

Mindful Parenting and Stress among Parents with Children having Attention Deficit Hyperactivity Disorder

Rania S. Elgendy¹., Maaly I. El Malky²., Sabah M. Ebrahim³

¹Assistant lecturer of Psychiatric& Mental Health Nursing, Faculty of Nursing, Menoufia University, Egypt

² Professor of Psychiatric& Mental Health Nursing, Faculty of Nursing, Menoufia University, Egypt

³Assistant Professor of Psychiatric& Mental Health Nursing, Faculty of Nursing, Menoufia University, Egypt

Abstract: “The presence of attention deficit hyperactivity disorder within a family predicts higher instances of negative parent-child relationships, family conflict, marital dysfunction, negative thought patterns surrounding a child’s behavior, higher instances of parental psychopathology, and increased levels of parenting stress”. The aim of this study was to investigate the relation between mindful parenting and stress among parents with children having attention deficit hyperactivity disorder. A descriptive co-relational research design was utilized to conduct the current study. The study was carried out at the psychiatric outpatient clinic of Menoufia University Hospital at Shebin El-kom District, Menoufia Governorate, Egypt. A purposive sample of 100 parents(mother or father) of children with attention deficit hyperactivity disorder from the above mentioned setting. Three tools were used for data collection (1) A structured interviewing questionnaire to assess socio- demographic characteristics of the parents and child characteristics (2) Parenting Stress Index – Short Form. (3) Interpersonal mindfulness in parenting scale. The results revealed that, all the studied sample hade stress, (67%), of them had moderate stress level, (27%) had mild stress and (6%) had high stress level. Near to half of the studied sample, 48% had moderate level of mindfulness; there was highly statistically significant negative correlation between total stress level and mindfulness among parents with children having attention deficit hyperactivity disorder. It was concluded when mindfulness level among Parents with Children having Attention Deficit Hyperactivity Disorder increase their stress level decrease. **Recommendation:** Psycho-educational program and mindful parenting training should be given to all Parents with Children having Attention Deficit Hyperactivity Disorder to decrease their stress symptoms and enhance their psychological wellbeing.

Keywords: Mindful Parenting, Parenting Stress, Attention Deficit Hyperactivity Disorder.

1. INTRODUCTION

“Attention deficit hyperactivity disorder (ADHD) is one of the most common behavioral disorders diagnosed in children, with a prevalence of approximately 5% of school-aged children worldwide. Children with ADHD have difficulties regarding the regulation of their emotions and activities, maintaining attention and impulse control [1]. The symptoms of ADHD a child exhibits can be very challenging for parents to manage and their understanding of the child’s behavior is often limited [2].Also parents of children with (ADHD) report significantly more parenting stress than parents of children without ADHD [3].”

“Parents of children with ADHD tend to be more controlling, disapproving and rejecting of their children; they give more verbal direction, repeated commands, verbal reprimands and correction, less rewarding and responsive than parents of children without ADHD [4]. Also they have a high likelihood of experiencing stress, feelings of ineffectiveness, as the stress that accompanies even everyday tasks such as homework can lead parents to question their child-rearing [5].”

“Parental stress is the negative feelings that parents experience toward self as well as towards children due to demands of parenthood along with dealing with social and environmental circumstances, responsibilities, and everyday life. Parenting demands usually exceed the resources available to them making it more difficult and a hindrance for them to succeed in the parent role [6]. Parents who experience extreme levels of parenting stress may be less able to implement interventions to help their children, which is especially relevant for children with a clinical diagnosis such as Attention-Deficit/Hyperactivity Disorder. Additionally, parents of children with ADHD appear to be at greater risk of mental health diagnoses, divorce, and perpetration of child abuse [7]. Mindfulness is defined as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally[8].”

“Mindful parenting can help parents to distance themselves from negative parenting experiences and to observe negative parenting experiences as individual cases without personalizing them and engaging in self-blaming. They can disengage from automatic thoughts and focus on the present moment. Parents can then effectively control and regulate their own emotions and ultimately select rational parenting practices. Thus, parents with mindfulness can effectively regulate their emotions and improve their parent-child relationship under stress [9].”

The nurse plays important role in management of stress among parents by providing psychological counseling and teaching coping skills that can help to gain confidence and improve ability to interact with their children [10]. Psychiatric nurse serves a vital role by promoting parents to learn mindful parenting skills to be deliberately and fully present in the here and now with their children in a non-judgmental way. Respond rather than react to difficult behavior of the child [5]. Promote parents psychological well-being and emotional health and physical well-being, understand their mental health conditions, and learn how to manage their symptoms and be aware of what can exacerbate their mental health condition [11].

Significance of the Study

“Attention deficit hyperactivity disorder is one of the most common psychological disturbances among children, it can effect on educational achievement, social interaction and wellbeing of children. The prevalence of ADHD among primary school children in Al-Qalyubia Governorate was 21.8% and 16.2% based on the teacher and parent scales respectively [12]. While the prevalence of ADHD symptoms in Egypt among primary school children in Shebin Elkom in Menoufia governorate was 6.9% [13]. Also [14], founded that the prevalence of stress among mothers of ADHD children was 63%.”

“Stress among parents and other primary caregivers of children with ADHD is pervasive and linked to lower quality of life, unhealthy family functioning, and negative psychological consequences [15]. High parental stress can lead to a higher rate of parental depressive symptoms, and depressive symptoms are associated with negative parent-child bonding and interactions and high potential for child abuse. Distressed mothers of children with ADHD report having lower tolerance for their children’s misconduct, and often use over reactive, coercive, inconsistent, and punitive disciplinary methods [16]. Because mindfulness teaches a different relationship to external stressors and increases emotional regulation skills, a mindful parenting training program may address stress and its consequences among parents and caregivers of children with ADHD. So, this study is intended to investigate the relationship between Mindful parenting and Stress among Parents with Children having Attention Deficit Hyperactivity Disorder”.

2. SUBJECTS AND METHODS

2.1 The purpose of the Study

The purpose of this study is to investigate the relationship between mindful parenting and stress among parents with children having attention deficit hyperactivity disorder.

2.2 Research Design

Descriptive co-relational design was utilized to achieve the aim of the current study.

2.3 Research Questions

- What are the levels of Mindful parenting among parents with children having attention deficit hyperactivity disorder?

International Journal of Novel Research in Healthcare and Nursing

Vol. 7, Issue 2, pp: (293-305), Month: May - August 2020, Available at: www.noveltyjournals.com

- What are the levels of stress among parents with children having attention deficit hyperactivity disorder?
- What is the relationship between mindful parenting and stress among parents with children having attention deficit hyperactivity disorder?

2.4 Research Setting

This study was conducted at the psychiatric outpatient clinic of Menoufia University Hospital at Shebin El-kom District, Menoufia Governorate, Egypt

2.5 Subjects

A purposive sample of 100 parents of children with ADHD who attending psychiatric outpatient clinic of Menoufia University Hospital and fit the inclusion and exclusion criteria . Inclusion criteria; the parents (mother or father) who had a child between 5 and 12 years old with diagnoses of ADHD or with symptoms of inattention and hyperactivity and agree to participate in the study. Exclusion criteria; a child suffering from mental retardation or other major neurological and mental disorders, any history of chronic physical illness e.g. Diabetes mellitus or others. Because these illnesses may lead to stress and will interfere with the results.

2.6. Tools of the Study

Data were collected using the following tools:

Tool (1): A structured interviewing questionnaire:

This questionnaire was developed by the researcher based on pertinent literature to assess socio- demographic characteristics of the parents as age, gender, residence and parent's education and income. Child characteristics include child age, gender and birth order ...ect.

Tool (2): Parenting Stress Index – Short Form (PSI-SF)

This scale was originally developed by Abidin [17]. It was used to measure parenting stress. It was a self-report questionnaire consisted of 36 items. It has three subscales, each consisting of 12 items which are parental distress, parent-child dysfunctional interaction, and difficult child. Items are rated on a 5-point Likert scale and modified by the researcher to be rated on 3-point Likert scale. Score ranged from (1) strongly disagree to (3) strongly agree. High values indicate high parenting stress. It was translated into Arabic by the researchers and tested for its validity by a panel of experts

The scoring system:

- No stress Scores < 54
- Mild level of stress 55-72
- Moderate level of stress 73-90
- High level of stress Scores 91-108.

Tool three: - Interpersonal mindfulness in parenting (IM-P) scale:

This scale was developed by Duncan [18] . It was a self-report questionnaire, consisting of ten items that measure mindful parenting regarding three domains: (a) awareness and present-centered attention during parenting interactions (4 items); (b) non-judgment (3 items) and (c) non reactivity to culturally-accepted children behavior (3 items) . The items are rated on a 5-point Likert scale and modified by the researcher to be rated on 3-point Likert scale. Score ranging from 1 (never true) to 3 (always true). Negatively formulated items (1,4,7,9) were reversed coded so that a higher score on a subscale reflected higher levels of that particular mindful parenting dimension

Note: (Q1, Q4, Q7, Q9) should be reverse-scored . It was translated into Arabic by the researchers and tested for its validity by a panel of experts.

The scoring system: -

- low mindful level Scores <14.

- mild 14-19
- moderate 20-24
- high 25-30

2.6.1. Reliability of the tools

The internal consistency of the questionnaire was calculated using Cronbach's alpha coefficients. The reliability of the tools was done using test - retest reliability and proved to be strongly reliable at 0.85 for tool two and at 0.90 for tool three.

2.6.2. Validity of the tools

The study tools were tested for content validity by a jury of five experts in the field specialty of psychiatric mental health nursing, psychiatric medicine, community nursing, and psychologist to ascertain relevance, coverage and clarity of the content. The tools were approved to be valid following the judgment of the experts.

2.7. Procedure

Administrative approval: An official letter was issued from the dean of Faculty of Nursing Menoufia University, then send to the head of outpatient clinic of Menoufia University Hospital, Shebin Elkom after explanation of the aim of the study to get the permission. Informed consent from parents was obtained after complete description about the purpose, nature and confidentiality of the study. **Ethical considerations:** An approval of the ethical and rehearsal research committee of the faculty of Nursing, Menoufia University was obtained. Informed consent for participation was taken from the participants after explaining the purpose of the study and assure maintaining anonymity and confidentiality of the subjects' data. The patients were informed that participation in this study was voluntary. They have the right to participate in the study and they have the right to withdraw from the study at any time . A pilot study was carried out with 10% of the total sample (10 parents) to test the applicability, feasibility, and clarity of the tools and to estimate the needed time to fill the tool. Minimal modifications were done. Subjects in the pilot study were excluded from the main study sample. **Data Collection procedure:** An extensive literature related to the study area was done including electronic dissertation, available books, articles, and idea from external periodicals sources. The data were collected from the psychiatric outpatient clinic of Menoufia University Hospital at Shebin El-kom District, Menoufia Governorate, Egypt; using the above-mentioned tools for data collection. The study was carried out in the period from the beginning of September 2019 to the end of November 2019. The entire subjects who meet the inclusion criteria were included in the study. The researcher collected the data during the morning at two days/week. Each interview lasted for 30-40 minutes, depending on the response of the patients

2.8. Data Analysis

Data was coded and transformed into specially designed form to be suitable for computer entry process. Data were collected, tabulated, statistically analyzed using an IBM personal computer with Statistical Package of Social Science (SPSS) version 20 where the following statistics were applied.

a- Descriptive statistics: in which quantitative data were presented in the form of mean (\bar{X}), standard deviation (SD), and qualitative data were presented in the form numbers and percentages.

b- Analytical statistics: used to find out the possible association between studied factors and the targeted disease. The used tests of significance included:

*Chi-square test (χ^2): was used to study association between two qualitative variables.

Parametric tests were one a way ANOVA (F test)

Pearson correlation (r): is a test used to measure the association between two quantitative variables.

A significant level value was considered when P-value <0.05 and highly significant level value was considered when P value < 0.001 while P value of >0.05 indicated non-significant

3. RESULTS

Table (1): Reveals that the mean age of the studied children is (8.02±1.72), more than two-thirds (62%) are male, nearly two third (59%) are 1st birth order and half of them (51%) have two siblings. While mean age of father & mother are (40.5±7.02, 35.0±5.80) respectively. As regards to parents' education, half of the fathers of studied children and nearly to half of their mothers (50%, 44%) have Secondary education respectively. As regards to parents' job, the majority of the fathers (92.0%) are working while more than two third (66.0%) of the mothers are housewife. As regards to residence more than two thirds (62%) have rural residence and nearly two third (57%) have enough income.

Figure (1): more than two third of the studied subjects have moderate stress (67%), nearly one third of studied subjects (27%) have mild stress while only (6%) have high stress level

Figure (2): reveals that nearly to half of the studied subjects (48%) have moderate level of mindfulness, more than two third (44%) have mild mindfulness.

Table (2): reveals that there is highly statistically significance relation between parental stress and both of gender of child, Number of sibling, Father age, Father education, Family income and at p-value (0.001, 0.001, 0.001 ,0.004,0.001) respectively. The high percentage of moderate and severe levels of stress are among parent who have male children.

Table (3): Reveals that there is no statistically significant relation between mindfulness and socio-demographic characteristics of the study subjects except family income. There is statistically significant relation between mindfulness and family income where p value (p = 0.034).

Table (4): shows that there is a highly statistically significant negative correlation between total parenting stress level and parental mindfulness of the study subjects, where p value (p = 0.0001).

Table (1): socio-demographic characteristics of the studied subjects (where N refers to number of study subjects and SD refers to slandered deviation)

Socio demographic characters		Total (N=100)	
		No.	%
Age of child / years	Mean ±SD Range	8.02±1.72 5 – 12	
Gender	Male	62	62.0
	Female	38	38.0
Number of siblings	Non	5	5.00
	One	18	18.0
	Two	51	51.0
	Three	26	26.0
Birth order	1 st	59	59.0
	2 nd	31	31.0
	3 rd	10	10.0
School type	Governmental	78	78.0
	Private	22	22.0
Father age/ years	Mean ±SD Range	40.5±7.02 29 – 56	
Father education	Illiterate	2	2.00
	Read& write	25	25.0
	Secondary	50	50.0
	University	23	23.0
Father job	Work	92	92.0
	Not work	5	5.00
	Die	3	3.00
Mother age/ years	Mean ±SD Range	35.0±5.80 24 – 50	
Mother education	Illiterate	5	5.00
	Read& write	23	23.0
	Secondary	44	44.0
	University	28	28.0
Mother job	Work	34	34.0
	Not work	66	66.0
Residence	Urban	38	38.0
	Rural	62	62.0
Family income	Enough	43	43.0
	Not enough	27	57.0

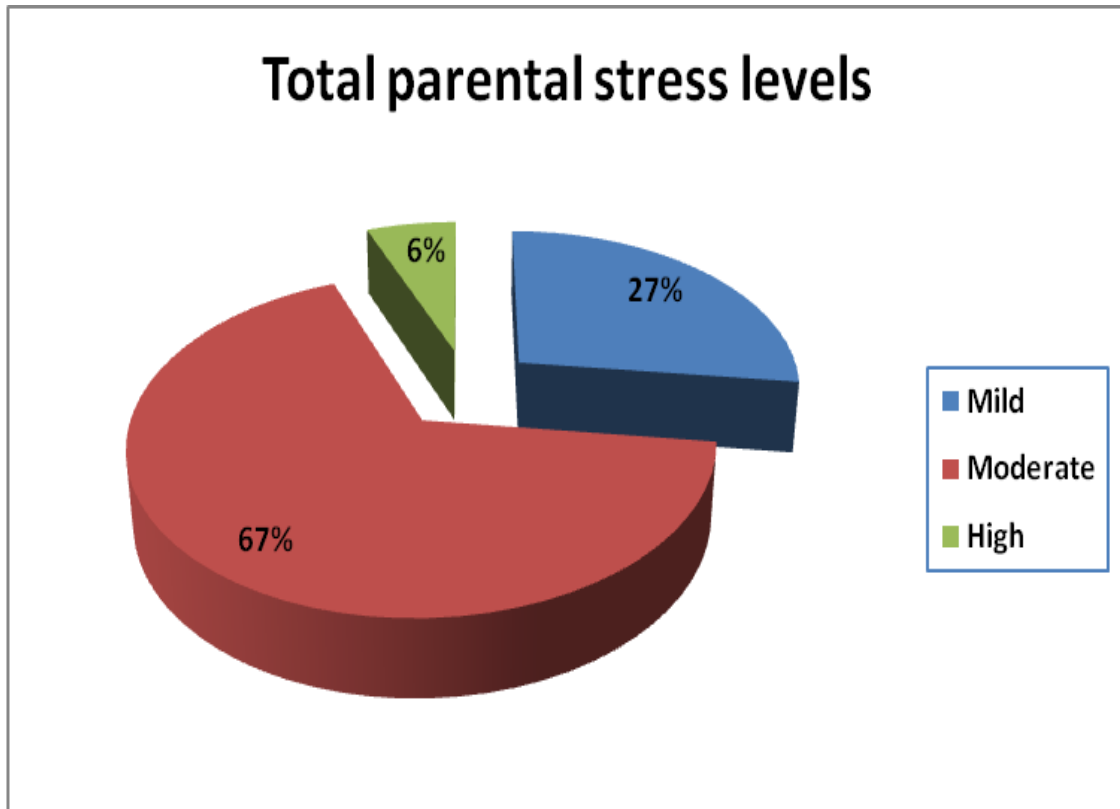


Figure 1. Distribution of parenting stress level among study subjects (N =100)

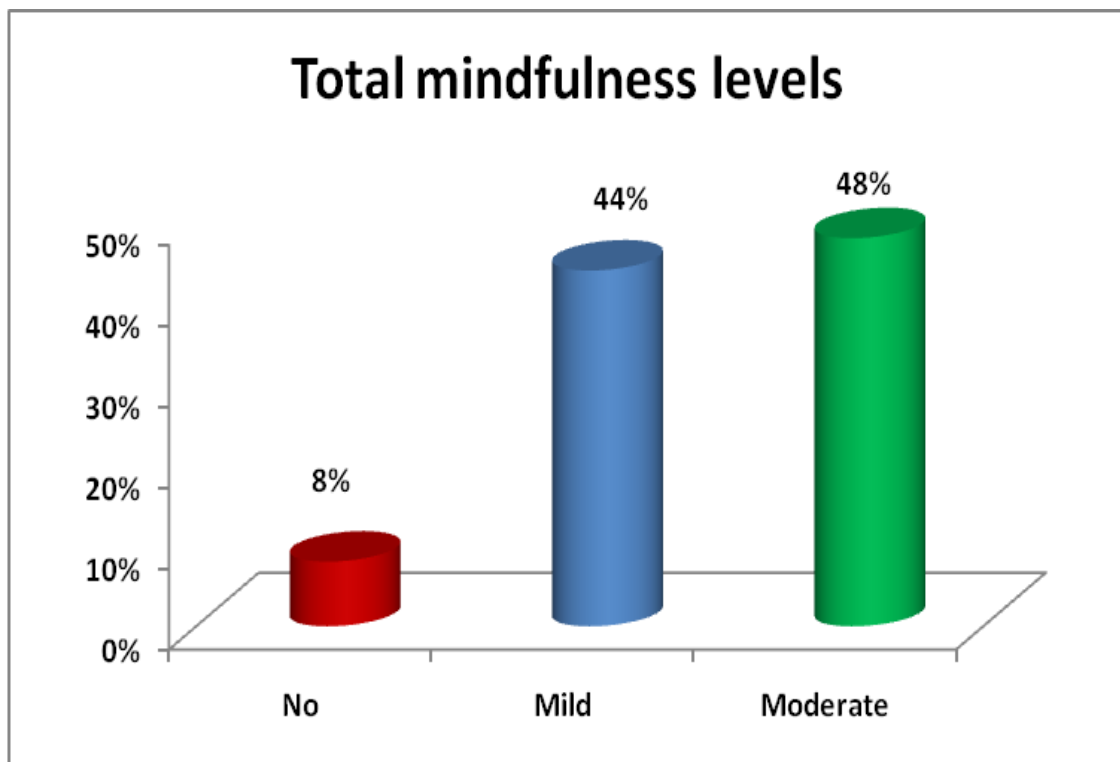


Figure 2. Distribution of mindfulness levels among study subjects (N =100)

Table (2): Relationship between parental stress levels and socio demographic characters of the studied group (N =100):

Socio demographic characters		Total stress levels						Test of sig.	P value
		Mild (N=27)		Moderate (N=67)		High (N=6)			
		No.	%	No.	%	No.	%		
Age of child / years	Mean ±SD Range	7.59±1.27 6-11		8.07±1.84 5 - 12		9.33±1.50 7 -11		F= 2.69	0.073 (NS)
Gender	Male Female	9 18	33.3 66.7	47 20	70.1 29.9	6 0	100 0.00	X2= 14.9	0.001 (HS)
Number of sibling	Non One Two Three	0 11 12 4	0.00 40.7 44.4 14.8	2 5 39 21	3.00 7.50 58.2 31.3	3 2 0 1	50.0 33.3 0.00 16.7	X2= 45.1	0.001 (HS)
Birth order	1 st 2 nd 3 rd	14 11 2	51.9 40.7 7.40	42 17 8	62.7 25.4 11.9	3 3 0	50.0 50.0 0.00	X2= 3.71	0.446 (NS)
School type	Governmental Private	26 1	90.3 3.70	49 18	73.1 26.9	3 3	50.0 50.0	X2= 5.52	0.063 (NS)
Father age/ years	Mean ±SD Range	40.7±5.76 29 - 47		39.5±6.62 29 - 56		50.3±9.83 32 -56		F= 7.31	0.001 (HS)
Father education	Illiterate Read& write Secondary University	0 1 15 11	0.00 3.70 55.6 70.4	2 24 32 9	3.00 35.8 47.8 13.4	0 0 3 3	0.00 0.00 50.0 50.0	X2= 19.0	0.004 (HS)
Father job	Work Not work Die	27 0 0	100 0.00 0.00	60 5 2	89.6 7.50 3.00	5 0 1	83.3 0.00 16.7	X2= 7.28	0.121 (NS)
Mother age/ years	Mean ±SD Range	35.8±5.43 24 - 45		34.9±6.41 24 - 50		40.1±8.21 25 - 50		F= 1.93	0.150 (NS)
Mother education	Illiterate Read& write Secondary University	0 5 10 12	0.00 18.5 37.0 44.4	5 17 32 13	7.50 25.4 47.8 19.4	0 1 2 3	0.00 16.7 33.3 50.0	X2= 9.04	0.171 (NS)
Mother job	Work Not work	11 16	40.7 59.3	20 47	29.9 70.1	3 3	50.0 50.0	X2= 1.74	0.418 (NS)
Residence	Urban Rural	15 12	55.6 44.4	18 49	26.9 73.1	5 1	83.3 16.7	X2= 1.53	0.465 (NS)
Family income	Enough Not enough	21 6	77.8 22.2	22 45	32.8 67.2	0 6	0.00 100	X2= 20.6	0.001 (HS)

F: ANOVA test S: significant HS: High significant

Table (3): Relationship between total mindfulness levels and socio demographic characters of the studied group (N =100):

Socio demographic characters		Total mindfulness levels						Test of sig.	P value
		No (N=8)		Mild (N=44)		Moderate (N=48)			
		No.	%	No.	%	No.	%		
Age of child / years	Mean ±SD Range	7.88±2.41 6-12		8.43±1.75 5 - 12		7.67±1.50 5 -11		F= 2.35	0.100 (NS)
Gender	Male	6	75.0	32	72.7	24	50.0	X2= 5.65	0.059 (NS)
	Female	2	25.0	12	27.3	24	50.0		
Number of sibling	Non	1	12.5	3	6.80	1	2.10	X2= 8.43	0.208 (NS)
	One	2	25.0	5	11.4	11	22.9		
	Two	3	37.5	20	45.5	28	58.3		
	Three	2	25.0	16	36.4	8	16.7		
Birth order	1 st	4	50.0	27	61.4	28	58.3	X2= 8.98	0.061 (NS)
	2 nd	3	37.5	9	20.5	19	39.6		
	3 rd	1	12.5	8	18.1	1	2.10		
School type	Governmental	8	100	30	68.2	40	83.3	X2= 5.52	0.063 (NS)
	Private	0	0.00	14	31.8	8	16.7		
Father age/ years	Mean ±SD Range	40.7±8.19 30 - 56		41.1±7.75 29 - 56		39.9±6.17 29 -52		F= 0.371	0.691 (NS)
Father education	Illiterate	0	0.00	1	2.30	1	2.10	X2= 2.53	0.739 (NS)
	Read& write	2	25.0	12	27.3	11	22.9		
	Secondary	6	75.0	20	45.5	24	50.0		
	University	0	0.00	11	25.0	12	25.0		
Father job	Work	8	100	40	90.9	44	91.7	X2= 1.35	0.852 (NS)
	Not work	0	0.00	2	4.50	3	6.30		
	Die	0	0.00	2	4.50	1	2.10		
Mother age/ years	Mean ±SD Range	35.8±7.43 25 - 50		36.7±7.05 24 - 50		34.4±5.29 24 - 45		F= 1.58	0.210 (NS)
Mother education	Illiterate	1	12.5	3	6.80	1	2.10	X2= 4.29	0.636 (NS)
	Read& write	1	12.5	9	20.5	13	27.1		
	Secondary	5	62.5	19	43.2	20	41.7		
	University	1	12.5	13	29.5	14	29.2		
Mother job	Work	1	12.5	16	36.4	17	35.4	X2= 1.80	0.406 (NS)
	Not work	7	87.5	28	63.6	31	64.6		
Residence	Urban	2	25.0	15	34.1	21	43.8	X2= 1.53	0.465 (NS)
	Rural	6	75.0	29	65.9	27	56.2		
Family income	Enough	2	25.0	14	31.8	27	56.3	X2= 6.74	0.034 (S)
	Not enough	6	75.0	30	68.2	21	43.8		

S: significant

Table (4): Pearson correlation between total parenting stress mean score and mindfulness mean score of study subjects (N =100)

Studied variable	Total parenting stress	
	R	P value
Total parental mindfulness	-0.451	0.001 (HS)

4. DISCUSSION

“ADHD often has significant negative impact on both children and parents. Mindful parenting allows parents to perceive their children with unbiased and open attention without prejudgment, allowing for more sensitive and responsive reactions to their children’s needs and behavior, instead of reacting automatically [19]. Therefore, this study is intended to assess the relationship between Mindfulness and Parenting Stress among Parents with Children having Attention Deficit Hyperactivity Disorder”

The results of the present study revealed that the mean age of the children were (8.02 ± 1.72) and more than two-thirds of them were males and first birth order. This could be due to that diagnosis of ADHD was more common among male than female, first birth child has a special position in some families, over protection and spoiling, that may increase the risk factors for ADHD and the symptoms of ADHD. This result was in harmony with [20], who conducted a research about "Parents' Adjustment for Caring of Attention Deficit Hyperactivity Disorders Children and found that more than half of his studied children were 1st birth order, while 20% middle and 23.3% were the last birth order. Besides, [21] who studied "Study of Psychiatric Comorbidities in A sample of ADHD Children in Pediatric Psychiatric Clinics of El- Dakahlia Hospital of Mental Health" they reflected that more than two-thirds of the studied subjects were males and their mean age were (8.52 ± 1.35) . Also, [22] Who conducted a research about "Mindful Parenting Training in Child Psychiatric Settings: Heightened Parental Mindfulness Reduces Parents' and Children's Psychopathology" revealed that the mean age of studied children were (8.7).

The present study revealed that the mean age of father & mother were $(40.5 \pm 7.02, 35.0 \pm 5.80)$ respectively and nearly half of them had secondary educational level and had two sibling. This was congruent with [22]. Who studied "Mindful Parenting Training in Child Psychiatric Settings: Heightened Parental Mindfulness Reduces Parents' and Children's Psychopathology" and reflected that mean age of parents was 42 years old. Also, [23] who studied "Parental Stress of Parents with Children with Disabilities-Correlation between Stress and other Variables in Croatian Context," revealed that about half of the parents had two children. Moreover, [24], who conducted a research about "Mindfulness Based Intervention Program For Mothers Of Children With Attention Deficit Hyperactivity Disorder" illustrated that forty percentage of mothers had intermediate education.

Regarding occupation; the current study showed that the majority of the fathers were working while more than two third of the mothers were homemaker. This may be due to more than two thirds of the studied sample were from rural residence in addition nearly two third had enough income. In rural area the fathers are prefer to be responsible about meeting economical needs of their families, and his wife responsible about caring of their children. This was in the same line with [20] who reflected that majority of the mothers in his studied sample were not working. While contradicted with, [25]. Who studied "Distress among parents of attention-deficit/hyperactivity-disorder children: relationship with children's symptom severity and behavioral disturbances". They showed that nearly two third of his studied sample were living in urban area. While [26], who studied "Relationship between Parent Stress, Psychological Well-Being and Coping Strategies among Parents with Down Syndrome Children", they founded that nearly two-thirds living in urban area while more than one third living in Rural.

The present study shows that nearly two third of the studied parents had enough income. This results was contradicted with, [27] who conducted a research about "Parenting stress and perceived family functioning of Chinese parents in Hong Kong: Implications for social work practice", and found that the high income group constituted 38.2%; the medium income group 43.6%; and the low income group 14.2%.

Concerning the severity of parenting stress, the present study showed that more than two third of the studied subjects had moderate stress. This could be due to the nature of ADHD itself, or could be due to lack of knowledge regarding how to cope and manage their children problems and high burden of care. [9] supported this result, they conducted a research about "Mindfulness and Parenting: A Correlational Study of Non-meditating Mothers of Preschool Children", their study revealed that out of 62 mothers 21.3 % were within low levels of stress, and 27.9 % were within high levels of stress

Concerning relationship between parenting stress and socio demographic characteristics, the present study revealed that there was statistically significant relation between parent education, number of siblings, family income and parenting stress, in which less educated mothers with lower income had higher level of stress. This could be due to low educated

parent would use maladaptive coping strategies which in turn lead to increasing level of stress. In addition, low income affect negatively on the parent's psychological status, on the way they deal with their children and ability to meet their needs. This result was supported by [23], who conducted a research about " Parental Stress of Parents with Children with Disabilities –Correlation between stress and other variables in Croatian context " who reflected that higher level of stress correlates to gender, education level, marital status, number of children and income of parents with children with disabilities. Also, [28] who studied "The relationship between parenting stress and perceived children's social problem behavior among chinese working mothers". they showed that there was a significant relationship between numbers of children and parenting stress ($r = .333$, $p < .01$). Besides, [29]. They studied " Parental stress in mothers of children and adolescents with cerebral palsy ". They revealed that low income, lack of paid work, and low social participation have been associated with increased stress and poorer psychological health in the parents. Moreover, the current study consistent with [30]. Who conducted a research about "Exploring factors of stress level in parents of children with autistic spectrum disorder. " they illustrated that there was statistically significant relation between parent education and parenting stress, ANOVA test found significant effect of parental education level on the stress level ($p=0.005$).

In the present study, there was a statistically significant relationship between gender of child and parenting stress in pretest; the high percentage of moderate and severe levels of parenting stress were among parents who had male children. This might be due to the higher rates of externalizing behavior problems among boys compared to girls. It may be due to high hyperactivity and differences in interactions among boys, which elicit stress that is more parental. This result was congruent with [31] who conducted a research about " Relationships between maternal parenting stress and reports on children's internalizing and externalizing problems: a cross-lagged structural equation model " they revealed that mothers of boys report higher levels of parenting stress than mothers of girls.

In addition, the existing study showed that there was highly statistically significant relation between age of parents and parenting stress. This might be due to by increasing the age the physical and coping abilities decrease. The current study inconsistent with [30] who conducted a research about "Exploring factors of stress level in parents of children with autistic spectrum disorder. " who showed that there were no statistically significant differences in the level of stress in relation to parental sex, parental age, the child 'age .

Concerning the severity of mindfulness level, the present study showed that (out of 100 parents), nearly to half of the studied subjects have moderate level of mindfulness, more than two third have mild mindfulness. This may be due to demands of parenting and child behavioral problems which effect negatively on the parent's psychological status, on the way they deal with their children and ability to meet their needs.

In the present study, there was no statistically significant relation between mindfulness and socio-demographic characteristics of the studied subject except family income. There was highly statistically significant relation between mindfulness and family income, this could be due to employment and therefore increases of income of parents have positive influence on parents self-confidence in meeting needs of their children, demands and stresses of parenting. As a result, this allows for more enduring satisfaction, enjoyment in the parent-child relationship and more mindfulness in parenting. This was consistent with [32] who conducted a research about " Is Mindful Parenting Associated with Adolescents' Well-being in Early and Middle/Late Adolescence? The Mediating Role of Adolescents' Attachment Representations, Self-Compassion and Mindfulness ", they revealed that no significant age and gender differences were found in mindful parenting. Also ,number of children, and area of residence were not significantly correlated with mindfulness .While this result was contradicted with [33] who conducted a research about " Benefits of mindfulness for parenting in mothers of preschoolers in Chile ". He showed that no statistically significant relation between mindfulness and income. This finding may be due to culture differences.

The current study displayed that there was highly statistically significant negative correlation between total stress level and mindfulness, this could be due to when one is being mindful there is an increase in attunement and a parent is better able to focus on their child. By focusing more on their children, parents are able to strengthen their relationship and increase positive communication. Also, through mindful parenting, parents may be able to increase positive relationships between themselves and their children, which may lead to a better sense of well-being and decrease stress level. This result was in the same line with [9] who conducted a research about " Mindfulness and Parenting: A Correlational Study of Non meditating Mothers of Preschool Children " they revealed that there was a significant negative correlation between

mindful parenting (IM-P total score) and parental stress. In addition, this was consistent with [15] who conducted a research about " Mindfulness Based Stress Reduction for Parents and Caregivers of Individuals with Developmental Disabilities: A Community-Based Approach " and revealed that there was a significant negative correlation between mindful parenting and parental stress. Moreover ,this result consistent with [34] who studied "The Relationship Between Mindful Parenting and Distress in Parents of Children with an Autism Spectrum Disorder" they revealed that significant negative correlations emerged between overall mindful parenting and both depressive symptoms and parental stress

5. CONCLUSION

It was concluded that: all the studied subject had stress, more than two third of them have moderate stress (67%), nearly one third of studied subjects (27%) have mild stress and (6%) have high stress level. Nearly to half of the studied subjects (48%) have moderate level of mindfulness. There was highly statistically significant negative correlation between total stress level and mindfulness among Parents with Children having Attention Deficit Hyperactivity Disorder.

6. RECOMMENDATION

- (1) Psychoeducational program and mindful parenting training should be given to all parents of children with ADHD to decrease their stress level and enhance their psychological wellbeing
- (2) Increasing public awareness about parenting stress, attention deficit hyperactivity disorder and the multiple consequences of having ADHD children
- (3) Replication of the study using a larger sample in different correctional settings for further confirmation and generalizability of the results

REFERENCES

- [1] Lo, H., Wong, S., Wong, J., Wong, S., & Yeung, J. , (2016). The effect of a family-based mindfulness intervention on children with attention deficit and hyperactivity symptoms and their parents: design and rationale for a randomized, controlled clinical trial (Study protocol). *BMC psychiatry*, 16(1), 65.
- [2] Khanduri, V. (2017). Effectiveness of Educating Parents of Children with Attention Deficit Hyperactivity Disorder (ADHD) on Children's Behavioral Issues and the Stress Experienced by Parents: An Integrative Review.
- [3] Wiener, J., Biondic, D., Grimbos, T., & Herbert, M. (2016). Parenting stress of parents of adolescents with attention-deficit hyperactivity disorder. *Journal of abnormal child psychology*, 44(3), 561-574
- [4] Caci, H., Doepfner, M., Asherson, P., Donfrancesco, R., Faraone, S. V., Hervas, A., & Fitzgerald, M. (2014). Daily life impairments associated with self-reported childhood/adolescent attention-deficit/hyperactivity disorder and experiences of diagnosis and treatment: Results from the European Lifetime Impairment Survey. *European Psychiatry*, 29(5), 316-323.
- [5] Van de Weijer-Bergsma, E., Formsa, A., de Bruin, E., & Bögels, S. (2012). The effectiveness of mindfulness training on behavioral problems and attentional functioning in adolescents with ADHD. *Journal of child and family studies*, 21(5), 775-787.
- [6] University of Minnesota Extension. (2015). Parents and stress: Understanding experiences, context, and responses. *Children's Mental Health Review*. Retrieved from <http://www.extension.umn.edu/family/cyfc/ourprograms/ereview/docs/parental-stress-2015.pdf>
- [7] Kvist, A., Nielsen, H., & Simonsen, M. (2013). The importance of children's ADHD for parents' relationship stability and labor supply. *Social Science & Medicine*, 88, 30-38
- [8] Forehand, R., Jones, D. J., & Parent, J. (2013). Behavioral parenting interventions for child disruptive behaviors and anxiety: What's different and what's the same. *Clinical Psychology Review*, 33(1), 133-145.
- [9] Corthorn, C., & Milicic, N. (2016). Mindfulness and parenting: a correlational study of non-meditating mothers of preschool children. *Journal of Child and Family Studies*, 25(5), 1672-1683.

International Journal of Novel Research in Healthcare and Nursing

 Vol. 7, Issue 2, pp: (293-305), Month: May - August 2020, Available at: www.noveltyjournals.com

- [10] Suresh -Prabu,P.(2015). Social Phobia among Arts and Science College Students. *International Journal of English Language, Literature and Humanities*,12(3) 121-135.
- [11] Ryan, K. (2013). The Role of Mental Health Nurses. Retrieved from <https://www.myhealthcareer.com>
- [12] EL-Gendy, S., El-Bitar, E., El-Awady, M., Bayomy, H., & Agwa, E, (2017). Attention-Deficit/Hyperactivity Disorder: Prevalence and risk factors in Egyptian primary School Children. *Egyptian Journal of Community Medicine*, 35(1).
- [13] Farahat, T., Alkot, M., Rajab, A., & Anbar, R. (2014). Attention-deficit hyperactive disorder among primary school children in Menoufia governorate, Egypt. *International journal of family medicine*, 2014
- [14] Musa, R., & Shafiee, Z. (2007). Depressive, anxiety and stress levels among mothers of ADHD children and their relationships to ADHD symptoms. *AJP*, 8, 20-28.
- [15] Bazzano, A., Wolfe, C., Zylowska, L., Wang, S., Schuster, E., Barrett, C., & Lehrer, D. (2015). Mindfulness based stress reduction (MBSR) for parents and caregivers of individuals with developmental disabilities: a community-based approach. *Journal of Child and Family Studies*, 24(2), 298-308.
- [16] Wang, W. (2016). social support and parental stress among parents of young children with autism spectrum disorder: an international comparison of United States and China (Doctoral dissertation, University of Pittsburgh).
- [17] Abidin, R. (1995). Parenting Stress Index, Third Edition: Professional Manual. Odessa, FL: Psychological Assessment Resources
- [18] Duncan, L., (2007). Assessment of mindful parenting among parents of early adolescents: Development and validation of the Interpersonal Mindfulness in Parenting scale. The Pennsylvania State University
- [19] Chan, S., Zhang, D., Bogels, S., Chan, C., Lai, K., Lo., & Wong, S. (2018). Effects of a mindfulness-based intervention (MYmind) for children with ADHD and their parents: protocol for a randomized controlled trial. *BMJ open*, 8(11).
- [20] Nagar, S., El shahat Hamed, W., & Nagar, M. (2017). Parents' Adjustment for Caring of Attention Deficit Hyperactivity Disorders Children. *American Journal of Nursing*, 5(4), 139-147.
- [21] Abd El-Gwad ,O., El Hamrawy,L., El Sayed,S., and Sultan,M. (2016) Study of Psychiatric Comorbidities in A sample of ADHD Children in Pediatric Psychiatric Clinics of El- Dakahlia Hospital of Mental Health. Un published Master dissertation , Faculty of Medicine, Menoufia University
- [22] Meppelink, R., de Bruin, E., Wanders-Mulder, F. , Vennik, C. & Bögels, S. (2016). Mindful parenting training in child psychiatric settings: heightened parental mindfulness reduces parents' and children's psychopathology. *Mindfulness*, 7(3), 680-689.
- [23] Lisak, N. (2018, January). Parental Stress of Parents with Children with Disabilities-Correlation between Stress and other Variables in Croatian Context. In *5th International Conference" Transformation towards sustainable and resilient society for persons with disabilities"*.
- [24] Abou-Abdou ,S., Soltan ,M., Ali ,S., &Abed Elmenem,H.(2018) .Mindfulness Based Intervention Program For Mothers Of Children With Attention Deficit Hyperactivity Disorder..*OSR Journal of Nursing and Health Science (IOSR-JNHS)* , vol. 7, no.5 , 2018, pp. 39-49.
- [25] Abdelhameed, M., Hassan, M., & Abdel-Fadeel, N. (2017). Distress among parents of attention-deficit/hyperactivity-disorder children: relationship with children's symptom severity and behavioral disturbances. *Egyptian Journal of Psychiatry*, 38(1), 49.
- [26] Barakat,M.,and Mohamed,R. (2019). " Relationship between Parent Stress, Psychological Well-Being and Coping Strategies among Parents with Down Syndrome Children " .*IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 8, no.06 , 2019, pp. 57-74.

- [27] Ma, J. , Wong, T., Lau, Y., & Lai, L. (2011). Parenting stress and perceived family functioning of Chinese parents in Hong Kong: Implications for social work practice. *Asian Social Work and Policy Review*, 5(3), 160-180
- [28] Jiun, C., Jaafar, W., & Ghazali, N. (2016). The relationship between parenting stress and perceived children's social problem behavior among chinese working mothers. *International Journal of Social Science and Humanity*, 6(3), 157.
- [29] Ribeiro, M., Sousa, A.,Vandenbergh, L., & Porto, C. (2014). Parental stress in mothers of children and adolescents with cerebral palsy. *Revista latino-americana de enfermagem*, 22(3), 440-447.
- [30] Stanojevic, N., Nenadovic, V., Fatic, S., & Stokic, M. (2017). Exploring factors of stress level in parents of children with autistic spectrum disorder. *Specijalna edukacija i rehabilitacija*, 16(4), 445-463.
- [31] Vierhaus, M., Lohaus, A., Schmitz, A., & Schoppmeier, M. (2013). Relationships between maternal parenting stress and reports on children's internalizing and externalizing problems: A cross-lagged structural equation model. *Journal of Educational and Developmental Psychology*, 3(1), 39.
- [32] Moreira, H., Gouveia, M., & Canavarro, M. (2018). Is mindful parenting associated with adolescents' well-being in early and middle/late adolescence? The mediating role of adolescents' attachment representations, self-compassion and mindfulness. *Journal of Youth and Adolescence*, 47(8), 1771-1788.
- [33] Corthorn, C. (2018). Benefits of mindfulness for parenting in mothers of preschoolers in Chile. *Frontiers in psychology*, 9, 1443.
- [34] Beer, M., Ward, L., & Moar, K. (2013). The relationship between mindful parenting and distress in parents of children with an autism spectrum disorder. *Mindfulness*, 4(2), 102-112.