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The relationship between the paternal participation and psychological resilience of mothers in children with particular mental needs

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Abstract

Purpose: This descriptive study was performed to determine the relationship between the paternal participation and psychological resilience of mothers in children with particular mental needs.

Design and Methods: The study was conducted with the parents of 120 children who had particular mental needs. Data were collected using psychological resilience scale for adults, and paternal participation scale.

Findings: Mothers' psychological resilience level was high while paternal participation level was moderate, there was a weakly significant relationship between mothers' psychological resilience and paternal participation ($r = 0.021$; $p < 0.01$).

Practice implications: Nurses' knowledge and sensitivity about mentally special needs children and their families should be increased. It should be ensured that families can easily ask questions to the healthcare personnel, receive counseling, and information from nurses with a positive approach.

KEYWORDS
children with special needs, mothers' psychological resilience, paternal participation

1 | INTRODUCTION

Parents experience fear and stress owing to the problematic behaviors of the children with particular needs, and they suffer from intense social burden and psychological issues[1]. Parents of children with mental incapacity are faced different personal care processes, adaptational behaviors, medical treatments, and financial and social needs. The common and most important stress source for parents is their children's developmental care-related issues, medical problems and dependence on somebody else.[1–4]

These lifelong problems in the care of children with intellectual disabilities[5] mostly challenge mothers because they take on more roles than other family members.[6,7] Mothers trying to get results in the long-term care of their children can make them tired of life, wear them psychologically and reduce their psychological resilience.[8]

Acting as a protective element against the challenges of daily life, psychological resilience is a dynamic process that contains the ability to adapt to the negative life conditions, stress, trauma or risky situations.[4,9–11] The prerequisite for psychological resilience is the ability to cope with negative events. One of the best assistances that can be provided to the mothers of children with particular mental needs in coping with the intense and tiresome effects of this process is the participation of partners and their sympathy toward their wives and children.[6] Although mothers are regarded as the people who are primarily responsible for the children with mental incapacity, paternal participation to the care and responsibilities is an important point. What is meant by paternal participation is the time fathers spend with their children, and fathers' active participation to children's daily care and life.[12] Paternal participation is important in terms of children's improved academic achievements[13] and success in social and cognitive skills, mental health, self-esteem and personal relationships.[14] Children

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who establish a safe, supportive and mutual relationship with their parents improve their psychological adaptation when they experience the love and sincerity of paternal participation.[15] Physical and mental participation of fathers to children's care enable mothers to have spare time for themselves, reduce mothers' care burden and relevant perceptions and improve the interaction between mothers and children. Paternal participation is one of the most important sources in increasing mothers' satisfaction from their occupation, marital life and family life, positively affecting mothers' ability to cope with difficulties in providing care to the children with mental incapacity and increasing mothers' psychological resilience.[12,16]

The concept of psychologic resilience is critical for nursing. It is safe to say that a protective and well-prepared nursing service could be used to control the risk factors and to protect mothers' psychological resilience. The domestic environment of mothers should be organized in a manner to contribute to mothers' psychological resilience. These organizations cover the solution of problems arising from children's mental incapacity in a constructive manner. Paternal participation practices that will strengthen the mothers are among these solutions. Extensive steps will be taken to improve mothers' psychological resilience when paternal participation supports mothers in a manner that they can overcome their problems. Nurses have great responsibilities in regard to improving and maintaining paternal participation.[17] They have important roles in determining the psychologic resilience of women as the mothers of children with mental incapacity and in ensuring the paternal participation to the efforts made by mothers whose psychological resilience is weak. Psychiatric nurses provide public mental health services, and pediatric nurses may increase mothers' psychological resilience by supporting children in fulfilling the developmental functions of their ages healthily.[7]

The latest studies in Turkey indicate an increasing interest toward the paternal participation, and the number of studies examining the impact of fathers on their children with particular mental needs is quite limited. Thus, the studies examining mental incapability and paternal participation in this regard are needed in Turkey. This study aimed to reveal whether there was a relationship between the psychological resilience of women, who were the mothers of children aged between 3 and 6, and paternal participation to this process. It assessed the difficulties experienced by mothers and how these difficulties affected psychological resilience, paternal participation and impacts of certain data affecting paternal participation. It also assessed the impact of certain sociodemographic data on mothers' psychological resilience and paternal participation.

Resilience refers to the the ability of successful adaptation and overcoming negative conditions successfully in spite of the challenges of a difficult situation. In this study, answers were sought for the questions of the psychological resilience level of the mothers of children with mental special needs, what the difficulties they faced in the care of the child and how it affected their psychological resilience and whether father participation was related to the psychological resilience of the mothers.

2 | METHODS

2.1 | Research design

This study was conducted as a descriptive study to evaluate the psychological resilience levels of the mothers of children with mental special needs and the participation of their fathers.

2.2 | Research population and sample

The population of this descriptive study consisted of the parents of children who were aged between 3 and 6 and received training and care in seven private training and rehabilitation center operating under the Directorate of National Education in Sivas, Turkey. Sampling was not performed but mothers and fathers of 120 children who agreed to participate in the study within the period between December 1 2017 and February 1, 2018[4] constituted the sample. In 2017, 1450 children in all age groups and 160 children in the 3–6 age group were identified as needing special education. It was learned that 40 of these children were directed to pre-school inclusive schools and the rest were directed to special education and rehabilitation centers. The mothers of all children in rehabilitation centers during the time of the study constituted the sample of this study.

2.3 | Data collection tools and practices

The data were collected using personal information form (PIF), psychological resilience scale for adults (PISA), and paternal participation scale (PPS). Private training and rehabilitation centers were visited to fill out the scales, and an interview room was set considering the availability of parents who volunteered to participate. Interviews were performed with the families with the assistance from school administrators, teachers and other staff. Parents filled out the PIF and PPS while mothers completed PIF and PISA.

2.4 | Personal information form

Having been prepared by the researcher after reviewing the literature, PIF directed questions to determine parents' sociodemographic characteristics, such as their age, educational status, duration of marriage, and number of children.

2.5 | Psychological resilience scale for adults

PISA was adapted to Turkish by Arslan in 2015.[18] The scale had four subdimensions, namely relationship sources (peer-social), personal sources, cultural and contextual sources, and family-related sources. It also had 21 items. It is a five-point Likert scale whose Cronbach's alpha coefficient value is 0.94.[18] According to the results of this

study, Cronbach's alpha value was 0.89 for this scale. The scale is scored with certain statements ranging from "defines me totally" (5) to "does not define me at all" (1). Higher scores mean better psychological resilience.

2.6 | Paternal participation scale

PPS was developed by Sımsıkı and Şendil[19] to assess what sort of activities fathers with children whose age range from 3 to 6 participate in and how often they do so. "Lamb-Pleck conceptualization" was considered while developing the scale. The Cronbach's alpha reliability coefficient was 0.92 for this scale,[19] which was found to be 0.93 in this study. PPS consisted of three subdimensions (arbitrary occupation, interest and affection, basic care) and 37 items. PPS is scored as a five-point Likert type scale with specific statements ranging from "always like this" (5) and "never like this" (1) Higher scores from the scale indicate higher paternal participation levels.

2.7 | Data assessment

The data were assessed using Statistical Package for Social Sciences (SPSS) version 24. All results were accepted to be significant at 95% confidence interval ($p < 0.05$).

Frequency tests to reveal the current situation and determine the minimum maximum values, normality test ("Kolmogorov–Smirnov" and "Shapiro–Wilk") to analyze whether the data show a normal distribution, Homogeneity test to analyze whether the data show a homogeneous distribution, scale and between variables To determine the relationship; independent sample one way analysis of variance, to determine the direction and severity of the relationship between the scale and its sub-dimensions; correlation analysis was used.

2.8 | Ethical aspect of the study

Each phase of this study was conducted in accordance with the ethical principles. To conduct the study, written permissions were obtained from the Ethical Committee for the Non-Interventional Studies at Cumhuriyet University (dated 08.11.2017 and numbered 2017-11/14) and from the Provincial Directorate of Education (Sivas) (dated 09.01.[4] numbered 92255297-605.01-E.656929). Participants were informed about the study objective, that participation to this study was based on voluntariness and that study results would be used solely for scientific purposes.

3 | RESULTS

Table 1 indicates that mothers' total mean PISA score was 84.38 ± 14.10 while their mean relationship source score was 24.44 ± 4.54, mean personal source score was 8.60 ± 1.94, mean cultural and contextual sources score was 19.20 ± 4.24 and mean family-related source score was 20.77 ± 4.06.

TABLE 1 Mothers' PISA scores ($n = 120$)

PISA and subdimensions	*X* ± *SD*	Min_Max
PISA	84.38 ± 14.10	36.00_ 105.00
PISA_ Relationship sources	24.44 ± 4.54	10.00_30.00
PISA_ Personal sources	8.60 ± 1.94	2.00_10.00
PISA_ Cultural and contextual sources	19.20 ± 4.24	8.00_25.00
PISA_ Family-related sources	20.77 ± 4.06	7.00_25.00

Note: Frequency test.
Abbreviation: PISA, psychological resilience scale for adults.

When the relationship between the difficulties experienced and the psychological resilience of the mother was examined, the mean scores of the psychological resilience and sub-dimensions of the mothers in families with economic distress (economic difficulty = 78.33 ± 16.16, no economic difficulty = 87.29 ± 12.06) yes = 8.20 ± 2.19, no strain = 8.88 ± 1.69) and familial resources (strain = 20.34 ± 4.28, no strain = 21.08 ± 3.90) mean scores of mothers who stated that their marital relationship was broken, and total psychological resilience and relational resources mean scores. (marital relationship is broken = 22.38 ± 4.70, marital relationship is good = 25.01 ± 4.35), cultural and contextual sub-dimension mean scores of mothers who have difficulties in caring for their children (difficulty in care = 18.32 ± 4.55, no difficulties in care = 19.95 ± 3.85) and a statistical difference (Table 2).

Table 3 indicates that fathers' total mean PPS score was 112.83 ± 26.65 while their mean arbitrary occupation score was 50.05 ± 11.89, mean interest and affection score was 39.61 ± 9.93, and mean basic care score was 23.16 ± 6.07.

Total PPS and mean basic care scores of fathers who were primary school graduates were lower than those of the fathers with secondary school and university degrees. In addition, mean arbitrary occupation scores of fathers who were primary school graduates were lower than those of the fathers with secondary school, high school and university degrees, and the mean interest and affection scores of fathers who were primary school graduates were lower than those of the fathers with a university degree ($p < 0.05$) (Table 4).

Total PPS and mean arbitrary occupation and basic care scores of employed fathers were higher than those of the unemployed fathers. The mean arbitrary occupation score of men whose paternal age ranged from 25 to 30 was higher than those of men whose paternal age was 31 and older. The mean basic care score of men whose paternal age ranged from 25 to 30 was higher than those of men whose paternal age ranged from 19 to 24 and reached beyond 31 ($p < 0.05$).

Table 5 indicates a weakly significant relationship between mothers' psychological resilience level and paternal participation ($r = .021$; $p < 0.01$).

TABLE 2 Mother' mean PISA scores regarding the difficulties they experienced in providing care to their children(n = 120)

	PISA and subdimensions				
	PISA	**RS**	**PS**	**CCS**	**FS**
	$\acute{X} \pm SD$	**$\acute{X} \pm SD$**	**$\acute{X} \pm SD$**	**$\acute{X} \pm SD$**	**$\acute{X} \pm SD$**
Contınuous dependence of children					
Yes	83.38 ± 13.45	24.06 ± 4.57	8.67 ± 1.78	18.64 ± 4.25	20.79 ± 3.90
No	85.44±14.81	24.84±4.51	8.51±2.11	19.81±4.19	20.75±4.26
Test	p = 0.426	p = 0.349	p = 0.654	p = 0.134	p = 0.966
Increase of financial problems					
Yes	78.33 ± 16.16	22.41 ± 5.23	7.74 ± 2.29	17.97 ± 4.04	19.05 ± 4.82
No	87.29 ± 12.06	25.41 ± 3.84	9.01 ± 1.60	19.80 ± 4.23	21.60 ± 3.37
Test	**0.001**	**0.001**	**0.001**	**0.027**	**0.001**
Failure to provide care to other children					
Yes	80.44 ± 14.54	23.26 ± 4.68	8.20 ± 2.19	17.72 ± 4.40	20.34 ± 4.28
No	87.20 ± 13.18	25.28 ± 4.27	8.88 ± 1.69	20.27 ± 3.81	21.08 ± 3.90
Test	**0.009**	**0.015**	0.056	**0.001**	0.324
Distortion of marital relationship					
Yes	80.00 ± 13.83	22.38 ± 4.70	8.42 ± 2.19	17.80 ± 3.54	21.00 ± 4.08
No	85.59 ± 14.01	25.01 ± 4.35	8.64 ± 1.87	19.59 ± 4.36	20.71 ± 4.08
Test	0.073	**0.009**	0.602	0.057	0.751
Experiencing difficulty in providing care					
Yes	82.72 ± 13.91	23.90 ± 4.56	8.47 ± 1.93	18.32 ± 4.55	20.70 ± 4.05
No	85.78 ± 14.22	24.89 ± 4.51	8.70 ± 1.95	19.95 ± 3.85	20.83 ± 4.11
Test	0.238	0.239	0.511	**0.036**	0.871
Social exclusion					
Yes	81.16 ± 17.47	22.91 ± 5.33	8.20 ± 2.20	18.41 ± 4.94	20.08 ± 5.10
No	85.18 ± 13.11	24.82 ± 4.27	8.69 ± 1.87	19.40 ± 4.06	20.94 ± 3.77
Test	0.213	0.066	0.271	0.309	0.354
Failure to continue working					
Yes	82.66 ± 15.17	23.58 ± 4.99	8.50 ± 1.50	18.16 ± 4.72	20.75 ± 3.57
No	84.57 ± 14.04	24.53 ± 4.50	8.61 ± 1.98	19.32 ± 4.20	20.77 ± 4.13
Test	0.659	0.493	0.852	0.373	0.982

Note: Independent sample t test.

Abbreviations: CCS, cultural and contextual sources; FS, family-related sources; PISA, psychological resilience scale for adults; PS, personal sources; RS, relationship sources.

4 | DISCUSSION

In this study, which was conducted to evaluate the relationship between the psychological resilience of the mothers of children with mental special needs and father involvement, it was determined that the psychological resilience level of the mothers was high. A significant relationship was found between educational status, experiencing financial problems, failure to spare time to the care of other healthy children, having problems in marital relationships, experiencing difficulties in the care for children with particular needs, and psychological resilience, which was found to weaken mothers' psychological resilience level.

Having a child with mental incapacity increases the physical and emotional burden of mothers and reduces their psychological resilience. This study determined that the mothers had high levels of psychological resilience (Table 1) despite the difficulties they experienced, such as the child's dependence, increased economic difficulties, inability to take care of other children, deterioration of marital relations, difficulty in providing care, social exclusion, and difficulties due to their child's ongoing health problems (Table 2). It can be assumed that the possible reason for this is that the mother is primarily responsible for the care of the child in the Turkish family structure, this perception cannot be changed, and the desperation to accept it.

Studies conducted to examine the difficulties experienced by mothers of children with mental incapacity and the difficulties that are considered to weaken mothers psychologically have reported that mothers have difficulties controlling the child's behaviors, are disturbed by the social perspective, have difficulties in their working lives, and these situations negatively

TABLE 3 Mean paternal participation scores from the fathers of children with mental incapacity (n = 120)

	$X \pm SD$	Min_Max
PPS	112.83 ± 26.65	37.00_170.0
PPS_Arbitrary occupation	50.05 ± 11.89	15.00_75.00
PPS_Interest and affection	39.61 ± 9.93	12.00_60.00
PPS_Basic care	23.16 ± 6.07	7.00_35.00

Note: Frequency test.

Abbreviation: PPS, paternal participation scale.

affect mothers' psychological resilience (İnan Budak et al.[4,20,21]). In the treatment process of children with mental incapacity, the cost of medicine, transportation, the fees paid for the centers that provide care and support, doctor examinations and equipment support also bring an economic burden to the family.[22] Bektaş and Özben[23] found that psychological resilience of individuals with good economic status increased while Özkan[24] found that mothers with low economic status had displayed depressive symptoms.

A study stated that parents of children with special needs might experience difficulties in giving adequate attention and time to other children.[7] This result is in line with the results of the present study. Another study determined that the inability of spouses to spare time to each other causes deterioration of the marital relationship and especially mothers' dedication to the care needs of their children cause conflicts between spouses.[25,26] On the other hand, it was stated that mothers who have positive relations with their spouse and feel closeness for them are more sufficient in child care and their ability to deal with problems is developed.[27]

This study found that 6.5% of the mothers expected support from their spouses, 5.8% from healthcare institutions and 3.3% expected from education institution for the care of their children. The

TABLE 5 The correlation between mothers' psychological resilience and paternal participation (n = 120)

	PPS			
	Total score	Arbitrary occupation	Interest and affection	Basic care
PISA total score				
r	0.21	0.146	0.237	0.169
p	0.021	0.112	0.009	0.066
Relationship sources				
r	0.161	0.136	0.131	0.154
p	0.08	0.14	0.154	0.094
Personal sources				
r	0.267	0.211	0.218	0.196
p	0.003	0.02	0.002	0.032
Cultural and contextual sources				
r	0.16	0.09	0.227	0.102
p	0.081	0.326	0.013	0.,27
Family-related sources				
r	0.123	0.053	0.174	0.107
p	0.181	0.565	0.057	0.243

Note: Pearson correlation analysis.

Abbreviation: PPS, paternal participation scale.

TABLE 4 Mean PPS scores based on educational and employment status and paternal age

Introductory characteristics	PPS (n = 120)			
	PPS	Arbitraryo	Interest and affection	Basic care
Educational status[a]				
Primary school	101.90 ± 27.42	44.80 ± 11.90	36.32 ± 10.75	20.77 ± 6.19
Secondary school	115.17 ± 23.77	51.53 ± 10.13	39.53 ± 9.58	24.10 ± 5.45
High school	114.08 ± 23.50	50.87 ± 10.70	39.95 ± 7.81	23.25 ± 5.95
University	125.03 ± 25.88	55.35 ± 12.06	44.10 ± 9.31	25.57 ± 5.62
	p = 0.004	**p = 0.002**	**p = 0.016**	**p = 0.009**
Employment status[b]				
Employed	114.97 ± 25.30	51.09 ± 11.16	40.16 ± 9.53	23.70 ± 5.80
Unemployed	100.72 ± 31.40	44.11 ± 14.35	36.50 ± 11.75	20.11 ± 6.81
Paternal age[a]				
19–24	108.16 ± 25.51	48.96 ± 10.82	37.83 ± 9.59	21.35 ± 6.25
25–30	117.83 ± 23.36	52.29 ± 10.39	41.02 ± 8.93	24.51 ± 5.37
31 and older	103.52 ± 35.15	44.38 ± 15.85	37.66 ± 12.88	21.47 ± 7.06
	p = 0.051	**p = 0.023**	p = 0.205	**p = 0.020**

Abbreviation: PPS, paternal participation scale.

[a]Independent sample one-way analysis of variance.

[b]Independent sample t test.

reason why all mothers did not request support from their spouse can be considered as the reason that mothers accepted not being able to receive support from their spouses and try to meet the support requirements through other channels. Kaytez et al.,[26] stated in their study that families with children with special needs need support especially in terms of the mothers' desire to explain, financial needs and family functioning needs. Aksoy and Demirli[28] stated in their study that families lack social support networks, they have difficulties in sharing the problems they encounter, mothers cannot receive support from the environment, and they are interested in the child's care and education alone.

As in this study, there are studies which indicate that families of children with mental incapacity do not receive support from their social environment and need social support. Families of children with special needs stated that they need social support in terms of information, social needs, the ability to explain the child's condition to others, and family functions.[6,29] Social support helps mothers feel stronger and allows them to take a solution-oriented approach to challenges.[30] Eroğlu et al.,[8] noted that mothers of children with mental incapacity have low psychological resilience and need psychosocial support. Parents, especially mothers, need every possible help and support in their difficult tasks.[22,31] Mothers especially those of children with mental incapacity who have low socioeconomic level need support from official, healthcare and social care systems.[16] It is stated that the stress level of mothers who are supported decreases and their psychological health is positively affected.[21] There are studies showing that psychological resilience increases according to the social support families receive, that the personal development of mothers of children with mental incapacity who receive social support is positively affected and facilitates their psychological adaptation, that social support also contributes positively to the life and harmony of the family, and positively affects family health.[1,20]

A study stated that the most important source of support in the lives of mothers for them to overcome their emotional problems is their spouses.[6,21] Paternal participation is the most important source of support that positively affects mother's parenting, spousal relationships, marital satisfaction, alleviates mother's care burden, helps to build better domestic relationships and reduce children's antisocial behavior, and reduces the psychological burden of the mother.[5,13,16,32] In one study, it was determined that having a child with special needs increases the care burden of parents and therefore families need support,[33] and in another study, mothers of children with special needs were slightly affected.[34] Ören and Aydın[33] concluded in their study that having a child with special needs increases the care burden of parents and therefore families need support. Emir et al.,[34] found in their studies that mothers of children with special needs had mild effects.

With the social change after the second half of the twentieth century, the perception of the father and the role of the father in the family has changed in Turkey. Mothers' increased participation in work and work life, discourses on gender equality and studies on child education have led to a change in the role of father, whose most important responsibility was used to earn money. Thus, today's fathers are expected to participate in child care and education more than in the past, take more responsibility and spend more time with their children.[35] In fact, as a reflection of these changes, the paternal participation in this study was found to be moderate (Table 3).

Studies which show that the perception of the traditional paternal role in Turkish culture has a more contemporary or sharing orientation along with the level of education, that the perception of the paternal role increases as the level of education of fathers increases and is more participatory.[36,37] Aksoy and Tatlı[38] found that the perception of the paternal role increased as the level of education increased. A study conducted with fathers with children in the age group of 3–6 years found that the perception of the paternal role of working fathers was higher than that of nonworking fathers.[36] Yağan Güder and Ata[39] examined the factors that affect paternal participation and found that profession and income levels significantly affected paternal participation in basic care.

Another factor that affects paternal participation is the age of becoming a father. This study determined that being a father for the first time in the 25–30 age range positively affects participation (Table 4). A study found that the perception of the paternal role of those who became fathers at the age of 35 and over is higher[36] and that those who became fathers for the first time at the age of 36 and over had a higher perception of the paternal role than other age groups.[40] The fact that those who became fathers at older ages have more participation in the study by Pekel Uludağlı[27] might indicate that the participation might be higher due to the presence of planned, willing fatherhood at older ages.

It is known that the most important source of support for mothers to overcome their emotional problems is their wives.[21] In this study, mothers' psychological resilience level was high while paternal participation level was moderate, and there was a weakly significant relationship between mothers' psychological resilience and paternal participation (Table 5).

5 | CONCLUSION AND RECOMMENDATIONS

As a result of the study, it was determined that father involvement was moderate, there was a weakly significant relationship between maternal psychological resilience and father involvement, although the psychological resilience level of mothers was high. On the other hand, it was determined that the psychological resilience level of mothers who had economic difficulties, who could not spare time for the care of their other healthy children, who had conflicts in their marital relationship, and who had difficulties in caring for children with mental special needs were also found to be low. Care, treatment and rehabilitation of a mentally retarded child requires more support from the care of a healthy child. Father's support for the care and coping of dependent children in meeting their needs is extremely important both for the psychological resilience of the mother and for family health.

Supporting the mentally child with a disability and family in care and coping requires a multidisciplinary approach. In addition to

providing psychological guidance and counseling to mothers, the nurse is a team member that plans educational activities for fathers about the growth, development and care of the mentally child with a disability. It is thought that education and counseling activities will not only affect the personal health of the parents but also the future of a society. Because having a child with special needs in the family negatively affects all individuals living in that family and weakens their psychological resilience.

Nursing support for the families of the children with particular mental needs and the children's care are very important in the adaptation and psychological improvement of the families. This study is expected to contribute to pediatric nurses' activities in detecting mothers' psychological weakness or resilience and planning relevant interventions while they maintain the care for the children with particular mental needs.

To change the perception that the primary responsible person for the child's care is the mother and increase the participation of fathers in Turkish society, it should be ensured that awareness-raising activities are carried out on the importance and necessity of father participation in society and that it is supported by the media in a current way.

As authors, we would like to state that, "we will not be willing to share the data of our research article."

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