

## The Parental Occupational Balance and Child-Parent Relationship

### Ebeveynin Okupasyonel Dengesi ve Çocuk-Ebeveyn İlişkisi

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#### ABSTRACT

**Objective:** This study aimed to evaluate the relationship between parental occupational balance and the child-parent relationship and its effect on the child-parent relationship.

**Materials and Methods:** The study included parents of children aged 4-6. In this cross-sectional study, all participants completed the Occupational Balance Questionnaire (OBQ), the Child-Parent Relationship Scale (CPRS), and the sociodemographic data survey.

**Results:** The study included 216 parents (81.9% female, with a mean age of 34.6±5.2 years). There was a significant inverse correlation between the CPRS and the OBQ scores ( $r=-0.266$ ,  $p<0.001$ ). CPRS also had an inverse significant correlation with the allocated time to child care ( $r=-0.235$ ,  $p<0.001$ ). Linear regression analysis revealed that occupational balance, the amount of time allocated to child care and the presence of chronic disease were independent determinants of the child-parent relationship.

**Conclusion:** Our study suggests that it is important to consider these factors in studies aiming to develop positive child-parent relationships.

**Keywords:** Chronic disease, parent, parent-child relationship

#### ÖZ

**Amaç:** Ebeveyn okupasyonel dengesi ile çocuk-ebeveyn ilişkisi arasındaki ilişkiyi ve çocuk-ebeveyn ilişkisine etkisinin değerlendirmesi amaçlandı.

**Materyal ve Metot:** Araştırmaya 4-6 yaş aralığındaki çocukların ebeveynleri dahil edildi. Kesitsel tipteki bu çalışmada katılımcılara Okupasyonel Denge Anketi (ODA) ve Çocuk-Ebeveyn İlişkisi Ölçeği (ÇEİÖ) uygulandı.

**Bulgular:** Toplam 216 ebeveyn dahil edildi (%81.9 kadın, ortalama yaş 34.6±5.2 yıl). ÇEİÖ puanı ile ODA puanı arasında anlamlı bir ters korelasyon vardı ( $r=-0.266$ ,  $p<0.001$ ). Ayrıca ÇEİÖ, çocuk bakımına ayrılan süre ile de ters anlamlı bir korelasyona sahipti ( $r=-0.235$ ,  $p<0.001$ ). Doğrusal regresyon analizi, okupasyonel denge, çocuk bakımına ayrılan süre ve kronik hastalık varlığının çocuk-ebeveyn ilişkisinin bağımsız belirleyicileri olduğunu ortaya koydu.

**Sonuç:** Çalışmamızın sonuçlarına göre olumlu çocuk-ebeveyn ilişkisi geliştirmeyi amaçlayan çalışmalarda bu faktörlerin dikkate alınması önemlidir.

**Anahtar Kelimeler:** Ebeveyn, ebeveyn-çocuk ilişkisi, kronik hastalık

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## INTRODUCTION

The child-parent relationship in the preschool period is very important for the future development of children.<sup>1</sup> Children's future verbal and physical communication with their classmates is based on their interactions with their parents, contributing to developing their sense of trust and autonomy as well as being cooperative and social.<sup>2</sup> Unlike close, highly supportive and responsive child-parent relationships, conflictual relationships between parents and children can harm children's social competence.<sup>3</sup> In light of this information, it is very important for parents to establish positive relationships with their children at early ages for their later social competencies.<sup>4</sup> Many sociodemographic, cognitive, behavioural and psychological factors can affect the child-parent relationship.<sup>5</sup>

Parents can be involved in several occupations due to their roles. Occupation in the field of occupational therapy refers to the meaningful and purposeful activities that individuals perform in accordance with their age, gender and culture.<sup>6</sup> Apart from being a caregiver for a child, a parent can also have the roles of an employee, child, spouse, sibling and friend.<sup>7</sup> Having a balance between the occupations that should be included depending on the roles of individuals is highly correlated with quality of life and well-being.<sup>8</sup> Occupational balance is a relative condition characterised by a joyful or pleasurable combination of life activities and tasks.<sup>9</sup> A moderate-to-high degree of involvement in mental, social and recreational activities results in the right balance.<sup>10</sup> Occupational therapy has always emphasised balance. It means balancing work, play, rest, and sleep.<sup>11</sup>

Several parameters have the potential to impact the occupational balance of individuals. Demographic characteristics include age, gender, working status and being a parent or not, among many others,<sup>12</sup> to mention a few. The parent-child relationship is another factor that might have a mutual interaction with occupational balance. The parents' occupational balance is also affected by their dual-earner status and working status.<sup>13</sup> Unfortunately, research has been scarce in this field.<sup>13</sup>

This study aimed to investigate the relationship between the occupational balance of parents and the parent-child relationship and to determine the factors affecting the parent-child relationship.

## MATERIALS AND METHODS

**Ethics Committee Approval:** Our study was approved by the Gülhane Scientific Research Ethics Committee of the University of Health Sciences (Date: 29/11/2020, decision no: 2020-473). It was carried out following the Declaration of Helsinki.

**Setting and Sample:** This cross-sectional survey study was conducted with the participation of parents (18–65 years old) of preschool children aged 4–6 years. We performed snowball sampling in which we screened daycare centres in our neighbourhood. The inclusion criteria for the study included having the ability to read and understand in Turkish and not having a neurologic or psychiatric disease.

### **Instruments:**

**Occupational Balance Questionnaire (OBQ):** The questionnaire focuses on the change in the activity pattern, the activity rate and the perceived significance of the activities for the individual. It was developed by Wagman and Hakansson in 2014. The Turkish validity and reliability study of the 11-item revised version of the questionnaire was conducted by Günel et al. in 2020. Scale items are scored 0–4. Assessment yields a score between 0 and 33. The score should improve occupational balance.<sup>14</sup>

**Child-Parent Relationship Scale (CPRS):** CPRS defines children's parents' behaviours in an interactive dimension. A 5-point Likert scale scores the items. The score is 24–120. High scores indicate poor parent-child relations. Akgün and Yeşilyaprak conducted the Turkish validity and reliability study of the 24-item CPRS adapted for Türkiye.<sup>15</sup>

**Statistical Analysis:** Categorical variables are presented as numbers and percentages. The relationship between the variables was evaluated with Spearman correlation analysis. Multiple linear regression analysis was conducted using the stepwise variable selection method to obtain the estimation model. From the linear regression assumptions, conformity to normal distribution was examined by the Kolmogorov-Smirnov test and linear relationship scatter plot (Scatter Plot). To check the adequacy of the model, homoscedasticity of variance was evaluated with Breusch-Pagan and Goldfeld-Quandt tests, the correlation between errors (autocorrelation) was assessed with the Durbin-Watson test, and multiple collinearities was evaluated using the variance inflation factor (VIF). Clinical significance was determined based on the partial-eta-square ( $\eta^2$ ) for ANOVA and the cutoff values suggested by Cohen (1988) (0.01 small, 0.06 moderate and 0.14 large effects).<sup>16</sup> The data were analysed using IBM SPSS 21 (IBM SPSS Inc., Chicago, IL) software. The statistical significance level was taken as 0.05.

## RESULTS

The study included 216 subjects. The average age of the participants is 34.6±5.2 years, and 32 of them have chronic diseases. At the same time, 77.8% of them have bachelor's or master's degrees. It is seen that the majority of the participants spend an average of two hours a day with their children. The distribu-

tion of the participants' children by age and gender are similar (Table 1).

Relationships between CPRS and other variables were examined by Spearman correlation analysis. There was a significant inverse correlation between the CPRS and OBQ scores ( $r=-0.266$ ,  $p<0.001$ ). In

addition, the CPRS score also had an inverse significant correlation with the allocated time to child care ( $r=-0.235$ ,  $p<0.001$ ). There was a positive and significant relationship between chronic disease and the CPRS total score. ( $r=0.252$ ,  $p<0.001$ ) (Table 2).

**Table 1.** Sociodemographic characteristics of the participants (n=216).

Participant's characteristics		Data
Age (years), (Mean±SD)		34.6±5.2
Having chronic disease, n (%)		32 (14.8%)
Education status	Primary school	6 (2.8%)
	Secondary school	9 (4.2%)
	High school	33 (15.3%)
	Bachelor's degree	120 (55.6%)
	Master's degree	48 (22.2%)
Time allocated for child-care, n (%)	0-30 minutes	12 (5.6%)
	30-60 minutes	47 (21.8%)
	1-2 hours	69 (31.9%)
	3-4 hours	62 (28.7%)
	≥5 hours	26 (12.0%)
Age of child (years), n (%)	4	83 (38.4%)
	5	59 (27.3%)
	6	74 (34.3%)
Sex of the child, n (%)	Girl	111 (51.4%)
	Boy	105 (48.6%)

**Table 2.** Relationship results between CPRS score and other variables.

	Occupational Balance Questionnaire score (OBQ)	Allocated time to child-care	Presence of chronic disease
CPRS score	r	-0.266	-0.235
	p	0.001	0.001

CPRS: Child-Parent Relationship Scale; r: Spearman correlation coefficient.

In Table 3, linear regression analysis revealed the presence of chronic disease, allocated time to child care and OBQ score as independent predictors of CPRS score. The contribution of chronic disease-allocated time to child care and OBQ score variables to the model was significant ( $p<0.001$ ,  $p=0.002$  and  $p<0.001$ , respectively). It was seen that the VIF values of the independent variables included in the model were less than 10; therefore, there was no multicollinearity problem in the independent variables in Table 3. The OBQ score variable was a significant predictor, and a 1-unit increase in this variable caused a 0.503-unit decrease in the CPRS total score. Chronic disease and allocated time to child-care variables were also significant predictors of the CPRS total score, causing an increase of 11.048 units and a decrease of 2.432 units in the model created. The independent variable with the highest effect on the dependent variable among the predictors in the model was evaluated based on the standardised regression coefficients (Beta). The presence of a chronic disease variable, with a standardised

regression coefficient of 4.609, contributed the most to the model. A total of 19.8% of the change in the CPRS total score could be explained by the three independent variables included in the model. Model; Child-Parent Relationship Scale =  $68.751 + 11.048 * \text{Presence of chronic disease} - 2.432 * \text{Allocated time to child care} - 0.503 * \text{OBQ Score}$  (Table 3). Therefore, as seen in Table 3, the variance explanation ratio obtained for the model,  $R^2=0.198$ , was converted to the  $f^2$  effect size index [ $f^2=R^2/(1-R^2)$ ], and  $f^2=0.247$  was obtained. The coefficient obtained was evaluated according to Cohen's (1988) classification ( $0.02 \leq f^2 < 0.15$  value small effect,  $0.15 \leq f^2 < 0.35$  value medium effect,  $0.35 \leq f^2$  value large effect) and  $0.15 \leq f^2=0.247 < 0.35$  was found to have a moderate effect (Table 3).

**DISCUSSION AND CONCLUSION**

The salient findings of the present study are as follows: (i) There was a significant correlation between occupational balance and the child-parent relationship. (ii) Independent significant predictors of the child-parent relationship scale score were the pres-

**Table 3** Multiple linear regression coefficients for predicting child–parent relationship scores.

	$\beta$	SE( $\beta$ )	$\beta$	t	p	VIF	R <sup>2</sup> (Adjusted R <sup>2</sup> )	F/ p
(Constant)	68.751	3.118		22.049	<b>0.001</b>		0.198 (0.187)	F(3,208)=17.141
Presence of chronic disease	11.048	2.397	0.287	4.609	<b>0.001</b>	1.003	Cohen's f <sup>2</sup> =0,247	p=0.001
Allocated time to child-care	-2.432	0.770	-0.197	-3.158	0.002	1.007		
Occupational Balance Questionnaire score	-0.503	0.123	-0.254	-4.089	<b>0.001</b>	1.004		

SE( $\beta$ ): Standart error of regression coefficient;  $\beta$ : Unstandardised regression coefficients; Beta: Standardised regression coefficients; VIF: Variance Inflation Factor; Cohen's f<sup>2</sup> the effect size index; Dependent variable: Child–parent relationship score; R<sup>2</sup>: determination coefficient; F: Anova; p<0.05.

ence of parents' occupational balance, allocated time to child care and chronic disease.

Although occupational balance has been a central and favourite concept in recent years, research investigating the relationship between occupational balance and having “healthy” preschool children has rarely been studied. However, several studies have evaluated the impact of having children with disabilities on the occupational balance of parents of these children.<sup>17,18</sup> Günel and her colleagues evaluated the occupational balance of mothers who had a child with cerebral palsy.<sup>19</sup> This study found a significantly lower total OBQ score and a significantly more impaired quality of life in mothers with cerebral palsy than in mothers without cerebral palsy.<sup>19</sup>

Research has shown that the higher the occupational balance, the better the quality of life and mental state of the parents.<sup>20,21</sup> Håkansson et al. examined the quality of life, work-related fatigue, subjective health complaints, and stress levels in parents with small children in a postal survey. The study found that more parents spent less time on leisure activities and subjective health problems.<sup>22</sup> This result indicates that occupational imbalance in spending time with children is significantly associated with self-reported health complaints. Uthede et al. evaluated occupational balance in 302 working parents of preschool children, emphasising mother and father differences.<sup>15</sup> Based on the study's findings, the authors concluded that parents caring for preschool children could be unfavourably influenced regarding occupational balance. Moreover, mothers were affected significantly more than fathers.

Studies examining the time spent with the child generally discussed the differences between mothers and fathers, stating that fathers spent less time with their children.<sup>23,24</sup> Raley et al. stated that fathers participated more in childcare and spent more time with their children when their spouses worked in the labour market.<sup>24</sup> Our research found that the child-parent relationship is affected by how much time parents spend with their children. The formation of a child's personality is greatly influenced by the inter-

action between parents and children.<sup>5</sup> Therefore, a healthy parent-child relationship is crucial for the child's development and self-integration. Among the basic functions of the family is to meet the child's physical, psychological and social needs and grow up healthy.<sup>3</sup> The child's development, particularly in the preschool period, is highly affected by environmental factors.<sup>2</sup> The literature provides information about children with chronic conditions' parent-child relationship.<sup>21,22</sup> According to Pinquart, the parent-child connection in most families with children with chronic physical illnesses is harmonious.<sup>25</sup> However, children with certain diseases have difficulty establishing positive reciprocal relationships between some parents and children.<sup>25</sup> Nevertheless, no study has examined the parent-child relationship of parents with chronic diseases. Maternal anxiety disorder strongly predicted the prevalence of anxiety disorders in children in a study examining the perceived parent-child connection in child-parent anxiety disorders and perceiving that parenting did not mediate the child-parent relationship.<sup>26</sup> In our study, among the factors affecting the child-parent relationship, the presence of a disease in the parent was the variable that contributed to the model most. For this reason, it is important to consider this factor in studies aiming to develop positive child-parent relationships. In addition, developing self-management of parents with chronic diseases may also be important in this regard.

In conclusion, our results showed that the occupational balance of parents of preschool children was not poorer than that of parents of children in previously reported studies. According to our regression analysis results, the occupational balance of the parents, the presence of chronic disease in the parents and the time spent by the parents to take care of their children were effective on the child-parent relationship. However, these ideas should be further supported by empirical research that thoroughly examines and establishes the relationship between occupational balance and the child-parent relationship. Further studies researching the correlations between

various facets of occupational balance and child-parent relationships would be exciting. This study has some limitations. First, when the parent cohort was subdivided into subcohorts based on demographic features and other important characteristics, sample sizes were further diminished. Second, the OBQ does not have a cutoff point, so we cannot determine what percentage of our parents had an occupational imbalance. Despite such drawbacks, the study has some strengths. First, there have been few studies on "healthy" preschoolers. Our study adds to the literature. We also examined whether parental occupational balance affects the parent-child relationship strengths. No study has used this scale to assess preschool children's parents' occupational balance. We hypothesised that occupational balance might affect parent-child relations beyond having one or more preschool children. We also examined other factors that might affect preschool parents' occupational balance.

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**Conflict of Interest:** No conflict of interest was declared by the authors.

**Author Contributions:** Concept – EÖ; Materials and Methods – EÖ; Data collection and processing – RGT; Analysis and interpretation – EÖ; Posted by – EÖ; Supervision - EÖ and SP.

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