

The relationship between parental authority and the mental health of nursing and midwifery students at Golestan University of Medical Sciences in 2022

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Abstract

Background: Mental health is significantly influenced by parenting styles, and undesirable parental authority styles can have detrimental effects on children's mental health. Addressing mental health and its contributing factors is essential for improving individuals' personal and social lives. On the other hand, research findings on the relationship between parental authority styles and mental health have yielded conflicting results. Therefore, the present study was conducted to determine the relationship between parental authority styles and the mental health of nursing and midwifery students.

Methods: This cross-sectional, descriptive-analytical study was conducted on 435 nursing and midwifery students using a census method. The research instruments included a demographic information form, Buri's Parental Authority Questionnaire (PAQ), and Goldberg and Hillier's General Health Questionnaire (GHQ). Questionnaires were completed virtually via Google Docs. Data were analyzed using descriptive statistics and Pearson's correlation coefficient with SPSS software, and a significance level of $P < 0.05$ was considered.

Results: The mean age of the participating students was 24.71 ± 5.90 years. Most of the students surveyed were female (75.9%) and undergraduate (75.9%). The mean scores for the permissive, authoritarian, and authoritative parenting styles, and for general health, were 21.80 ± 4.64 , 21.33 ± 5.64 , 24.93 ± 4.92 , and 19.22 ± 7.07 , respectively. There was a significant and direct correlation between overall public health and the permissive parenting style ($r = 0.14$, $p = 0.003$). The correlation between the authoritative parenting style and students' mental health was inverse; however, this finding was not statistically significant ($r = -0.05$, $p = 0.26$).

Conclusion: The research results underscore the influence of parental authority styles on students' mental health. It is suggested that university counselors who provide counseling services to young adults consider the influence of parental authority styles on the diagnosis, etiology, and treatment of their mental and behavioral disorders, and take measures to assess the type of parental authority style.

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Highlights

What is current knowledge?

Approximately 25% of students suffer from psychological disorders. One of the factors influencing mental health is parental authority and parenting styles, although research on this topic has yielded contradictory results.

What is new here?

Students experiencing a permissive parenting style had lower mental health, while those experiencing an authoritative parenting style had higher mental health.

Introduction

Mental health is part of public health and is defined within the overall concept of health (1). Given the importance of mental health and the need to promote it among community members for the advancement and improvement of their personal and social lives, addressing mental health and its contributing factors is essential (2).

In today's world, one of the main concerns for psychologists is how to raise healthy, vibrant, and successful children who behave aligned with social and familial norms (3). Therefore, a fundamental question in this field is the type of parental authority and parenting styles (4). The topic of child-rearing is interconnected with the mental and physical

health of family members, significantly affecting social life and the future of communities (3). The results of one study suggest that mental health is a product of parental authority and parenting styles (5). Parenting style is indeed parental effort to socialize their children. It is a combination of parental behaviors that occur across a wide range of situations, creating a lasting parenting climate (6). In her studies, Baumrind identifies three characteristics that distinguish more effective parenting styles from less effective ones. These three characteristics are acceptance and closeness, control, and autonomy granting. The interaction of these three characteristics gives rise to three parenting styles: Authoritative, authoritarian, and permissive (7). Unfavorable parental authority and parenting styles can have detrimental effects on children and compromise their mental health (8).

Research on the relationship between parental authority and parenting styles and mental health has yielded contradictory results and has typically been conducted on student populations at schools. In this regard, the findings of Rajabtabar and Bukani's research demonstrated the influence of parenting styles on the mental health of school students (2,9). In contrast, as shown in Tabatabaei's study, the permissive parenting style was not associated with mental health, while there was an inverse association between the authoritarian parenting style and mental health (10). However, the prevalence of psychological disorders, including anxiety, has been reported to be approximately 25% among students (11), highlighting the need for further research on mental health in this population.

Today, healthcare workers are recognized as a group exposed to high levels of stress, with a significant proportion comprising nursing and midwifery staff. The decline in mental well-being within this group has disrupted their social functioning, posing a serious threat to organizational performance and productivity (12). Due to the significant role of nursing and midwifery students as the future builders of society, who greatly contribute to maintaining the mental tranquility of patients through their own conduct and demeanor, and considering that their physical and mental health, and personal, academic, and social performance are affected by parenting styles, it seems essential to investigate the relationship between parental authority and parenting styles and mental health of these students. If an association is found, educational interventions can be anticipated and implemented in future research for students before they enter the workforce. The results of studies conducted in Iran and worldwide on the relationship between parenting styles and psychological components have been inconsistent. Furthermore, in the reviews performed by the research team, the target population did not include students (At universities of medical sciences). Therefore, the present study aims to determine the relationship between parental authority and the mental health of nursing and midwifery students at Golestan University of Medical Sciences in 2022.

Methods

This cross-sectional, analytical study was conducted on 435 bachelor, master, and Ph.D. nursing and midwifery students at Golestan University of Medical Sciences in 2022. Since the entire statistical population was examined for the variables of this study, participants were included using a census sampling method. Sampling began based on the available statistics of 455 students enrolled in the faculty. Of these, 25 did not complete the questionnaires, so the analysis was performed on the remaining 435 individuals.

The inclusion criteria included consent to participate in the study, being bachelor’s or master’s student in nursing or midwifery, and lack of divorced parents. The exclusion criteria were a history of mental disorders or substance and alcohol addiction based on self-report.

Sampling commenced after obtaining permission from Golestan University of Medical Sciences and coordinating with the Education Department of the Faculty of Nursing and Midwifery, as well as receiving the students' phone numbers. A text message was initially sent to participants to introduce the research plan and objectives. The message also explained the confidentiality of the data, stating that there was no need to provide a name or identification details, and included a link to the study's questionnaires designed using Google Docs. Consent to participate in the study was obtained through a question at the beginning of the online questionnaire. Moreover, participation was voluntary, as individuals accessed the questionnaire link only if they were willing to take part. Of a total of 455 students, 435 questionnaires were completed and sent to the researcher's email address. Due to the mandatory nature of answering all questions on the online Google Docs questionnaire, only fully completed questionnaires were submitted to the researcher's email address. Consequently, there were no incomplete questionnaires.

The instruments used were a demographic characteristics form (Including age, gender, marital status, field of study, academic level, academic semester, parents' education level, and family size), Buri’s Parental Authority Questionnaire (PAQ), and Goldberg and Hillier’s General Health Questionnaire (GHQ). The PAQ consists of 30 items and 3 subscales: Permissive parenting style, authoritarian parenting style, and authoritative parenting style. Scoring is based on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree.” Buri reported Cronbach's alpha coefficients of 0.85 for the authoritative parenting style, 0.87 for the authoritarian parenting style, and 0.74 for the permissive parenting style (13). The test-retest reliability of the questionnaire was reported as 0.69 for the permissive parenting style, 0.77 for the authoritarian style, and 0.73 for the authoritative style (14).

The GHQ, developed by Goldberg and Hillier in 1972, is one of the most well-known screening tools in psychiatry, designed to detect mental disorders in clinical and other settings (15). This 28-item instrument consists of 4 subscales, each containing 7 questions. The mentioned subscales include somatic symptoms, anxiety and sleep disturbance symptoms, social functioning, and depression symptoms

(16). The psychometric properties of this instrument were obtained using test-retest, split-half, and Cronbach's alpha reliability coefficients as 70%, 93%, and 90%, respectively. The concurrent validity coefficient via the Middlesex Hospital Questionnaire (MHQ) was calculated at 55%, and the construct validity ranged from 72% to 87% (17).

Data analysis was performed using SPSS version 16 software. The normality of the data was examined using the Kolmogorov-Smirnov test. Descriptive statistics, such as measures of central tendency and dispersion, as well as bar charts and frequency distribution tables, were employed to describe the observations. Data were analyzed using descriptive statistics and Pearson's correlation coefficient at a significance level of P = 0.05.

Results

The mean age of the participating students was 24.71 ± 5.90 years. The majority of the students surveyed were female (75.9%), at the undergraduate level (75.9%), and single (70.1%). The number of participants from the nursing and midwifery fields of study was nearly equal (50.6% and 49.4%, respectively). Regarding parental education levels, most of the students' parents had a high school diploma (34.5%) or a bachelor's degree (28.7%), respectively. Additionally, nearly half of the families were four people (40.9%). The participants' demographic characteristics are presented in Table 1.

Table 1. Participants' demographic characteristics (n = 435)

Demographic characteristics		Frequency (%)
Gender	Male	105 (24.1)
	Female	330 (75.9)
Academic level	Bachelor	330 (75.9)
	Master	80 (18.4)
	Ph.D.	25 (5.7)
Field of study	Nursing	220 (50.6)
	Midwifery	215 (49.4)
Marital status	Married	130 (29.9)
	Single	305 (70.1)
Mother's education level	Illiterate	55 (12.6)
	Under diploma	125 (28.7)
	Diploma	150 (34.5)
	Associate	50 (11.5)
	Bachelor	55 (12.6)
	Master	0 (0.0)
Father's education level	Illiterate	10 (2.3)
	Under diploma	105 (24.1)
	Diploma	115 (26.4)
	Associate	35 (8)
	Bachelor	125 (28.7)
	Master	35 (8)
Family size	3 people	40 (9.2)
	4 people	178 (40.9)
	5 people	132 (30.3)
	6 people	30 (6.9)
	7 people	40 (9.2)
	8 people	15 (3.4)

Table 2 shows the mean scores for permissive, authoritarian, and authoritative parenting styles, as well as the overall general health. The results demonstrated that the authoritative parenting style had the highest mean score, while the permissive parenting style, with a slight difference from the authoritarian parenting style, had the lowest mean score.

Given the normality of the data (P ≥ 0.05 in the Kolmogorov-Smirnov test), Pearson’s correlation coefficient was used to examine

the correlation between components of mental health and parenting styles of the participating students. As shown in Table 3, there is a statistically significant and direct relationship between overall general health and permissive parenting styles. Considering that a higher score on the GHQ denotes lower mental health, we can conclude that students experiencing permissive parenting styles tend to have lower mental health ($r = 0.14$, $P\text{-Value} = 0.003$). However, the relationship between an authoritative parenting style and students' mental health is inverse, suggesting that students experiencing an authoritative parenting style are in a better mental health state; although this finding was not statistically significant ($r = -0.05$, $P\text{-Value} = 0.26$). Additionally, the impaired social functioning component has a direct statistical relationship the permissive parenting style, meaning that individuals experiencing a predominantly permissive parenting style do not have a favorable social functioning status ($r = 0.18$, $P\text{-Value} = 0.000$).

Table 2. Mean scores of the investigated variables (Various types of parenting styles and general health) (n = 435)

Variable	Mean (Standard deviation)
Permissive parenting style	21.80 (4.64)
Authoritarian parenting style	21.33 (5.64)
Authoritative parenting style	24.93 (4.92)
General health	19.22 (7.07)

Table 3. Results of Pearson's correlation test between components of mental health and parenting styles among students

Variables	Permissive parenting style		Authoritarian parenting style		Authoritative parenting style	
	r	P-value	r	P-value	r	P-value
Somatic symptoms	0.05	0.258	0.07	0.114	- 0.04	0.356
Anxiety and sleep disturbances	0.09	0.051	0.03	0.419	- 0.02	0.605
Impaired social functioning	0.18	*0.000	0.08	0.078	- 0.05	0.284
Depression	0.003	0.947	-0.11	*0.018	- 0.002	0.964
Overall general health	0.14	*0.003	0.04	0.408	- 0.05	0.266

* Pearson's correlation

Discussion

The findings revealed that mental health had a direct and statistically significant relationship with a permissive parenting style. Given that a higher score on the GHQ indicates lower mental health, it can be concluded that students experiencing permissive parenting styles tend to have lower mental health. However, the relationship between authoritative parenting styles and students' mental health is inverse, indicating that students experiencing an authoritative parenting style have better mental health; although, this finding was not statistically significant. Furthermore, the impaired social functioning component has a direct statistical relationship with the permissive parenting style, meaning that individuals experiencing a predominant permissive style are not in a favorable state regarding social functioning.

The results of Shirafkan's research also revealed a negative correlation between the authoritative parenting style and various dimensions of mental health (Including somatic symptoms, anxiety and sleep disturbances, impaired social functioning, and depression), and also a positive correlation between the authoritarian and permissive parenting styles and different dimensions of mental health in adolescents from Islamshahr, Iran. In other words, the study's results demonstrated that an authoritative parenting style improves mental health, while authoritarian and permissive styles diminish it (18).

Given that a high score on the test indicates an abnormality and its severity, it can be concluded that the more permissive a parent's attitude and the more they use a permissive parenting style, the more their children's social functioning will be impaired, and the more deviant behaviors they will exhibit. In a study by Soleimani et al. (2018), a positive relationship was reported between a permissive style and students' physical impairment and depression. However, no significant relationship was found between the permissive style and students'

anxiety, psychological distress, or impaired social functioning (19). The discrepancy between the results of the above study and the current research can be attributed to differences in the study populations. For instance, in Soleimani's study, the statistical population included all gifted and regular high school students in Ardabil, Iran (19), who are often subject to greater parental attention and are more homogeneous in terms of their intellectual level and social functioning (20).

In addition to the above, the findings of the present study are consistent with the research of Zare (2014) (21), Shirafkan (2022) (18), and Phua (2020) (22), all of which confirm that authoritative parenting reduces disorders and promotes mental health, while authoritarian or permissive parenting leads to disorders and increases psychological distress and abnormalities. It is reasonable to conclude that authoritative parenting indicates a positive and appropriate parent-child relationship, a relationship characterized by balanced acceptance and warmth combined with flexible and realistic control. In contrast, authoritarian or permissive parenting reflects an inappropriate parent-child and ignoring or sacrificing either acceptance or control.

As reported in Zare's study (2014), the authoritative parenting style is the best-fitting model for predicting mental health (21). The findings of Shirafkan's study (2022) also revealed that authoritarian and permissive parenting styles had an inverse significant relationship with students' social development (18). A study by Saeidifar also reported that parenting styles and spiritual intelligence contribute to predicting children's mental health (23). Phua et al. (2020) empirically examined the experiences of families who employed authoritarian parenting styles for school-aged children in the Central Maluku region in Indonesia. Their findings demonstrated that parents coercively controlled their children to achieve their parental values and fulfill their expectations. Meanwhile, the children failed to fulfill their parents' values and expectations, and the problems the children faced were a result of this parenting style (22).

As observed, most studies have focused on the impact of parenting styles on children's mental health at various stages of life. In this regard, Zare's study reported that parents play an effective and determinative role in shaping their children's individual and social behaviors, personality traits, and overall mental health (21). Findings from a study by Zhong also provide further evidence showing significant effects of parental authority styles on children's mental health, particularly in later stages of life (24).

On the other hand, studies indicate that utilizing appropriate parental authority styles affects parents' mental health as well (25,26). In a study by Sourinejad et al. (2019), a significant statistical correlation was reported between permissive and authoritative parenting styles and mothers' overall mental health scores, and mothers with permissive and authoritative parenting styles exhibited higher levels of mental health (26).

There was no significant correlation between any of the components of mental health and parenting styles in this study, except for the correlation between impaired social functioning and the permissive parenting style, and between depression and the authoritarian parenting style. Specifically, individuals experiencing predominantly permissive parenting styles lacked good social functioning. In contrast, individuals experiencing predominantly authoritarian parenting styles reported less depression. In the studies conducted in this area, it was observed that the closer the dominant parenting style is to permissive, the higher the prevalence of disturbances across general health subscales, including social functioning (27,28), which is consistent with the findings of the present study. The inappropriate interactions of permissive parents with their children, characterized by a lack of acceptance and control, may explain this relationship.

An interesting finding in this study was the lower level of depression observed in individuals experiencing an authoritarian parenting style. This finding contradicts the majority of research conducted in this area. In a study conducted by King et al., the rate of depression among adolescents experiencing an authoritarian parenting style was reported to be higher than in those experiencing an authoritative parenting style (29). A review study also reported similar findings (30). A key focus on the role of parents and the teaching of positive parenting methods and authoritative parenting styles can positively impact the success of mental health disorder prevention programs. It should be noted, however, that depression is a variable that can be influenced by multiple

factors not examined in this study. Further research is necessary to investigate the relationship between authoritarian parenting styles and mental health disorders, including depression, in order to achieve more reliable conclusions.

This study, despite yielding significant results regarding parental authority styles and their relationship with students' mental health, has some limitations similar to other research. Given that the information obtained from participants was self-reported, there was a possibility of over- or under-reporting of responses. Additionally, participants' misunderstanding of the questions could lead to inaccurate answers, thereby skewing the results. Moreover, the findings of this study cannot be generalized to all students.

The students' mental state at the time of completing the questionnaire was a limitation of the study. This issue was partially addressed by including a history of mental illness in the exclusion criteria, which was specified in the questionnaire distributed to the students.

Conclusion

Based on the research findings, identification of students' parenting styles is crucial for improving their mental health. Therefore, it is recommended that all university counselors take the impact of parenting styles into account and enhance the effectiveness of their counseling services by integrating this awareness. Additionally, it is essential for parents to gain awareness of different parenting styles and their impacts on their children's psychological well-being.

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Ethical statement

The Ethics Committee of the Golestan University of Medical Sciences approved the protocol for this study (IR.GOUMS.REC.1401.415).

Conflicts of interest

All authors contributed to data interpretation and presentation and approved the final manuscript.

Author contributions

The role of each participant is as follows: E. A and H. S conceived this study and were the supervisors. S. A, and M. B. and N, S. collected and analyzed the data. Also, E. A and H. S. drafted the manuscript. All authors read and approved the final version of the manuscript.

Data availability statement

This article contains all the data generated or analyzed during this study.

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