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Factors Predicting Parents' Readiness to Facilitate Healthy Anxiety Management for Their Children

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Abstract

Anxiety disorders significantly impact children's well-being and academic performance. While parents play a crucial role in managing their children's anxiety, their readiness to facilitate healthy anxiety management remains unclear. This descriptive predictive study aims to identify factors that can predict parents' readiness to facilitate healthy anxiety management for their children. The participants in this study were 400 parents of children aged 6-13-years who were enrolled in local public schools. The study results reveal that the child's mean age is 11.37 ± 0.87; more than two-fifth age 12-years (n = 179; 44.75%), followed by those who age 11-years (n = 140; 35.0%), those who age 10-years (n = 49; 12.25%), those who age 13-years (n = 20; 5.0%), and those who age 9-years (n = 12; 3.0%). The regression model demonstrates that the child's anxiety positively predicts more parents' readiness to facilitate healthy anxiety management. This finding could be explained as that once the parents realize that their child experiences anxiety that is above the normal limit, this may propel them seek solutions for their child's condition by facilitating the healthy anxiety management for their children. Parents who recognized the potential benefits and gains of managing their children's anxiety in a healthy manner were more ready to engage in these behaviors. However, parents who also weighed the potential challenges and drawbacks but still perceived the benefits as outweighing the costs were also more ready to facilitate healthy anxiety management. To promote parents' readiness to facilitate healthy anxiety management, it is important to highlight the positive aspects (Pros) of this behavior, such as the potential benefits for their children's well-being for further researchers.

Keywords: *Anxiety Disorders, Parental Readiness, Healthy Anxiety Management, Transtheoretical Model of Change, Children's Mental Health.*

Introduction

Mental disorders affect a significant portion of the global population, with one in every eight people living with a mental disorder (World Health Organization [WHO], 2022). These disorders encompass disturbances in thinking, emotional regulation, or behavior and often lead to distress or impairment in various areas of functioning (American Psychiatric Association [APA], 2000, 2013).

Anxiety, a range of emotional responses triggered by perceived or actual threats, manifests in various anxiety disorders. Each disorder exhibits distinct characteristics related to the specific objects of fear or associated cognitive processes. While anxiety is a normal response, anxiety disorders are characterized by excessive or persistent anxiety

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beyond the expected developmental periods (MedlinePlus, 2020; Silverman & Filed, 2011; Muris et al., 1998).

Importance of the Study

Anxiety is a universal aspect of the human experience, serving as a normal physiological and emotional response to stress and a useful tool for addressing physical threats. Within a continuum, anxiety levels can range from adaptive and healthy to problematic. Interestingly, moderate levels of anxiety have been found to enhance performance in certain situations (Stossel, 2014).

During childhood, children commonly experience transient anxiety and fears as they encounter new situations, objects, and individuals (Canadian Paediatric Society, 2022). Typically, these fears change over time, paralleling children's cognitive development and their ability to discern real threats from false alarms (Clark & Leigh, 2018). While most children and adolescents effectively manage and overcome their anxiety within a developmentally appropriate timeframe, some may experience excessive and age-inappropriate anxiety that persists. Without appropriate intervention, these children are at risk of developing chronic anxiety difficulties and anxiety disorders.

Problem Statement

Anxiety disorders significantly impact children's well-being and academic performance. While parents play a crucial role in managing their children's anxiety, their readiness to facilitate healthy anxiety management remains unclear. This study aims to assess Factors that Predict Parents' Readiness to Facilitate Healthy Anxiety Management for Their Children.The results of this study will provide valuable insights into parents' readiness to facilitate healthy anxiety management in their children, based on the Transtheoretical Model. These findings will inform the development of targeted interventions, catering to parents who require specific support based on their readiness to engage in these behaviors.

This study aims to identify factors that can predict parents' readiness to facilitate healthy anxiety management for their children.

Hypotheses

Research hypothesis:

Parents' age, number of children in the family, child's age, and family's socioeconomic status predict parental readiness to facilitate healthy anxiety management in their children.

Methods

Research Design

A descriptive correlational predictive design was used to guide this study.

Administrative Arrangements

This study was approved by the Nursing College Council and the Directorate of Education of First Karkh.

Ethical Considerations

Informed Consent

Participants were provided with a clear and concise explanation of the study's purpose, procedures, risks, benefits, and their rights. Informed consent was obtained from the participants before the study began, and they were informed of their right to withdraw at any time.

Confidentiality

All collected data were treated as confidential and stored securely. Participants were assigned unique identification numbers to ensure anonymity. Only the researchers had access to the data.

The participants in this study were parents of children aged 6-13 years who were enrolled in local public schools. A total of 400 parents participated in the study.

Measures:

Stage of Change Scale: The URICA (University of Rhode Island Change Assessment) was used to assess the participants' stage of change regarding parental facilitation of healthy anxiety management. The scale comprises four dimensions: Pre-contemplation, Contemplation, Action, and Maintenance (also known as Relapse). The reliability coefficients (alphas) for each stage were reported as follows: Precontemplation (PC) = .75, Contemplation (C) = .89, Action (A) = .86, and Relapse (R) = .77 (Bruditt, 2011).

URICA Continuous Staging Scale: A modified version of the URICA was used to assess the participants' stage of change continuously. This scale consisted of 20 items representing the four staging dimensions. Participants rated their agreement or disagreement on a 5-point Likert scale. The total score of the URICA Continuous Staging Scale ranged from 20 to 100, with higher scores indicating a higher stage of change in facilitating healthy anxiety management.

Decisional Balance: The Decisional Balance Scale was used to assess the Pros and Cons associated with parental facilitation of healthy anxiety management which includes 12-item. Participants rated the importance of each item on a 5-point Likert scale. The total score for the Decisional Balance Scale ranged from 12 to 60, with higher scores indicating a greater emphasis on the Pros of facilitating healthy anxiety management and lower score indicate greater Cons of facilitating healthy anxiety management.

The reliability coefficients (alphas) for the Pros and Cons scales were a = .92 and a = .82, respectively, and there was a correlation of .09 between the Pros and Cons scales (Bruditt, 2011).

Self-Efficacy/Confidence: The Confidence/Self-Efficacy scale was used to assess parents' confidence in employing effective strategies to assist their child in managing anxiety in various situation which includes 6 items. Participants rated their confidence levels on a 5-point Likert scale. The total score for the Confidence/Self-Efficacy scale ranged from 6 to 30, with higher scores indicating greater confidence and Self-Efficacy in facilitating healthy anxiety management.

The internal consistency of the confidence related to parent feelings was a = .85, and the internal consistency of the confidence related to child behavior was a = .83. Furthermore, the two scales exhibited a significant correlation of r = .58, indicating a moderate positive relationship (Bruditt, 2011).

Parenting Behaviors Inventory This inventory consists of seven items that assess parenting behaviors. Participants rate their responses using a 5-point Likert scale, ranging from 1 = "never" to 5 = "very often." The total score for the Parenting Behaviors Inventory ranges from 7 to 35, with higher scores indicating a greater prevalence of healthy parenting behaviors in facilitating healthy anxiety management.

The internal consistency of the scale was deemed good, with a reliability coefficient (alpha) of a = .92 (Bruditt, 2011).

Child Anxiety Impact Scale-Parent (CAIS-P) is a parent-reported questionnaire designed to assess the impact of anxiety disorders on a child's daily functioning from the perspective of the parent. It measures the extent to which anxiety symptoms interfere with various domains of the child's life.

The psychometric properties of the CAIS-P have been examined in several studies. Langley et al. (2004) conducted an initial validation study with a sample of clinically anxious children and their parents, demonstrating good internal consistency and test-retest reliability of the scale. Subsequent studies have further supported the reliability and validity of the CAIS-P (e.g., Settipani et al., 2012, Silverman et al., 2005;). The CAIS-P assesses the impact of anxiety disorders on a child's daily functioning from the perspective of the parent consisted of 26 items. Participants were asked to rate responses on a 4-point Likert scale, ranging from 1 = never true to 4 = often true.

The CAIS-P total score ranges from 26 to 104. Higher score indicate higher level of anxiety.

Multidimensional Anxiety Scale for Children - Parent Version (MASC) The MASC-Parent Version, adapted from the MASC child-report instrument, was utilized as an anxiety screening tool to evaluate the major dimensions of anxiety in youth from the perspective of parents. The MASC consists of 39 items that assess various subscales of child anxiety, including Physical Symptoms (e.g., tremors or restlessness), Harm Avoidance (e.g., constant vigilance for danger), Social Anxiety (e.g., fear of ridicule by peers), and Separation Anxiety/Panic (e.g., clinging to parents). Parents rated responses on a 4-point Likert scale, ranging from 1 = never true to 4 = often true. The MASC total score ranges from 39 to 156, with higher scores indicating a higher level of anxiety.

The MASC total score demonstrated good internal consistency with an intra-class correlation of .874.

Setting of the Study

The study was conducted in Al-Karkh Side, Baghdad City, encompassing 16 schools. These schools were selected using convenience sampling, allowing for cost-effective and readily accessible data collection. Convenience sampling provides an opportunity to examine topics that may not be feasible to explore using other sampling techniques and facilitates data collection in unexplored areas (Gray et al., 2021).

Study Sample and Sampling

To select the 16 schools, the student researcher employed a lottery-based sampling technique. Initially, 141 elementary schools were listed, and their names were placed in a vase. The student researcher randomly drew 16 school names, constituting approximately 10% of the total number of schools. This approach aimed to ensure representativeness while accounting for logistical constraints.

Sample Size Calculation

The sample size was calculated using Raosoft sample size calculator. The total number of parents of students was determined to be 70,937. By applying the sample calculator with a 5% error margin, 95% confidence level, and 50% response distribution, the recommended sample size was determined to be 383. To account for potential non-responses or incomplete surveys, the final sample size was increased to 400.

Inclusion Criteria

The sample selection focused on parents of children aged 6-13 years attending elementary schools within the study area. This age range was chosen to ensure the inclusion of children at a crucial stage of development.

Data Collection

Data were collected using a self-reported instrument from December 7th, 2022, to December 27th, 2022. The instrument was administered to parents of children aged 6-13 years attending the selected elementary schools. Participants were provided with clear instructions on how to complete the instrument and were assured of the confidentiality and anonymity of their responses.

Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 27. Descriptive statistical measures, such as frequency and percent, were used to describe demographic variables. Inferential statistical measures include stepwise regression which was employed to identify factors that can predict the Stages of Change for facilitating healthy anxiety management.

Results

Table 1. Children's sociodemographic characteristics (N = 400)

Variable	Frequency	Percent
Age (Years)		
9	12	3.0
10	49	12.25
11	140	35.0
12	179	44.75
13	20	5.0
Mean (SD): 11.37 ± 0.87		
Gender		
Male	282	70.5
Female	118	29.5

SD: Standard Deviation

The study results reveal that the child's mean age is 11.37 ± 0.87; more than two-fifth age 12-years (n = 179; 44.75%), followed by those who age 11-years (n = 140; 35.0%), those who age 10-years (n = 49; 12.25%), those who age 13-years (n = 20; 5.0%), and those who age 9-years (n = 12; 3.0%).

Concerning the child's gender, most are males (n = 282; 70.5%) compared to females (n = 118; 29.5%).

Table 2. Parents' sociodemographic characteristics (N = 400)

Variable	Frequency	Percent
Number of children in the family		
1	34	8.5
2	105	26.25
3	98	24.5
4	89	22.25
≥ 5	74	18.5
Mean (SD): 3.25 ± 1.40		
Father's level of education		
Elementary school	4	1.0
Middle school	30	7.5
High school	100	25.0
Diploma	103	25.75

Bachelor's degree	145	36.25
High diploma	4	1.0
Master's degree	4	1.0
Doctoral degree	10	2.5
Mother's level of education		
Read and write	2	0.5
Elementary school	8	2.0
Middle school	57	14.25
High school	101	25.25
Diploma	95	23.75
Bachelor's degree	118	29.5
High diploma	11	2.75
Master's degree	4	1.0
Doctoral degree	4	1.0

SD: Standard Deviation

The study results display that the mean of number of children in the family is 3.25 ± 1.40; more than a quarter of families have two children (n = 105; 26.25%), followed by those who have three children (n = 98; 24.5%), those who have four children (n = 89; 22.25%), those who have five children or more (n = 74; 18.5%), and those who have one child (n = 34; 8.5%).

The study results display that more than a third of fathers hold a bachelor's degree (n = 145; 36.25%), followed by those who hold diploma degree (n = 103; 25.75%), those who are high school graduates (n = 100; 25.0%), those who are middle school graduates (n = 30; 7.5%), those who hold a doctoral degree (n = 10; 2.5%), and those who each are elementary school graduates, hold high diploma, and master's degree (n = 4; 1.0%) for each of them.

Concerning the mother's level of education, less than a third hold a bachelor's degree (n = 118; 29.5%), followed by those who are high school graduates (n = 101; 25.25%), those who hold diploma degree (n = 95; 23.75%), those who are middle school graduates (n = 57; 14.25%), those who hold high diploma (n = 11; 2.75%), those who are elementary school graduates (n = 8; 2.0%), those who both hold master's degree and doctoral degree (n = 4; 1.0%), and those who read and write (n = 2; 0.5%).

Table 3. Regression model for predicting Stages of Change to facilitate health anxiety management

Coefficients[a]								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	25.936	6.031		4.301	.000	14.079	37.793
	Age	.013	.395	.001	.033	.974	-.764	.790
	Socioeconomic Status	.169	.139	.050	1.219	.223	-.104	.442
	Number of children in family	-.463	.300	-.063	-1.543	.124	-1.052	.127
	Pros	1.202	.134	.406	8.984	.000	.939	1.466
	Cons	.394	.087	.210	4.500	.000	.222	.566
	Self-Efficacy	-.027	.089	-.013	-.298	.766	-.202	.148

	Parenting Behavior	.076	.056	.062	1.358	.175	-.034	.186
	Child Anxiety Impact	.004	.029	.007	.138	.890	-.053	.061
	Child's Anxiety	.074	.024	.140	3.026	.003	.026	.122

a. Dependent Variable: Stages of Change

The regression model demonstrates that the Pros of facilitating healthy anxiety management, the Cons of facilitating healthy anxiety management, and child's anxiety positively predict more parents' readiness to facilitate healthy anxiety management (p-value = .000, .000, .003) respectively.

Discussion of The Study Results

The regression model demonstrates that the Pros of facilitating healthy anxiety management positively predict more parents' readiness to facilitate healthy anxiety management. This finding implies that the greater the Pros, the more the readiness of parents to facilitate the healthy anxiety management among their children. The TTM premises that an individual's weighing of the pros and cons of changing (Glanz et al., 2015). In this essence, this finding implies that the parents recognize that the deem that the gains that they can acquire from facilitating the healthy anxiety management for their children will outweigh its Cons.

The regression model demonstrates that the Cons of facilitating healthy anxiety management positively predict more parents' readiness to facilitate healthy anxiety management. The TTM premises that the Pros and Cons are weighed against each other to form a single decisional balance score. As such, this finding could be explained as that the parents can bring the the Pros and Cons of facilitating the healthy anxiety management for their children and weighing against each other (Diclementi et al., 2018). They would be content that the gains of facilitating the healthy anxiety management for their children outweigh its Cons.

The regression model demonstrates that the child's anxiety positively predicts more parents' readiness to facilitate healthy anxiety management. This finding could be explained as that once the parents realize that their child experiences anxiety that is above the normal limit, this may propel them seek solutions for their child's condition by facilitating the healthy anxiety management for their children.

Conclusions and Recommendations

Conclusions:

The researchers concluded that parents' readiness and behaviors in facilitating healthy anxiety management for their children are influenced by many factors. The Pros and Cons of engaging in such behaviors significantly predicted parents' readiness. Parents who recognized the potential benefits and gains of managing their children's anxiety in a healthy manner were more ready to engage in these behaviors. However, parents who also weighed the potential challenges and drawbacks but still perceived the benefits as outweighing the costs were also more ready to facilitate healthy anxiety management.

The study also revealed that the child's anxiety level played a significant role in parents' readiness. When parents recognized that their child's anxiety exceeded the normal limit, they were more likely to seek solutions and engage in behaviors aimed at effectively managing their child's anxiety.

Overall, this study highlights the significance of various factors in influencing parents' readiness and behaviors in facilitating healthy anxiety management. The findings

emphasize the need for targeted interventions, education, and support programs that address these factors to promote healthy anxiety management practices among parents.

Recommendations:

Based on the findings of this study, student researcher recommends the following:

1. Interventions need to be developed to promote healthy anxiety management among children, with a particular focus on engaging parents.

2. To promote parents' readiness to facilitate healthy anxiety management, it is important to highlight the positive aspects (Pros) of this behavior, such as the potential benefits for their children's well-being for further researchers.

3. Educational materials and resources need to be provided to parents to enhance their knowledge and understanding of anxiety management techniques. These materials need to emphasize the positive outcomes that can be achieved by engaging in healthy anxiety management practices.

4. It is crucial to address the concerns (Cons) that parents may have regarding facilitating healthy anxiety management. This could involve addressing misconceptions, providing reassurance, and offering guidance on how to overcome barriers or challenges that parents may face when implementing these practices.

5. Interventions need to be tailored to target parents who are in the Contemplation and Precontemplation Stages of Change.

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