

The Role of Parenting Self-Efficacy and Mindful Parenting in Enhancing Psychological Well-Being among Parents Raising Children with Developmental Disabilities.

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Abstract

Background: This study focused on the parenting of developmentally delayed children by exploring the abilities of parents, as well as their self-trust, confidence, mindfulness, and sanity. Self-trust and efficacy are believed to serve as a predictor of psychological well-being in the specified demographic group. Furthermore, it is hypothesized that mindful parenting will play a mediating role between parent's efficacy and mental health.

Method: It was a cross-sectional study investigating the relationship between variables under interest. Eighty-five parents (30-50 years) of developmentally delayed children were included in this study. After following the inclusion and exclusion criteria with the specifications of age therapy sessions and education, the parents underwent specific measuring tools like Bangor mindful parenting scale, the parental self-efficacy scale; and the mental Well-being scale. The demographic data of all the individuals were also recorded.

Results: The outcomes showed a positive and significant relationship between mindful parenting and mental well-being. It was also found that Mindful parenting was found to be a significant mediator between Parenting self-efficacy and mental well-being. Further, Mindful parenting has a positive significant relationship with mental well-being. The results of this study will assist the design of mental health education-based interventions and counseling sessions aimed at supporting mothers and fathers of children with special needs.

Key Words: Parenting Self-efficacy, Mindful Parenting, Psychological Well-Being

Introduction:

Definition of parenting required:

According to Baumrind (1966) in Psychology today, there are three big recognized parenting infatuations: permissive, authoritarian and documented. Each one holds different characteristics and creates about different revulsion in the cherub which they are handling on.

Throughout the transition to parenthood, a series of changes occur at a neurobiological, hormonal and mental level to facilitate effective caregiving (Feldman, 2007). For example, expectant mothers and fathers experience heightened preoccupation with thoughts pertaining to their forthcoming child, this thought pattern continues to persist in the postnatal period and is idea to depend on developmental conserved neuro-hormonal design (Leckman et al., 2004).

During the initial six months postpartum, mothers and fathers exhibited heightened levels of oxytocin, a hormone linked with caregiving behaviors (Gordon et al., 2010). This hormonal alteration may contribute to elevated sensitivity of new parents to infant's emotion cues; in fact, oxytocin seems to augment neural responses to infant stimuli in both parents and individuals without children (Rutherford et al., 2015), with oxytocin-induced sensitization being particularly salient for mothers (Atzil, 2012). Consistent with this distinction, most of the empirical evidence on neurobiological is linked with the transition to motherhood. A typical pattern involves an

increase mothers' gray matter volume in the prefrontal cortex, parietal lobes and midbrain areas during the first few months postpartum (Feldman, 2010).

Bandura (2001) introduced the concept of "self-efficacy" subsequent to the establishment of Social Cognitive Theory (SCT) (Bandura 2001), which elucidates task performance through the interaction of a) personal factors such as cognitive, biological and affective elements, (b) environmental components and (c) behavior.

According to Bandura and Adams (1977), individuals rely on four key sources to assess their self-efficacy: 1. Their own performance appraisal (e.g., positive interpretations related to one's performance tends to elevate self-efficacy, however, negative performance appraisals tend to diminish it). 2. Observation of others. 3. Their response to social feedback (e.g., positive feedback from others fosters self-efficacy, whereas negative feedback undermines it). Their physiological and emotional states (e.g., positive emotions nurtures self-efficacy in comparison to negative emotional states like anxiety and fear).

Mindfulness enables flexibility and precision in perception of present occurrences, shifting away from unawareness, and promoting greater acceptance and reduced reactivity to ongoing experiences across somatic, cognitive, affective, or behavioral dimensions, thereby discouraging avoidance. As per, Western psychological theory, mindfulness is elucidated as "a receptive attention to and awareness of present events and experience" facilitating full awareness of the present moment (Brown and Ryan 2003).

According to this interpretation which resonates with Eastern tradition, mindfulness is described as a feature of consciousness encompassing both clarity of awareness and the capacity to flexibly transition between broad awareness and focused attention throughout each momentary experience (Brown. 2007).

Psychological well-being constitutes of several positive facets: mental, psychological and emotional realms of individual's, resulting in flourishing and thriving. Furthermore, it incorporates psychological performance, satisfaction with life and the capacity to establish and maintain healthy interpersonal relationships. Additionally, it encompasses the experience of autonomy, self-acceptance and personal growth. Interestingly, these concepts are connected with factors like self-esteem, self-concept and self-assurance. It is crucial to distinguish between psychological well-being and mental health. Because the former pertains to positive states of existence, behaving and feeling, but the latter refers to the spectrum of psychological problems ranging from very good mental health to severe mental health difficulties. (Linley & Joseph, 2004).

Previous research has established that parenting self-efficacy could serve as a possible moderator in the relationship between disability and problem behaviors (Woolfson et al., 2011). Parents who exhibited elevated parenting self-efficacy tend to persevere in difficult circumstances and display consistent application of parenting skills in demanding times. Consequently, possessing efficacy of parents is a protective factor in dealing with children to demonstrate behavior problems and temperamental issues, where additional patience or perseverance may be required (Teti et al., 1996).

Psychologists and family studies experts are exploring attributes crucial for effective parenting, with recent emphasis on mindfulness for better psychological well-being. The well-being of parents significantly impacts the socio-emotional development of the next generation. Empirical research is urgently needed to identify dimensions ensuring parental psychological well-being for the sake of children's health. Achieving prime psychological functioning involves continual personal growth and self-actualization. In the context of parenting, especially for children with developmental disabilities, mindful parenting and parenting self-efficacy are highlighted dimensions influencing the psychological well-being of parents.

Method

3.1 Research Design

A cross-sectional research design has been utilized in the current study to determine the relationship between self-efficacy, mindfulness, and mental health of parents of developmental delayed.

3.2 Sample and Sampling Strategy

The total number of participants was 85, the parents of children experiencing developmental disabilities, age ranging between 35 to 50 and the child age range was 5 to 36 months ($M=13.23$ month, $SD=7.53$) from different special Centers situated in the city of Lahore. Non probability purposive sampling technique was utilized to garner the data from parents.

3.2.1 Inclusion/ Exclusion Criterion

- Parents whose children are enrolled in rehabilitative institutes were taken.
- Only literate parents were taken.
- Only mothers and fathers of those with any kind of neurodevelopmental delay.
- Children living in separate or divorced setups were not taken.
- Parents have any disability or psychological disorders were excluded.

Assessment measures

1. Demographic information Sheet
2. BPSE, 2nd grade version.
3. Mindfulness in parenting questionnaire (MIPQ).
4. Mental Well-being Scale

Results:

4.3 Mediation Analysis

It was hypothesized that mind-full parenting would act as a mediator between self-efficacy and the mental health of parents of neurodevelopmental delayed children. Mediation analysis was carried out between their self-confidence, mindful parenting, and mental well-being, by volume 3 of the macro process (hayes, 2019).

Tbl No. 1

Self-efficacy, mindfulness, and mental health (N=85)

Antecedent	Consequent					
	Mindful Parenting			Mental Well-being		
	Coeff.	SE	P<	Coeff.	SE	P<
Parenting self-efficacy	.17	.05	.001	.08	.05	.15
Mindful parenting				.35	.12	.001
Controls						
Mother's Age	-.18	.14	.20	-.14	.14	.35
Father's Age	-.04	.12	.70	.09	.12	.43
Age of Child	.06	.25	.78	.14	.26	.58
Family System	-1.48	1.57	.35	1.74	1.65	.29
Monthly Income	.01	.01	.31	.01	.01	.89
	$R^2 = .262$			$R^2 = .24$		
	$F(6,72) = 4.27, p < .001$			$F(7,71) = 3.24, p < .001$		

Note.Coeff= standardized regression coefficient

The result of direct effects showed that, parenting self-efficacy was found to be significant positive predictor of mindful parenting and didn't significantly predict mental well-being. Whereas mindful parenting was found to be significant positive predictor of mental well-being.

Table 2

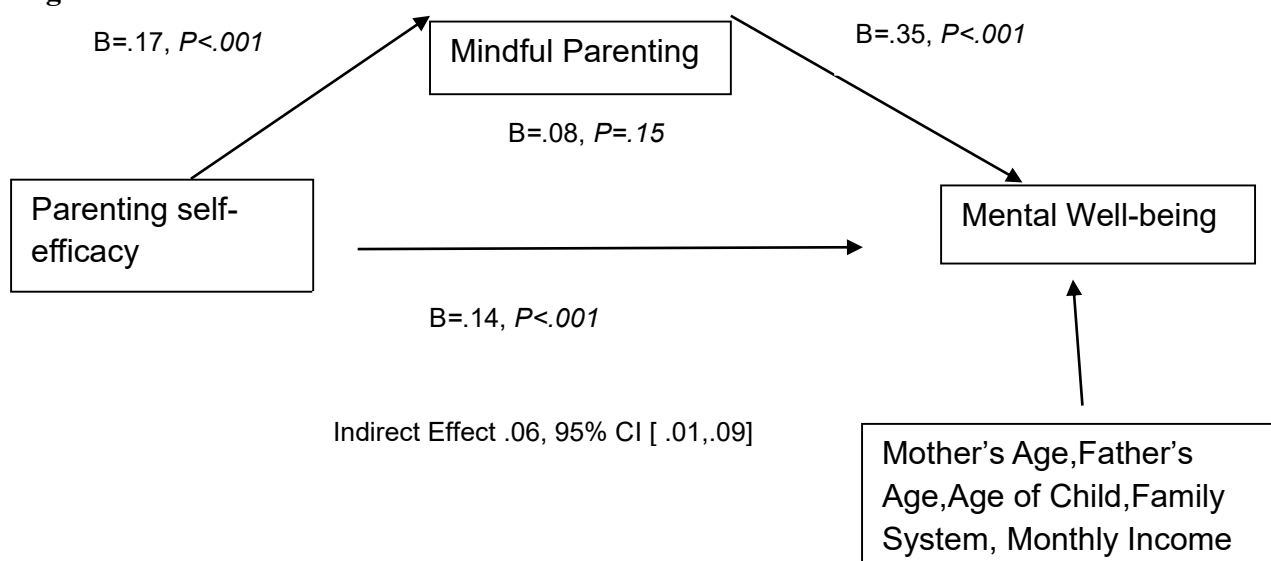
Indirect Effects of Mindful parenting between parenting self efficacy and mental well-being (N=85)

Mediator	Effect	BootSE	95%BootCI	
			BootLL	BootUL
Mindful Parenting	.06	.02	.01	.09

Note. Effect = standardized regression coefficient, BootCI = bootstrapped confidence interval, BootLL = bootstrapped lower limit, BootUL = bootstrapped upper limit

The results of indirect effect showed that mindful parenting was found to be significant mediator between parenting self efficacy and mental well-being. This showed that increased in parenting self-efficacy tend to increased in mindful parenting. While increased in mindful parenting in turn increased mental well being.

Figure 1



4.4 Additional Analyses

Independent Samples t-test and one way anova was conducted as additional analysis as shown in following tables:

Table 3

Independent Samples t-test mothers' occupation, self-efficacy, mindfulness and mental health (N=85).

Variables	House Wife (n=55)		Working (n=30)		T	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	

Parenting self-efficacy	97.24	17.30	104.20	14.53	-1.86	.066	-14.37	.45	0.43
Mindful parenting	38.83	7.90	41.58	7.66	-1.55	.123	-6.25	.75	.35
Mental well-being	21.57	7.53	23.93	7.94	-1.35	.181	-5.83	1.11	.30

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

An independent-sample t-test was employed to compare the variables under interest of working or housewife mothers. There were no significant differences at any level; Mothers occupation is not explaining any difference in their mindfulness, efficacy, and mental health

Table 4

Independent Samples t-test family system, mindfulness, self-efficacy, and mental health(N=85).

Variables	Joint (n=35)		Nuclear (n=50)		T	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Parenting self-efficacy	101.21	16.78	98.72	16.59	.67	.504	-4.88	9.85	0.14
Mindful parenting	41.17	8.43	38.94	7.45	1.28	.202	-1.22	5.69	.28
Mental well-being	22.23	6.43	22.54	8.54	-.17	.86	-3.73	3.12	.04

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

An independent-sample t-test was conducted to compare mental health, parenting confidence, and mindfulness in nuclear or joint family system. There were no significant difference at any level; Family system is not explaining any difference in the variables mentioned above.

Table 5

One way ANOVA for Father's Occupation, Mental health, Mindfulness and self-efficacy (N=85).

Variables	Government Job (n=24)	Private Job (n=11)	Businessman (n=33)	Labour (17)	F(3,82)	P
	M (SD)	M (SD)	M (SD)			
Parenting self-efficacy	103.42(16.87)	99.81(17.71)	95.03(16.76)	103.81(13.96)	1.63	.189
Mindful parenting	42.79(7.73)	39.58(9.37)	37.73(6.33)	39.93(9.09)	1.98	.123
Mental well-being	22.29(4.44)	20.55(7.03)	23.55(9.70)	21.56(7.70)	.51	.677

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

One way ANOVA was conducted to compare mental health, mindful parenting and self-efficacy in father's occupation. There were no significant difference at any level; father's occupation is not explaining any difference in them.

Table 6

One way ANOVA for Child disorder, parent's Mental health, Mindfulness and self-efficacy (N=85).

Variables	Autism (n=58)	Adhd (n=18)	Down Syndrome (n=09)	F(2,83)	P
	M (SD)	M (SD)	M (SD)		
Parenting self-efficacy	101.15(15.90)	93.44(18.93)	104.33(16.32)	1.73	.184
Mindful parenting	39.58(7.94)	40.21(8.92)	39.00(4.47)	.07	.935
Mental well-being	22.37(7.80)	21.21(7.45)	26.17(9.10)	.91	.404

Note. *p< .05, **p< .01, ***p< .001

One way ANOVA was conducted to compare mental health, mindfulness and self-efficacy of parents. There were no significant difference at any level; any type of disorder is not explaining any difference in these variables as well.

Discussion

This study focused on investigating the relationships among mental health, mindfulness and self-efficacy of parents of neurodevelopmental delayed children, with a specific emphasis on developmental disabilities. Research objectives included exploring the impact of parental self-efficacy and mindful parenting on parental psychological well-being and examining the potential mediating role of mindful parenting. Additional hypotheses considered family system differences, occupational variations between mothers and fathers, and differences in child disorders across these constructs. Acceptable skewness values supported the use of parametric tests, and the absence of significant discrepancies between actual and potential instrument ranges ensured adequate data variability while ruling out range restrictions. Empirical support was found for the first hypothesis, indicating a positive relationship among parents of special needs' self-confidence, mindfulness, sanity and mental health.

Previous studies also supported this study's hypothesis. Self-efficacy of parents could be affected by parental distress. Psychological problems like depression and anxiety can occur when parents have a low level of motivation, self-trust, and efficacy (Miller et al., 1992). Previous studies have suggested that people with low parenting self-efficacy tend to give up easily, experience greater anxiousness, depressive symptoms, frustration, lesser satisfaction with perceived spousal and social support, increased sense of ineffectiveness, and elevated tension (Shumow & Lomax, 2002; Wells-Parker et al., 1990). Meirsschaut et al in 2010 revealed that tension and depression in mothers profoundly impacted their experiences and beliefs about parenting. Diminished levels of parenting self-efficacy are connected to parenting distress, dysfunctional family interaction styles, parent physiological and mental health issues, negative emotional feelings, and unhealthy parent-child interactions (Gelfand et al., 1992; Kwok & Wong, 2000; Scheel & Rieckmann, 1998; Webster-Stratton, 1990). Mothers who displayed lesser parenting self-efficacy reported to experience symptoms of maternal depression (Cutrona & Troutman, 1986; Teti & Gelfand, 1991).

Literature on this hypothesis also supported the hypothesis on effect of parental confidence and mindfulness on mental health of neurodevelopmental delayed children's parents. Children affected with developmental disabilities may display distinctive characteristics that can adversely influence parenting self-efficacy. For example, in the case of children with challenging temperament, parent-child attachment is affected negatively (Ainsworth et al., 1978). Consequently, it affects the self-trust and efficacy of parents. Additionally, the inheritance of various disorders might exacerbate the difficulties of T, causing them to struggle in their daily living (Clarke et al, 2001). The supposition of self-trust and efficacy postulates that mothers and fathers experience less parenting self-efficacy as a result of perceived inadequacies in one's parenting styles, challenging temperament of the child and problematic behaviors, along with emotional and mental stress and difficulties and the mothers and fathers with disable child are more prone to effect with these factors and exhibit low self trust and efficacy (Tunali& Power, 1993; Holroyd & McArthur, 1976). Some disorders are likely to exhibit high influence on mothers' and fathers' mental health and their families' internal affairs (Cuzzocrea et al., 2013).

Limitations

There are several limitations to this study, and these must be addressed in future research:

- The current research may have demonstrated common method variance owing to the utilization of self-report measures, potentially leading to a magnified relationship among variables under interest.
- Assessment tools utilized in the current study were all from foreign authors. However, they were adapted in the Urdu language but still the use of indigenously developed scales could have been an appropriate approach to measure variables in the context of Pakistani culture.
- The study employed a correlational research design to infer the association between variables of interest. However, this particular research design does not explain the causation. Therefore, in future experiments research design can be used determine the causal relationship.
- The researcher was not trained enough. Therefore, lack of experience and training of the researcher could have been a limitation at different stages.

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