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The Mediating Role of Stress Coping Styles and Parental Self-Efficacy in The Effect of Family Burden on Mental Well-Being Among Mothers of Children with Intellectual Disabilities

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ABSTRACT

Purpose: This study aimed to investigate the mediating role of stress coping styles and parental self-efficacy in the effect of family burden on mental well-being in mothers of children with intellectual disabilities.

Method: This cross-sectional study was conducted with 202 mothers of children with intellectual disabilities. Data were collected using a Descriptive Information Form, The Family Burden Assessment Scale, the Coping Style Scale, the Parental Self-Efficacy Scale, and the Warwick-Edinburgh Mental Well-Being Scale.

Results: Effective and ineffective coping styles—along with parental self-efficacy—partially mediated the impact of family burden on mental well-being. (Direct standardized β=-0.184; Indirect standardized β=-0.172). 54% of the variance in mental well-being was explained by the model.

Conclusions and Suggestions: Despite the high level of family burden, mothers' parental self-efficacy and mental well-being increase when they effectively cope with stress. To improve mothers' mental health, further studies should aim to reduce burden and enhance coping and self-efficacy.

Zihinsel Yetersizliği Olan Çocuğa Sahip Annelerde Aile Yükünün Mental İyi Oluş Üzerine Etkisinde Stresle Başa Çıkma ve Ebeveyn Öz-Yeterliğinin Aracı Rolü

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ÖZET

Amaç: Bu çalışma, zihinsel yetersizliği olan çocuğa sahip annelerde aile yükünün mental iyi oluş üzerine etkisinde stresle başa çıkma tarzları ve ebeveyn öz-yeterliğinin aracı rolünü incelemeyi amaçlamaktadır.

Yöntem: Bu kesitsel çalışma zihinsel yetersizliği olan çocuğa sahip 202 anne ile gerçekleştirilmiştir. Veriler, Tanıtıcı Bilgi Formu, Aile Yükü Değerlendirme Ölçeği, Stresle Başa Çıkma Tarzları Ölçeği, Ebeveyn Öz-Yeterlik Ölçeği ve Warwick-Edinburgh Mental İyi Oluş Ölçeği kullanılarak toplanmıştır.

Bulgular: Aile yükünün mental iyi oluş üzerine etkisinde stresle başa çıkma tarzları ve ebeveyn öz yeterlik kısmi aracılık rolü göstermiştir (Doğrudan standardize β=-0,184; Dolaylı standardize β=-0,172). Model ile mental iyi oluştaki varyansın %54'ü açıklanmıştır.

Sonuç ve Öneriler: Yüksek düzeydeki aile yüküne rağmen annelerin ebeveyn öz-yeterliği ve mental iyi oluş düzeyleri, stresle etkili bir şekilde başa çıktıklarında artış göstermektedir. Annelerin ruh sağlığını iyileştirmek için yapılacak çalışmalar, yükü azaltmayı ve başa çıkma ile öz-yeterliliği geliştirmeyi hedeflemelidir.

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INTRODUCTION

Intellectual disability (ID) is defined as a condition characterized by significant limitations in both intellectual functioning and adaptive behaviours, including daily social and practical skills, manifesting before the age of 22 (1). ID represents a substantial health concern, leading to various challenges that necessitate lifelong observation, control, care, treatment, and rehabilitation (2,3). The responsibility for caring for diagnosed children is predominantly undertaken by mothers (4). They are more significantly affected both socially and emotionally (5,6) due to factors such as the child's behavioural problems, difficulties in communication, the need for care and support during the ongoing treatment process, and societal negative impacts (7). In addition to these circumstances, the child's sleep and behavioural problems negatively affect the mother's sleep quality (8), leading to increased levels of depression, anxiety, and stress, which further deteriorate her mental health (9). That is, the child's requirement for lifelong care impacts the mother in various dimensions—physical, social, and mental—and may also result in a perception of burden (5,10).

Mental health is explained as a state of well-being in which an individual realizes their own potential, can cope with the normal stresses of life, work productively and fruitfully, and is able to contribute to their community (11). Mothers perceive high levels of stress due to factors such as reduced social life, unmet counselling needs, increased financial demands associated with the child's health problem, and strain on spousal relationships following the diagnosis (12). Therefore, coping with stress is crucial for these mothers (13-15) to maintain mental health and to protect against psychological issues such as depression that may arise after experiencing stress (16). Mothers who employ effective coping styles with stress exhibit higher levels of positive attainment (17) and life satisfaction (18). In addition, it is reported that the perceived level of self-efficacy plays an important role in mothers' response to stress (19,20), and this factor is more effective in promoting life satisfaction than other coping styles (18). On the other hand, caregivers of children with severe neuromotor and cognitive impairments are reported to experience higher levels of caregiving burden and depression (21).

Consequently, mothers are typically the principal caregivers for children with ID (4,22). These mothers endure higher stress levels compared to parents of healthy children, which negatively impacts their well-being (23). Well-being also varies depending on their stress coping styles (24), and parental self-efficacy has been identified as a significant predictor of well-being (19). Within this framework, the aim of the study is to explore the levels and interrelationships of

family burden, stress coping styles, parental self-efficacy, and mental well-being in mothers of children with ID. Specifically, it investigates the mediating roles of parental self-efficacy and stress coping styles in the effect of family burden on mental well-being.

The research questions focus on mothers of children with ID and are as follows:

1. What are the levels of family burden, stress coping styles (effective and ineffective), parental self-efficacy, and mental well-being?
2. Is there a relationship among family burden, stress coping styles, parental self-efficacy, and mental well-being?
3. Does family burden directly impact stress coping styles, parental self-efficacy, and mental well-being?
4. Do stress coping styles mediate the impact of family burden on parental self-efficacy?
5. Do stress coping styles and parental self-efficacy mediate the impact of family burden on mental well-being?

METHOD

In this cross-sectional study, path analysis was utilized. The model incorporated mental well-being, based on psychological well-being (25) and subjective well-being (26), as the endogenous variable. Stress coping styles (both effective and ineffective) and parental self-efficacy were included as mediator endogenous variables, while family burden was considered the exogenous variable.

Participants

The study sample consisted of mothers of 289 students with moderate or severe ID enrolled in two special education schools. The sample size was calculated by finding mean with the sampling method whose universe is known (27). The standard deviation of the referenced study is 0.53 (3). The sample size was determined to be 189 with a 0.98 probability (α=0.02). 202 mothers were included in the study due to the possibility of missing value and a minimum of 200 sample size condition for path analysis was fulfilled. This minimized the risk of bias related to sample size. Random sampling, a non-probability sampling method, was employed (28). Mothers who live in the same household as their child diagnosed with ID and are proficient in language were included in the study. Mothers with more than one child diagnosed with ID, or those with communication issues due to sensory loss, disability, or other medical conditions, were excluded.

Procedures

Initially, the researcher, in collaboration with the institution, contacted the mothers by phone to inform them about the study. The researcher collected the data from mothers who agreed to participate in the study, with a face-to-face interview of approximately 30 minutes, at school, during the rehabilitation session, or at home visiting, between April and July 2018.

Instruments

The Questionnaire Form consists of two sections, containing a total of 13 questions. The first section includes 7 questions related to the demographic characteristics of the mother and family (e.g., age, educational status, monthly income per person), while the second section comprises 6 questions concerning the child's demographic characteristics (e.g., age and gender), disability history (diagnosis, time since diagnosis, the presence of another chronic disease or additional disability), and enrollment status for rehabilitation.

The Family Burden Assessment Scale (FBAS) was developed by Yıldırım Sarı and Başbakkal 10 to evaluate the burden on families of children with ID. The scale consists of 43 items and 6 sub-dimensions: economic burden, perceived inadequacy, social burden, physical burden, emotional burden, and time requirement. It is a 5-point Likert scale, with each item scored from “never = 1” to “always = 5.” A score of 97 or higher indicates a significant burden on families. The Cronbach’s alpha value of the scale is 0.92, and in this study, it is 0.93.

Coping Style Scale (CSS) was derived from the "Ways of Coping" had developed by Folkman and Lazarus (29). The language adaptation was carried out by Şahin and Durak (30). The scale consists of 30 items and includes five subscales: self-confident, optimistic, submissive, helpless styles, and seeking social support, categorized into two dimensions: problem-oriented/effective style and emotion-oriented/ineffective style. The subscales of optimistic, self-confident, and seeking social support fall under the problem-oriented/ effective style dimension, whereas the subscales of helpless and submissive fall under the emotion-oriented/ineffective style dimension. The scale is a 4-point Likert type, with each item rated at 0%, 30%, 70%, or 100%, and scored as “0% = 0”, “30% = 1”, “70% = 2”, “100% = 3”. The higher the score from the subscale, the more frequently that style is used in coping with stress. In this study, the Cronbach’s alpha value for effective coping styles was 0.73, and for ineffective coping styles, it was 0.63.

The final language adaptation of the Parental Self-Efficacy Instrument for Children with Disabilities (PSICD), developed by Guimond et al. (31) to assess self-efficacy in parents of children with disabilities, was conducted by Cavkaytar et al. (32) with parents of children with ID. This 7-point Likert scale consists of 17 items, each rated from 'strongly disagree = 1' to 'strongly agree = 7'. The total score ranges from 17 to 119, with higher scores indicating greater parental self-efficacy. The Cronbach's alpha value of the scale is 0.95; however, in this study, it is 0.68.

The language adaptation of the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), developed by Tennant et al. (33), was conducted by Keldal (34). This 5-point Likert scale comprises 14 items, with each item scored from "never agree = 1" to "totally agree = 5." The total score ranges from 14 to 70, with higher scores indicating greater mental well-being. The Cronbach's alpha value of the scale is 0.92, while in this study, it is 0.86.

Analysis

Data analysis was conducted using the Statistical Package for the Social Sciences-22 (SPSS-22) and Analysis of Moment Structures 20 (AMOS 20) programs. Correlation levels were classified as low (0.10–0.29), moderate (0.30–0.49), and high (0.50–1.00) (35). Model variables showed multivariate normality (Z = 1.623), with kurtosis and skewness values between -1 and +1. Model fit was evaluated via standard indices: CMIN/DF ($\chi 2$/df: Chi-Square Goodness of Fit/Degrees of Freedom), NFI (Normed Fit Index), IFI (Incremental Fit Index), CFI (Comparative Fit Index), RMSEA (Root Mean Square Error of Approximation), GFI (Goodness of Fit Index), AGFI (Adjusted Goodness of Fit Index), and SRMR (Standardized Root Mean Square Residual), based on criteria from Karagöz 36 In the hypothesized model, statistically non-significant paths ($p > 0.05$) were excluded, and the model was reanalyzed.

RESULTS

The distribution of sociodemographic and some characteristics of children with ID and their mothers is presented in Table 1.

Table 1. Sociodemographic and some characteristics of mothers and their children with intellectual disability (n= 202).

	Number (n)	Percentage (%)	Mean (SD)	Min-Max
Maternal Characteristics				
Age			41.11 (7.02)	26-57
Education Level				
Illiterate	8	3.96		
Primary School	142	70.30		
Secondary School	19	9.40		
High School	27	13.37		
University	6	2.97		
Marital Status				
Married	184	91.09		
Single	18	8.91		
Working Status				
Yes	8	4		
No	194	96		
Perceived Economic Status				
High	28	13.86		
Medium	147	72.77		
Low	27	13.37		
Number of Children			2.90 (1.30)	1-10
Characteristics of Child with ID				
Age (year)			13.28 (4.20)	6-22
Gender				
Female	89	44.06		
Male	113	55.94		
Diagnosis				
Intellectual Disability	104	51.49		
Down Syndrome	39	19.30		
Cerebral Palsy	30	14.85		
Autism Spectrum Disorder	29	14.36		
Duration Since Diagnosis (years)			11.41 (4.36)	1-22
Another Chronic Disease or Additional Disability				
Yes*	89	44.06		
No	113	55.94		
Enrollment Status For Rehabilitation				
Continued	185	91.58		
Terminated	17	8.42		
Length of Rehabilitation (years)			9.44 (3.67)	1-18

* Epilepsy (n=53), thyroid disease (n=11), hearing loss (n=8), heart disease (n=12), kidney disease (n=5), asthma (n=7), diabetes (n=1), thalassemia (n=1), psychiatric disease (n=1).
Abbreviations: SD, standard deviation; max, maximum; min, minimum.

Descriptive Statistics and Pearson Correlation Coefficients Among Variables

Descriptive statistics for mothers' family burden, stress coping styles, parental self-efficacy, and mental well-being scores are presented in Table 2 (n=202). Significant correlations were found among all variables. As family burden increased, ineffective coping styles also increased, while effective coping styles, parental self-efficacy, and mental well-being decreased (Table 3).

Table 2. Descriptive statistics for mothers' family burden, coping styles with stress, parental self-efficacy, and mental well-being variables (n=202).

	Mean (SD)	**Min-Max**
FBAS	122.49 (29.74)	60-197
Economic burden	16.73 (6.77)	6-30
Perceived inadequacy	32.63 (5.78)	16-40
Physical burden	13.32 (6.11)	5-25
Social burden	13.42 (6.41)	6-30
Emotional burden	23.43 (8.79)	11-50
Time requirement	22.94 (6.13)	8-35
CSS		
Effective coping styles	33.38 (5.91)	17-46
Optimistic	10.20 (2.82)	2-15
Self confident	15.64 (3.55)	5-21
Seeking of social support	7.53 (1.85)	2-12
Ineffective coping styles	19.34 (5.99)	3-35
Helpless	10.89 (4.14)	0-22
Submissive	8.45 (2.94)	0-16
PSICD	93.63 (10.28)	54-116
WEMWBS	54.49 (8.64)	30-70

Abbreviations: SD, standard deviation; max, maximum; min, minimum; FBAS, Family Burden Assessment Scale; CSS, Coping Style Scale; PSICD, Parental Self-Efficacy Instrument for Children with Disabilities; WEMWBS, Warwick-Edinburgh Mental Well-Being Scale.

Table 3. Pearson correlation coefficients among variables (n=202).

	FBAS	PSICD	Effective Coping Styles	Ineffective Coping Styles	WEMWBS
FBAS	-				
PSICD	-0.210*	-			
Effective Coping Styles	-0.193*	0.453*	-		
Ineffective Coping Styles	0.348*	-0.218*	-0.124	-	
WEMWBS	-0.380*	0.617*	0.567*	-0.336*	-

*p<0,01

Abbreviations: FBAS, Family Burden Assessment Scale; PSICD, Parental Self-Efficacy Instrument for Children with Disabilities; WEMWBS, Warwick-Edinburgh Mental Well-Being Scale.

The Direct Effect of Family Burden on Endogenous Variables

The direct effect of family burden on effective coping styles (t= -2.784, p<0.01, standardized β=-0.19, R^2=0.04), ineffective coping styles (t=5.256, p<0.001, standardized β=0.35, R^2=0.12), parental self-efficacy (t=-3.040, p<0.01, standardized β=-0.21, R^2=0.04), and mental well-being (t=-5.828, p<0.001, standardized β=-0.38, R^2=0.14) was significant (Figure 1).

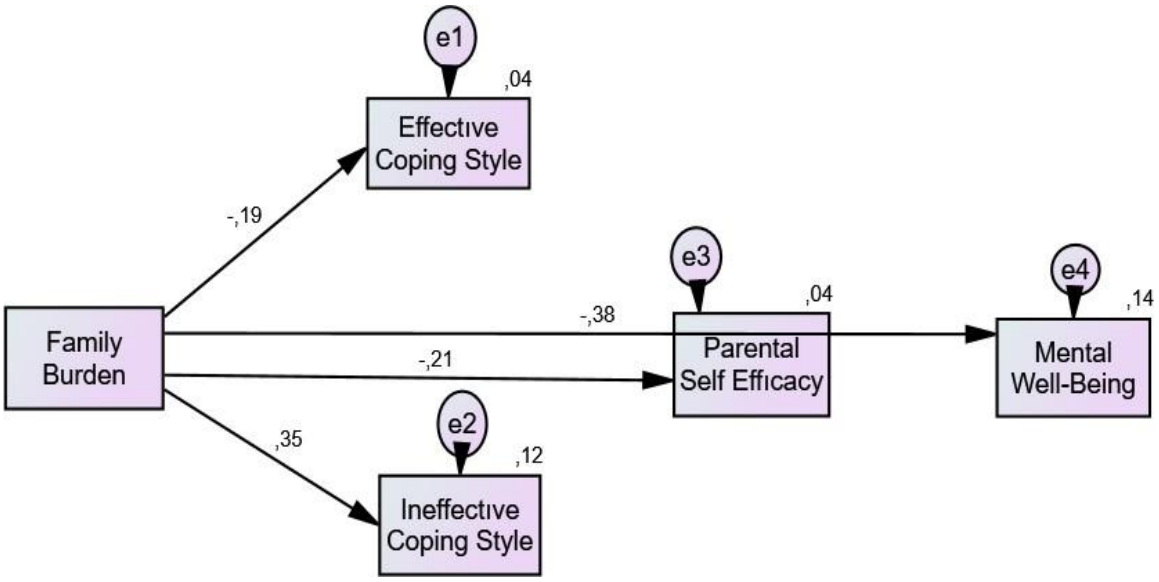

Figure 1. The direct effect of family burden on endogenous variables

The Hypothesized Model

As shown in the hypothesized model, no significant direct effect of family burden on parental self-efficacy was found (standardized β=-0.081, t=-1.207, p>0.05) (Figure 2).

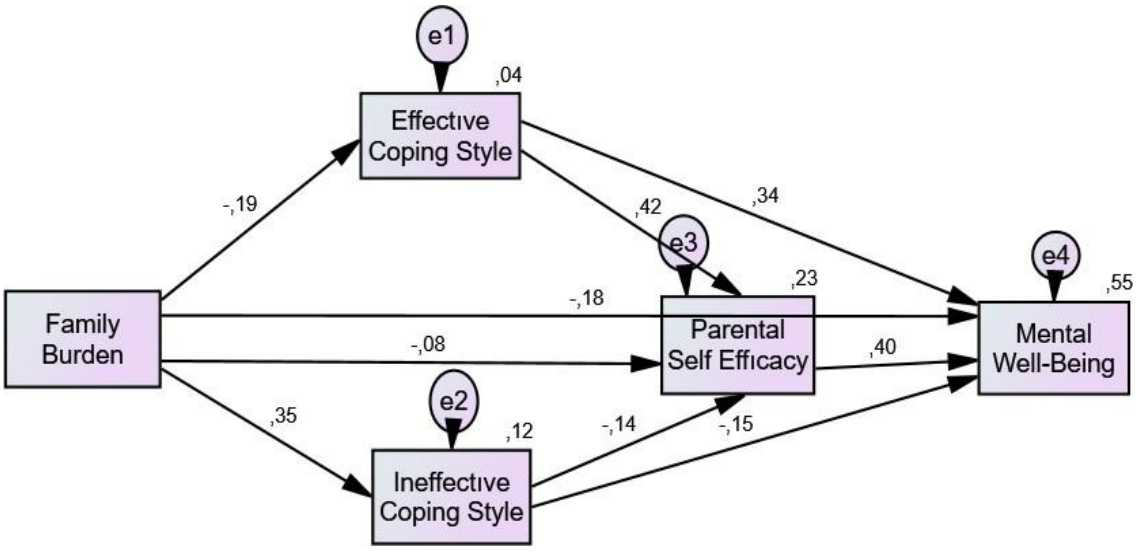

Figure 2. Hypothesized model

The Accepted Research Model

The statistically insignificant relationship between family burden and parental self-efficacy was excluded from the model, and the revised model was re-analyzed (Figure 3).

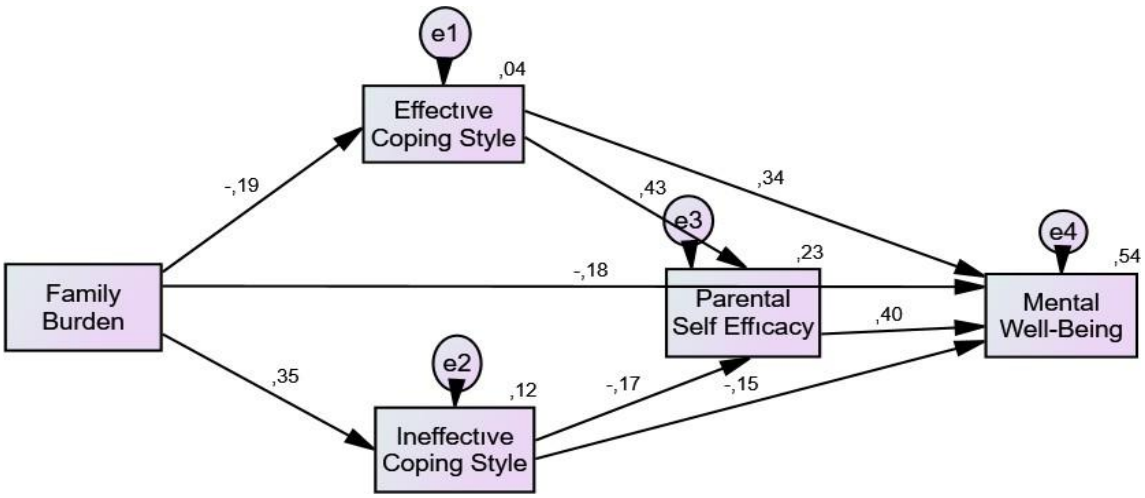

Figure 3. Accepted research model

The goodness of fit indices for the accepted model were as follows: CMIN/DF=1.111, NFI =0.991, IFI =0.999, CFI=0.999, RMSEA =0.023, GFI =0.996, AGFI=0.967, and SRMR=0.025. All indices indicated an excellent fit, confirming the model.

The Direct, Indirect, and Total Effects of Variables in the Accepted Research Model

As shown in Figure 3 and Table 4, family burden directly predicted both effective coping styles (standardized β=-0.193, t=-2.784, p<0.01) and ineffective coping styles (standardized β=0.348, t= 5.256, p<0.001), as well as mental well-being (standardized β=-0.184, t=-3.561, p<0.001). Effective coping styles directly predicted parental self-efficacy (standardized β=0.434, t=6.980, p<0.001) and mental well-being (standardized β=0.339, t=6.263, p<0.001). Ineffective coping styles directly predicted parental self-efficacy (standardized β=-0.166, t=-2.661; p<0.05) and mental well-being (standardized β=-0.147, t=-2.835, p<0.01). Additionally, parental self-efficacy directly predicted mental well-being (standardized β=0.398, t=7.331, p<0.001). The findings revealed that family burden significantly affected ineffective coping styles with stress. Effective coping styles emerged as the most significant total predictors of mental well-being, whereas parental self-efficacy was identified as the most significant direct predictor of mental well-being (Table 4).

The path analysis revealed that effective and ineffective coping styles completely mediated the effect of family burden on parental self-efficacy. As a result, family burden indirectly predicted parental self-efficacy (standardized β=-0.141). Additionally, effective and ineffective coping styles, along with parental self-efficacy, partially mediated the effect of family burden on mental well-being (standardized β=-0.172) (Table 4). The model accounted for 54% of the variance in mental well-being (Figure 3).

Table 4. Direct, indirect, and total effects of variables in the accepted research model

Variables	**Standardized Effects**	Effective Coping Styles	Ineffective Coping Styles	Parental Self Efficacy	Mental Well Being
Family Burden	**Direct**	-0.193	0.348	0.000	-0.184
	Indirect	0.000	0.000	-0.141	-0.172
	Total	-0.193	0.348	-0.141	-0.357
Effective Coping Styles	**Direct**	0.000	0.000	0.434	0.339
	Indirect	0.000	0.000	0000	0.173
	Total	0.000	0.000	0.434	0.511
Ineffective Coping Styles	**Direct**	0.000	0.000	-0.166	-0.147
	Indirect	0.000	0.000	0.000	-0.066
	Total	0.000	0.000	-0.166	-0.212
Parental Self Efficacy	**Direct**	0.000	0.000	0.000	0.398
	Indirect	0.000	0.000	0.000	0.000
	Total	0.000	0.000	0.000	0.398

DISCUSSION

The lifelong care requirement for a child with an intellectual disability impacts the mother across various dimensions—physical, social, and mental—and may result in a perceived burden (5,10). The present study revealed that mothers experienced a high level of family burden, primarily driven by perceived inadequacy, emotional burden, and time requirement, consistent with findings in the existing literature (3,5). Numerous factors such as the lifelong care requirements of children with ID, limited time because of persistent caregiver role, belief in lifelong dependency for child, the increasing family responsibilities, the lack of social support, and the rising demands for treatment, care, education, and social services, and peer comparison may partially explain the mothers' high care burden.

Mothers' scores for effective coping styles were higher than the average, while their scores for ineffective coping styles were lower. Among the effective coping styles, the self-confident approach was the most frequently used, whereas the helpless approach was the most common among the ineffective coping styles. In the study conducted by Lin (14) parents more frequently used problem-oriented (effective) coping styles. In contrast, in the study of

Woodman and Hauser-Cram (37) mothers most often employed the denial approach among emotion-oriented (ineffective) coping styles, followed by the planning approach among problem-oriented coping styles. Studies in the literature (38,39) support the findings of high levels of parental self- efficacy among mothers in this study**.** The fact that mothers in this study mostly used effective coping styles and had high levels of self-efficacy is a desired and positive result. This finding suggests that when mothers experience stress, they cope by seeking alternative solutions, relying on their belief in overcoming challenges, and seeking social support when needed. Since mothers are often primary caregivers, the perception of parental self-efficacy becomes even more crucial. This results indicate that mothers are capable of maintaining childcare, making decisions regarding their education and social life, investigating alternative solutions to understand their situation more clearly, and seeking counselling when necessary.

Maternal mental well-being was notably high. A study conducted in a similar group found that mothers experienced higher levels of positive affect compared to negative affect (40). While raising a child with a disability affects maternal mental health both positively and negatively, in this study positive impact was significant. After mothers accept the current situation, this acceptance may contribute to their personal development, interpersonal relationships, decision-making competence, and the continuity of life goals linked to mental well-being.

The current study indicates that maternal family burden is negatively associated with effective coping styles, parental self-efficacy, and mental health, while positively associated with ineffective coping styles. Similarly, significant negative relationships have been reported between caregiving burden and both problem-oriented (effective) coping styles (14) and subjective well-being (21). An increase in maternal caregiving burden is associated with higher levels of depression (14,21,22). Additionally, parental self-efficacy decrease as children's behavioural problems intensify (39). These behavioural problems may affect the mother's family burden. The study's findings, supported by existing literature, indicate that even a minimal increase in maternal family burden may trigger adverse emotional states such as anxiety and depression, thereby compromising mental well-being. Furthermore, the positive correlation between family burden and ineffective coping styles suggests that mothers tend to adopt helpless and submissive approaches rather than actively struggling with this perceived stressor. The current study found that mothers who employed effective coping strategies demonstrated higher levels of parental self-efficacy and better mental health outcomes. Conversely, an increase in ineffective coping styles was associated with diminished self-

efficacy and poorer mental health. Prior research indicates that functional coping styles—such as problem-solving, seeking social support, and cognitive restructuring—tend to enhance self-efficacy. Interestingly, the dysfunctional style of problem avoidance also showed a positive association. In contrast, emotional expression (a functional style) and self-criticism (a dysfunctional one) were negatively linked to self-efficacy (18). Furthermore, numerous studies have examined the relationship between coping styles and mental well-being. Findings indicate that problem- focused and positive coping strategies are positively associated with increased levels of positive affect (40). Mothers who engage in problem-focused coping styles- such as positive reinterpretation (14,41), active coping, and planning (14) report lower levels of depression (14,41) and stress symptoms (41). In contrast, emotion-focused coping styles (42) like active avoidance (40,43) and disengagement (14) are linked to poorer maternal mental health, including elevated negative affect, anxiety (40), and depression (14,40). According to both the current study and existing literature, mothers who effectively manage stress exhibit enhanced positive mental health. These experiences may contribute to their personal development, interpersonal relationships, decision-making abilities, and persistence in life goals. Moreover, effective stress management is associated with greater parental self-efficacy in child care and upbringing. Thus, effective coping serves as a foundational component of parental self- efficacy, which encompasses a broader range of coping styles.

In the current study, higher levels of parental self-efficacy were positively associated with mental well-being. Similarly, elevated parental self-efficacy was related to enhance psychological well-being (44) and reduced stress, anxiety, and depression (39,44). High levels of maternal self-efficacy support mothers' mental health, indicating that their decision-making and problem-solving abilities, including seeking counselling when necessary for their child who requires lifelong care, are maintained at a healthy level. This prevents negative effects such as depression and anxiety from reaching levels that would require intervention.

The high levels of family burden experienced by the mothers negatively affected their mental well-being. Path analysis revealed that family burden impacted the level of mental well-being both directly and indirectly. Effective and ineffective coping styles fully mediated the effect of family burden on parental self-efficacy, and- together with parental self-efficacy- partially mediated its impact on mental well-being. Collectively, the predictive variables- family burden, coping styles (effective and ineffective), and parental self-efficacy- accounted for 54% of the variance in mental well-being. According to the literature, certain coping styles have been

shown to significantly influence mothers' perceptions of efficacy and depressive symptoms (37). Some problem-focused coping styles have mitigated the negative effect of care burden on depressive symptoms (14). Mothers' coping styles (37) particularly parental self-efficacy had a partial mediating role (45) in reducing the negative effects of children's behavioural problems on mothers' well-being (37,45). The study findings and literature suggest that, despite high levels of family burden, mothers adopted a self-confident and optimistic approach, and sought social support when needed. With these adaptive coping mechanisms, mothers maintain key components of positive mental health, including happiness, life satisfaction, and purpose in life, personal development, and meaningful relationships.

CONCLUSION and RECOMMENDATIONS

The study found that mothers experienced high levels of family burden, which significantly affected their mental well-being. Developing effective coping styles was found to predict parental self-efficacy, which is crucial in this process, leading to high levels of mental well-being. As a result, coping styles- both effective and ineffective- fully mediated the impact of family burden on parental self-efficacy. Additionally, these coping styles, together with parental self-efficacy, partially mediated the impact of family burden on mental well-being. To preserve and enhance mothers' mental well-being, interventions should focus on reducing family burden, increasing effective coping styles with stress, and enhancing parental self-efficacy. In this regard, enhancing social and institutional support systems may be critical to alleviating caregiving burden and stress.

Strengths and Limitations

A notable strength of this study is the explanation of 54% of the variance in mental well-being. Additionally, although the study is limited to children aged 6-22 with intellectual disabilities and their mothers, the findings may be generalizable to children with various medical diagnoses requiring lifelong care and their mothers, thus adding to the study's strengths. It is important to note that social support, which was not included in our study and may be considered a limitation, is thought to be a significant predictor of mental well-being.

Conflict of Interest: The authors declare no competing interests.

Ethics Committee Approval: Ethical approval was obtained from the Selçuk University, Faculty of Health Sciences Non-Interventional Ethics Committee (2018/109). Permission was received from the Provincial Directorate of National Education (83688308-605.99-E.7882459). The study was conducted in accordance with the principles of the Declaration of

Helsinki.

Informed Consent: The mothers were informed about the study's purpose and procedures, and their written consent was obtained.

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Statements: This study was derived from a thesis. An abstract of study was presented orally at the 2nd International and 7th National Pediatric Nursing Congress (November 27–30, 2019, İzmir, Turkey).

Author Contribution: All authors contributed equall

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