recruitment were as follows: having only a 6–12 years old child suffering from one of above-mentioned problems, not being divorced or widowed, father being employed and at least in middle school educational level. Due to negative impacts of the following conditions on emotion and psychological health and well being we excluded those mothers that their family had experienced financial crisis, had other family member with chronic physical-mental problems, experiencing serious marital conflicts during the past month, and loss of a loved during the past 3 months; and also those mothers who were not willing to participate or did give response to large fraction of questionnaires were excluded from the study.

Protocol of the study was approved by bioethics committee of Isfahan University of Medical Sciences (research project number:

188,148). A written informed consent was obtained from all study's participants.

STUDY INSTRUMENTS AND VARIABLES ASSESSMENT

The levels of parenting stress, coping styles, marital satisfaction and psychological problems of the study's participants were gathered using validated questionnaires.

PARENTING STRESS

The level of parenting stress of the study's participants was evaluated using Parenting Stress Index (PSI). It is a self-report tool with 36 items in three subscales including: parental distress (PD), parent-child dysfunctional interaction (PCD) and difficult child (DC). There are 12 items for each subscale. The PSI uses a 5-point Likert scale (1 = strongly agree to 5 = strongly disagree) to score the items. The summed scores range from 12 to 60, that the higher score in each subscale suggests a higher level of parenting stress. In Petch, Halford, Creedy, and Gamble (2012)'s study, the Cronbach's α was reported as 0.83. The Cronbach's α values in Iranian population were 0.82, 0.76, 0.89, and 0.93 for subscales of PD, PCD, DC and the total score, respectively (Habibi Asgar Abad, Rashidi, & Motevalipour, 2009).

COPING STYLES

It was evaluated using the Coping Inventory of Stressful Situations (CISS). The CISS is a 48-item self-report measure that asks respondents to indicate how much they engage in various coping activities during a stressful situation using a Likert scale ranging from 1 (Not at all) to 5 (Very much). It contains three 16-item subscales assessing emotion-oriented coping, task-oriented coping, and avoidance. The summed scores range from 16 to 80 for each subscale. (McWilliams, Cox, & Enns, 2003). The validity and reliability of the instrument has been determined previously (Norman S Endler & Parker, 1990; Tabatabaie, 1998).

MARITAL SATISFACTION

The level of marital satisfaction of the study's participants was evaluated using ENRICH (Evaluation and Nurturing Relationship Issues, Communication and Happiness) questionnaire. The ENRICH included 47 items; each one is rated in a 5-point scale from "completely agree" to "completely disagree". The maximum score of a person is 100 and higher scores suggest more marital satisfaction. A score below 30 indicates severe dissatisfaction on the marital relationship among spouses, scores 30 to 40 indicate a dissatisfaction with relationships, scores 40–60 indicate relative and moderate marital satisfaction; scores between 60–70 suggest high satisfaction, and scores higher than 70 indicate extreme marital satisfaction. The reliability of the instrument was calculated by test retest method (0.82) and its validity was calculated by content validity method (Dadgari, Mazloom, Abadi, & Bagheri, 2015; Ebadatpour, 2000).

PSYCHOLOGICAL PROBLEMS

The Depression, Anxiety and Stress Scale (DASS) was used to evaluate the severity of anxiety, depressive and stress symptoms. The DASS is a 42-item self-report inventory developed to measure three relevant emotions (14 items for each subscales). Participants were asked to rate the extent to which they have experienced each symptoms using 4-point severity/frequency scales (0 ("not at all") to 3 ("most of the time")). Total scores for depression, anxiety and stress are calculated by summing the scores for the relevant items (range: 0 to 42). Bakhshipour and Dejkam reported the alpha coefficients of 0.97, 0.92, and 0.94 for the depression, anxiety and stress subscales from DASS-42, respectively. This scale is a valid and reliable instrument for the Iranian population (Sahebi, Asghari, & Salari, 2005; Soleimani et al., 2015).

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