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## Maternal Positivity As A Moderator: A Longitudinal Study

Mikeda Jess<sup>1</sup>, Vasiliki Totsika<sup>1</sup>, Richard. P. Hastings<sup>1</sup>  
The University of Warwick, Coventry, UK

**Introduction:** Despite the difficulties and challenges, many parents of children with ID are able to thrive and express a positive attitude towards life and their child. Evidence suggests not only that positivity exists within these families but in some instances children with ID may have a more positive impact on their family than typically developing children have on theirs (Blacher et al, 2013). Existing research indicates that positive constructs such as positive perceptions and positive impact of the child with ID often have a distinct inverse relationship with negative maternal outcome measures (Hastings et al, 2005; Lloyd & Hastings, 2008; Minnes et al, 2015; Vilaseca et al, 2014) however little is known about the putative functions of such constructs for parents of children with ID. We explored the putative compensatory and protective functions of maternal positivity, a latent construct derived from five single indicators of positivity, within a one- year longitudinal research design. Children's behaviour and emotional problems were evaluated as risk variables for later maternal outcomes and the interactive effects of maternal positivity with child behaviour and emotional problems were examined in order to explore maternal positivity as a potential moderator between child outcomes and later maternal mental health.

**Methods:** Participants were 110 mothers of 72 boys and 38 girls with Intellectual Disability (ID) between 3 and 18 years of age. The mothers completed a survey that included maternal positivity measures (the five positivity indicators contributing to the latent positivity construct) and child behaviour measures at the point of initial data collection. One year later mothers then completed measures of parenting stress and psychological distress. We used regression analyses to investigate the potential function of maternal positivity (whilst controlling for maternal age, single parent status, employment status and maternal education at Time 1) on maternal mental health.

**Results:** Four regression models were fitted, varying the maternal outcome of focus (Time 2 parenting stress, or Time 2 psychological distress), and also varying the key child behaviour risk variable (child behaviour problems, or child psychopathology). Across all four regression models, maternal positivity did not moderate the relationship between child variables at Time 1 and maternal mental health at Time 2. Thus, there was no evidence that maternal positivity functioned as a moderator longitudinally. Maternal positivity was found to be a significant predictor of later maternal parenting stress ( $\beta = -.36, p = <.001$ ;  $\beta = -.31, p = .003$ ) and psychological distress ( $\beta = -.76, p = <.001$ ;  $\beta = -.67, p = <.001$ ).

**Discussion:** We found that maternal positivity did not moderate the relationship between child behavioural mental health problems and later maternal stress. There was no evidence that maternal positivity had a protective function over time. Rather, our results are evidence that maternal positivity serves a compensatory function, directly reducing later maternal stress. These findings were consistent across two different measures of maternal mental health (i.e., parenting stress or psychological distress), and two different measures of child problems (behaviour and psychopathology). Findings indicate that positivity within parents should be considered when offering support to families raising children with ID, particularly mothers. Interventions aimed at improving maternal mental health may benefit by increasing positivity within the five domains that tap onto the construct of maternal positivity.