



Relationship of Spiritual Well-being, Social Health, and Parent-Child Interaction with Health-Related Quality of Life in Parents of Children with Specific Learning Disorders

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Abstract

Background: Health encompasses physical, mental, emotional, intellectual, spiritual, and social dimensions. Parents' spiritual well-being can affect their social health and, therefore, their health-related quality of life (HRQOL).

Objectives: In this study, we investigated the relationship between spiritual well-being, social health, parent-child interaction, and HRQOL in parents of children with specific learning disorders.

Methods: This study investigated the relationship between spiritual well-being, social health, and the statistical population in this descriptive-correlational study comprised all parents of children with certain learning disorders in Andimeshk, Iran, in 2020. Through convenience sampling, 174 parents were selected as the sample. The study used instruments, including the Health-related Quality of Life Questionnaire, the Spiritual Well-being Questionnaire, Keyes's Social Wellbeing Questionnaire (KSWBQ), and the Pianta Child-Parent Relationship Scale (CPRS). Statistical analysis of the data was conducted using Pearson correlation coefficients and simultaneous regression models.

Results: There was a significant positive relationship between HRQOL and spiritual well-being, social health, and parent-child interaction ($P < 0.001$). In addition, the regression analysis demonstrated multiple correlations between HRQOL and spiritual well-being, social health, and parent-child interaction ($R = 0.48, P < 0.001$).

Conclusions: The study found that spiritual well-being, social health, and parent-child interactions were essential in the HRQOL of parents of children with specific learning disabilities.

Keywords: Learning Disabilities, Health, Quality of Life, Parent-Child Relations

1. Background

As a result of the need to identify and assist students who persistently experience academic failures but do not fit within the age groups of exceptional children (1), the term "specific learning disorders" was coined. As a result of impairments in one or several areas of comprehension, such students may have difficulty understanding or using spoken or written language (2, 3). About 5 - 15% of children suffer from a specific learning disorder, with boys being more likely to suffer from such disorders than girls (4). Specific learning disorders in all functional areas, such as reading (dyslexia), writing (dysgraphia), and mathematics (dyscalculia), affect approximately 5 - 15% of school-age children in different cultures (5).

While students with specific learning disorders are generally intelligent, they fail or find it challenging to

achieve optimal academic progress or, in some cases, drop out of school. Additionally, it can result in social, cultural, economic, and emotional-psychological damage to them and the entire society (6), affect the performance and relationships of family members, change their daily lives, and often cause irreparable harm to them and their families. In some cases, the consequences of these damages can adversely affect parents' health-related quality of life (HRQOL) (7). The health-related quality of life (HRQOL) can be used to predict the effects of diseases, damages, and infirmities, as well as to assess mental health (8). An individual's HRQOL is determined by various factors, including their physical health, mental health, level of independence, social relationships, personal beliefs, and relationship with their environment (9, 10). Parent-child interaction is another factor that affects the HRQOL of parents of

children with specific learning disabilities. Research has shown that parent-child interactions can profoundly affect the relationship between parents and children, such as increasing parental understanding and acceptance of the child (11).

Having a child with a disability, particularly a learning disorder can profoundly impact all aspects of family life, including emotional, social, and economic factors. It is common for parents to deal with these situations by denying reality, refusing to accept their child's disability, expressing anger, aggression, depression, and feeling guilty (12). The result is that they may experience disruptions in their internal adjustment and may feel more responsible for their child without adequate knowledge about their responsibilities, the causes of their child's disability, methods of mother-child interaction, and characteristics of children with disabilities (13). Therefore, it is necessary to identify the factors that affect the HRQOL of parents of children with disabilities.

There is an association between the spiritual well-being of parents and their ability to tolerate stress and pressure associated with having a child with a specific learning disorder (14). It has been shown that the correct spiritual beliefs not only fulfill many basic needs of humans but also fill their moral and emotional voids (15). There are two components of spiritual well-being, which are spiritual well-being and existential well-being (16). An individual's spiritual well-being refers to their relationship with a higher power, i.e., God. In contrast, their existential well-being refers to their sense of who they are, what they do, why they do it, and where they belong. There is a sense of transcendence associated with both religious well-being and existential well-being. The relationship between spiritual well-being and health-related quality of life has been demonstrated in numerous studies.

Thus, the spiritual well-being of parents may affect their social health and, consequently, their HRQOL (17). Individuals' social health can be defined as their ability to form healthy and rewarding interpersonal relationships, adjust to social situations, and fulfill their social roles effectively and efficiently without harming others. Social health is a measure of a person's personal and occupational status in society. Several studies have established a relationship between social health and health-related quality of life (18, 19).

Researchers have found that parents of children with particular learning disorders have experienced many negative consequences and psychological problems after discovering their child's disability (20). The vital role that parents play in maintaining the psychosocial balance of the family, as well as the various problems and difficulties that parents of children with special learning disorders face,

suggests the need to plan to reduce their challenges and difficulties.

2. Objectives

Based on the abovementioned issues, the present study examined the relationship between spiritual well-being, social health, and parent-child interaction with health-related quality of life among parents of children with specific learning disabilities.

3. Methods

As part of this correlational-descriptive study, the statistical population consisted of all parents of children with special learning disorders in Andimeshk, Iran, during the year 2020. After obtaining permission from the officials of the specialized training centers for children with learning disorders in Andimeshk, the research questionnaires were distributed to 186 parents (93 mothers and 93 fathers) who were willing to participate in this study. Through convenience sampling, 174 parents (87 mothers and 87 fathers) were selected after excluding the incompletely filled out questionnaires. Inclusion criteria included the willingness to participate in the study, having children with specific learning disabilities, being in the 27-48-year-old age range, obtaining at least a junior high school diploma, and not being affected by mental illness. Incomplete questionnaires and unwillingness to participate in the study were the exclusion criteria.

3.1. Measurement Tools

3.1.1. Health-related Quality of Life Questionnaire

Developed by Webber in 1992, this questionnaire consists of 36 items in eight subscales: Physical function, limitations of role-playing due to physical health status, limitations of role-playing due to emotional problems, energy and vitality, emotional health and social position, pain, and general health. Scores range between 0 and 100, with a score under 45, 45 - 60, 60 - 75, and over 75 indicating very poor, poor, good, and very good HRQOL, respectively. According to Fallahzade et al. (21), the questionnaire has an alpha Cronbach coefficient of 0.86. The Persian version of the questionnaire was found to be valid (21). Cronbach's alpha coefficient for the questionnaire was 0.83 in this study.

3.1.2. Spiritual Well-being Questionnaire

Paloutzian and Ellison developed this 20-item scale in 1982 to measure spiritual well-being in two subscales: Spiritual well-being, which indicates one's relationship with a superior power (God), and existential well-being, which is

a psychosocial element referring to one's sense of who they are, what they do and why they do it, and where they belong to. A Likert scale is used to score the items, with six being "strongly agree" and one being "strongly disagree." Items that are negative (1, 2, 5, 6, 9, 12, 13, 16, and 18) are scored inversely. According to Pourseyyed Mohammad et al. (22), the questionnaire had an alpha Cronbach coefficient of 0.83. As Biglari Abhari et al. (23) reported, the Persian version of the spiritual well-being questionnaire has good repeatability and validity for measuring spiritual health in the Iranian population. Cronbach's alpha was 0.81 in this study.

3.1.3. Keyes's Social Wellbeing Questionnaire

Developed by Keyes in 1998, this 15-item questionnaire measures social health in five dimensions: Social cohesion, social acceptance, social participation, social prosperity, and social adaptation. A Likert scale is used to score the items (very high: 4, high: 3, low: 2, and very low: 1). Following the total score on the questionnaire, respondents are categorized into three categories: Low, moderate, or high. A Cronbach's alpha of 0.90 was reported by Sharbatian (24) for the questionnaire. Keyes's Social Wellbeing Questionnaire (KSWBQ)'s Persian version was confirmed to be valid by the authors (23). Cronbach's alpha coefficient for the questionnaire was 0.87 in this study.

3.1.4. Pianta Child-Parent Relationship Scale

In this study, parents' perceptions of their relationship with their children were assessed using the 32-item Pianta Child-Parent Relationship Scale (CPRS). The scale is composed of three components: Closeness (9 items), dependence (6 items), and conflict (18 items). The items are rated on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). According to this scale, the total score is calculated by adding the scores of closeness, dependence, and conflict (reversed). Fereydooni et al. (25) reported that the scale has a Cronbach's alpha of 0.87. According to Nazari et al. (26), the Persian version of the CPRS is reliable. This scale has a Cronbach's alpha coefficient of 0.85.

3.2. Statistical Analyses

In SPSS 25, descriptive statistics (mean and standard deviation) and inferential statistics (Pearson correlation coefficient and simultaneous regression) were used to analyze the data.

4. Results

In terms of demographics, 17.24% of the parents were between the ages of 27 and 31, 57.89% were between the

ages of 32 and 39, and 26.86% were between the ages of 40 and 48. Table 1 presents the demographic characteristics of the participants. In Table 2, we present the mean, standard deviation, skewness, and kurtosis of the research variables, descriptive statistics related to the independent and dependent variables, and the results of the normal distribution test. The skewness ranged between -2 and +2, and the kurtosis score was smaller than +3, confirming the normal distribution of the data and allowing parametric testing to be conducted.

Table 1. Demographic Variables of the Participants

Variables	No. (%)
Age (y)	
27 - 31	30 (17.24)
32 - 39	99 (57.89)
40 - 48	45 (25.86)
Education	
Middle school	85 (48.85)
High school	59 (33.90)
College education	30 (17.24)
Children's learning disorder type	
Dyslexia	80 (45.97)
Dysgraphia	71 (40.80)
Dyscalculia	23 (13.21)

Table 2. Mean \pm SD, Skewness, and Kurtosis of the Research Variables

Variables	Mean \pm SD	Skewness	Kurtosis
HRQOL	47.00 \pm 27.05	0.11	-1.51
Spiritual well-being	76.79 \pm 29.89	-0.16	-1.66
Social health	41.64 \pm 14.08	0.55	-1.49
Parent-child interaction	85.94 \pm 31.88	0.69	-1.01

Table 3 shows the matrix of zero-order correlation between the research variables. As shown in Table 3, HRQOL had a significant and positive relationship with spiritual well-being, social health, and parent-child interaction.

The simultaneous regression analysis was also employed to identify the most influential predictor of HRQOL among these three variables. A regression model was constructed using spiritual well-being, social health, and parent-child interaction as predictor variables and HRQOL as the criterion variable (Table 4). HRQOL was significantly correlated with spiritual well-being, social health, and parent-child interaction ($R = 0.48, P < 0.001$). Furthermore, HRQOL was significantly related to social health ($\beta = 0.28, P < 0.001$) and parent-child interaction ($\beta = 0.30, P <$

Table 3. Pearson Correlation Coefficients Among the Research Variables^a

Variables	1	2	3	4
1. HRQOL	1			
2. Spiritual well-being	0.31**	1		
3. Social health	0.35**	0.29**	1	
4. Parent-child interaction	0.39**	0.41**	0.37**	1

^a ** P < 0.001

0.001). Despite this, no significant relationship was found between spiritual well-being and HRQOL (Table 4).

Table 4. Results of Simultaneous Regression Analysis

Predictor Variables	R	R ²	F	P-Value	B	β	P-Value
Spiritual well-being	0.48	0.22	17.38	0.001	0.05	0.06	0.53
Social health					0.54	0.28	0.001
Parent-child interaction					0.25	0.30	0.001
HRQOL					-1.27	-	0.857

5. Discussion and Conclusions

In this study, we examined the relationship between spiritual well-being, social health, parent-child interaction, and health-related quality of life among parents of children with specific learning disabilities. Researchers found that spiritual well-being, social health, and parent-child interaction significantly influence HRQOL among parents of children with specific learning disabilities. These three variables predicted 22% of the variance of HRQOL in mothers. In the first study, a significant and positive relationship was found between spiritual well-being and HRQOL among parents of children with specific learning disabilities. The results of this study are consistent with those reported in previous studies (27, 28). Based on this finding, it can be argued that spiritual well-being can play a significant role in people's quality of life since religious beliefs and practices assist individuals with overcoming problems and stress cognitively, emotionally, and physiologically. Additionally, they can assist individuals in taking responsibility for their thoughts and actions during conflicts and tensions and trying to change them (29). A parent's spiritual well-being encourages them to appeal to God to resolve their problems more calmly in the face of conflicts and sufferings, such as specific learning disorders of their child (27). It is important to note that spiritual well-being allows individuals to communicate with God more

effectively and allows parents to control their surrounding environment and communicate with others more effectively.

Additionally, parents of children with specific learning disorders reported a significant positive relationship between social health and HRQOL; as the parents' social health improves, their HRQOL increases. The results of this study are consistent with those of previous studies (30). The finding can be explained by stating that social health refers to one's ability to respond to both environmental and interpersonal demands appropriately. Parenting children with specific learning disorders can be stressful, especially for mothers. Parents' most important problems are difficulty accepting their child's disability, fatigue due to the extra energy needed to educate the child, leisure time issues, financial problems, and medical expenses. A high level of parental stress is associated with poor family functioning, poor HRQOL, and a lack of correlation and cohesion in communication. On the other hand, stress can be managed through problem-focused coping strategies, optimal family functioning, and a sense of purpose. The items mentioned above may harm parent-child interactions as well as the quality of life of the entire family (30).

Family cohesion, coping strategies, parental self-efficacy generalization, and a sense of meaning in life can all affect parent-child interactions and HRQOL in families of children with specific learning disorders. It is possible to improve the quality of life and social health of parents by increasing their awareness of their negative emotions, such as anxiety and stress. In addition, parents of children with specific learning disorders can benefit from improved focus and attention skills in order to maintain a calm state and avoid stress and its consequences. A significant and positive relationship was also demonstrated between parent-child interaction and HRQOL among parents of children with specific learning disorders. It was not possible to find a similar study to compare the results. It can be stated that parent-child interaction can play a major role in HRQOL as, generally, the family is the primary social institution that can maintain or improve the health status of individuals and societies. Parent-child interaction is one of the most important factors influencing children's psychological and social development. Inefficient parenting styles and inappropriate parent-child interaction can cause children communication problems and predispose them to other challenges such as academic failure, anxiety, behavioral issues, and psychological damage (17).

Parent-child interaction is the interaction between parents and their children, which encompasses a variety of behaviors, emotions, and expectations, including quality time, physical affection, and verbal communication. As a result, effective and appropriate parent-child interactions

improve the quality of life for parents.

Significant correlations were found between HRQOL and spiritual well-being, social health, and parent-child interaction in the present study. There was a significant relationship between HRQOL and social health as well as parent-child interaction. HRQOL and spiritual well-being did not have a significant relationship. In the regression model, since the predictive share of "HRQOL" was divided between the predictor variables, there was no significant relationship between spiritual well-being and HRQOL.

Moreover, since a significant portion of the changes produced by spiritual well-being overlaps with those of social health and parent-child interaction, spiritual well-being lost its correlation when all three variables were included in the model at the same time.

Specific learning disorders are among the most common mental disorders affecting children, their families, and society at large. The presence of children with specific learning disorders in a family can cause problems for parents in many ways. Parents' relationships are affected by this situation, and their health-related quality of life is reduced as a result. However, it is important to note that some factors, such as spiritual well-being, social health, and parent-child interaction, can be beneficial to the parents' HRQOL.

Research has shown that spiritual well-being and social health can play a significant role in the prevention of physical and mental illness (31). As a result, individuals with higher levels of spiritual well-being and social health are better able to utilize their capabilities and environmental conditions to maximize their potential. Moreover, accepting children with specific learning disorders by their parents can result in more positive interactions between parents and children and improve their quality of life.

The study population consisted of parents of children with special learning disorders in Andimeshk, Iran, so generalizations to other populations should be made with caution. Therefore, further research on different people is recommended to increase the generalizability of these findings. Furthermore, the use of self-reporting questionnaires for data collection may have resulted in biased responses. Another limitation of the study was the non-native nature of the spiritual well-being questionnaire. It is also recommended that the appropriate officials and organizations plan training workshops in different cities and towns of Iran to improve the spiritual well-being and, consequently, the HRQOL of parents of children with specific learning disabilities.

Footnotes

Authors' Contribution: BM and FSM developed the study concept and design. BM acquired the data. FSM and MTS analyzed and interpreted the data and wrote the first draft of the manuscript. All authors contributed to the intellectual content and editing and read and approved the final manuscript. BM and MTS provided administrative support.

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