

The Relationship Between Parenting Stress and Child-Raising Attitudes of Nurses with Preschool Children: A Descriptive Study

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What is already known on this topic?

- Parenting is a complex process that involves supporting children's physical, social, emotional, and intellectual development. Parenting stress affects parents' attitudes, the child's psychosocial development, and intra-family relationships.

What this study adds on this topic?

- This study was conducted to determine the relationship between parenting stress and child-rearing attitudes of nurses with preschool children. The study found that nurses' democratic attitudes negatively correlate with physical and mental fatigue while positively correlating with shift and working environment. Oppressive and authoritarian attitudes positively correlate with psychological burden. Overly tolerant attitudes correlate positively with psychological burden and physical and mental fatigue but negatively with the working environment.

ABSTRACT

Objective: This study was conducted to determine the relationship between parenting stress and child-rearing attitudes of nurses with preschool children.

Methods: The descriptive relational design was conducted in a hospital in the center of a province in southern Türkiye. The study population consisted of nurses with preschool children working in the hospital. The entire population was studied. The study was completed with 116 nurses. The Sociodemographic Information Form, the Parenting Stress Scale for Clinical Nurses, and the Parent-Child Raising Attitudes Scale were used to collect the research data. Ethical principles were complied with in the study.

Results: The study's total score on the Parenting Stress Scale for Clinical Nurses was 11.18 ± 1.76 . The mean scores of the democratic attitude sub-dimension, oppressive and authoritarian attitude sub-dimension, and overly tolerant attitude sub-dimension were 62.43 ± 7.71 , 36.87 ± 4.29 , and 27.33 ± 4.85 , respectively. Marital and economic status were significant on the mean score of the Parenting Stress Scale for Clinical Nurses. Educational status was significant on the mean score of overly tolerant attitude, and age at marriage was significant on the mean score of democratic, oppressive, and authoritarian attitude subscales ($P < .05$).

Conclusion: The study found that nurses' democratic attitudes negatively correlate with physical and mental fatigue while positively correlating with shift and working environment. Oppressive and authoritarian attitudes positively correlate with psychological burden. Overly tolerant attitudes correlate positively with psychological burden and physical and mental fatigue but negatively with the working environment. It may be recommended that more research on parenting stress and parenting attitudes of nurses should be carried out and conducted with a larger sample group.

Keywords: Child, child-raising attitude, nurse, parenting stress

Introduction

Parenting is a complex process that involves supporting children's physical, social, emotional, and intellectual development.¹ Parents' attitudes and behaviors shape this process and form the basis of the child's personality structure, social relationships, and life skills. Raising children requires a high level of responsibility, dedication, and self-efficacy from parents. However, the difficulties parents face in this process, as well as their capacity to cope with them, determine the level of parenting stress and can directly affect child-rearing attitudes. Parenting stress affects parents' attitudes, the child's psychosocial development, and intra-family relationships.²

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The level of parenting stress may shape parents' attitudes toward their children. For example, high stress may lead parents to adopt more authoritarian or punitive attitudes, whereas parents experiencing lower levels of stress may exhibit more democratic and supportive attitudes toward their children.³ This shows the critical importance of the relationship between parenting stress and child-rearing attitudes.

The preschool period is especially critical, as the effect of parental attitudes is most evident in the child's developmental processes.⁴ In this period, children become more open to environmental stimuli, more prone to learning, and more likely to model their parents' behaviors. While democratic parenting attitudes increase the child's self-confidence, self-regulation skills, and social adaptation, authoritarian, overprotective, or inconsistent parenting attitudes may cause the child to become a dependent, anxious, or socially inadequate individual.^{5,6}

Nurses, as individuals who experience high levels of physical and emotional fatigue due to their profession, face various difficulties while fulfilling their parenting roles. While shift work and intense professional responsibilities make it difficult for nurses to allocate enough time for their children, this situation is an essential factor that increases parenting stress.⁷ For example, it has been reported that nurses working night shifts feel guilty because they cannot spare enough time for their children. This situation negatively affects their relationships with their children.⁸ Also, when nurses' parenting stress levels are high, professional problems such as turnover intention and burnout may occur.⁹

This study comprehensively analyzed the relationship between parenting stress and the attitudes of nurses who have preschool children. It aims to understand how the stress experienced by nurses affects their attitudes toward their children and offers solutions in this context. The findings are expected to contribute to developing strategies to improve nurses' work-life balance, reduce parenting stress, and more healthily structure child-rearing attitudes.

Research Questions

1. What are the parenting stress levels of nurses with preschool children?
2. What are the child-rearing attitudes of nurses who have children in the preschool period?
3. What factors affect nurses' parenting stress levels and child-rearing attitudes with preschool children?
4. Is there a relationship between parenting stress and child-rearing attitudes of nurses with preschool children?

Material and Method

Type of Research

The research is of a descriptive relational design.

Place and Time of the Research

The study was conducted between November 2023 and December 2024 in a hospital in the center of a province in southern Türkiye.

Population and Sample of the Research

The study population consisted of nurses with preschool children in a hospital in the center of a province in southern Türkiye. The entire population was studied. The research was completed with 116 nurses with preschool children during the research period. As a result of G.Power 3.1.9.7 (Heinrich-Heine-Universität Düsseldorf, Germany). post hoc power analysis, it was determined that the study's effect size was 0.50, the power was 99%, and the α -type error estimate was 0.05. This number indicates that the sample size is sufficient.¹⁰

Inclusion Criteria

Being a female nurse.

Having a child in the preschool period.

No chronic disease.

Not having twins.

Data Collection Tools

The Sociodemographic Information Form, the Parenting Stress Scale for Clinical Nurses (PSSCN), and the Parent-Child Raising Attitudes Scale were used.

Sociodemographic Information Form

This form, which the researcher prepared after examining the literature,^{11,12} includes questions evaluating the parents' descriptive characteristics (age, education level, age at marriage, marital status, family type, economic status, professional experience, work unit, position, working hours, number of preschool-age children, who takes care of the child, and spouse satisfaction).

Parenting Stress Scale for Clinical Nurses (PSSCN)

The scale was developed by Lee and Cha in 2021 to assess parenting stress in nurses.¹³ In 2023, Taşci and Sarıaloğlu conducted its Turkish validity and reliability.¹² The PSSCN has four sub-dimensions: "psychological burden," "physical and mental fatigue," "shift," and "work environment." It consists of 17 items. It is a 4-point Likert type. The total mean score is between 4 and 16. A higher score indicates higher parenting stress among clinical nurses. Cronbach's α of the scale was found to be 0.86 by Lee and Cha and 0.87 by Taşci and Sarıaloğlu. In this study, Cronbach α reliability coefficient was 0.86.

Parent-Child Raising Attitudes Scale

It was developed by Özyürek in 2017 to determine parents' child-rearing attitudes with preschool children.¹¹ It consists of 38 items. It is a 5-point Likert type. The scale does not have a total score. The scale has three sub-dimensions (democratic, oppressive, and authoritarian, overly tolerant attitude). The min-max score of Democratic attitude is 15-75, the min-max score of the oppressive and authoritarian attitude is 12-60, and the min-max score of Overly tolerant attitude is 11-55. The high score obtained from each sub-dimension indicates that the attitude is dominant. Cronbach's α value of the scale was "0.87 for the democratic attitude sub-dimension, 0.77 for the oppressive and authoritarian attitude sub-dimension, and 0.72 for the overly tolerant attitude sub-dimension." In this study, Cronbach α reliability coefficient was 0.89 for the Democratic attitude sub-dimension, 0.69 for the Oppressive and authoritarian attitude sub-dimension, and 0.73 for the Overly tolerant attitude sub-dimension.

Data Collection

After the parents were informed about the purpose of the study and the necessary information, their verbal and written consent was obtained. The forms were collected by face-to-face interview method in the nurses' room when the nurses were available. The data collection period lasted an average of 10-15 minutes.

Data Evaluation

The study used the Statistical Package for the Social Sciences (SPSS) 24 program (IBM SPSS Corp.; Armonk, NY, USA). It used descriptive statistics, mean, kurtosis, skewness coefficients, a *t*-test in independent groups, a Mann-Whitney *U* test, ANOVA, and a Kruskal-Wallis test. Pearson correlation analysis, regression analysis, and Cronbach Alpha coefficient calculation were performed.

Ethical Principles

Ethical committee approval was received from the Ethics Committee of University of Atatürk (Approval no: B.30.2.ATA.0.01.00/769, Date:

October 26, 2023). Verbal and written informed consent was obtained from the parents. The ethical principles of “Informed Consent,” “Volunteerism,” and “Protection of Confidentiality” were complied with in the study.

Results

When the demographic data of the nurses were analyzed, the mean age was 35.08 ± 5.95 years, and the mean number of children was 1.71 ± 0.76 . Around 66.4% of the nurses had a bachelor's degree, 49.2% of them were between 20 and 25 years of age, 90.5% of them were married, 94% of them had nuclear families, 61.2% of them had

income equivalent to expenses, 58.6% of them had professional experience of 11 years or more, 39.6% worked in surgical units, 86.2% were clinical nurses, 45.7% worked 8-hour shifts during the day, 45.7% had a relative caring for their child, and 75.9% were not satisfied with the support of their spouse (Table 1).

The mean total score of the PSSCN was 11.18 ± 1.76 , the mean psychological burden subscale score was 2.29 ± 0.73 , the mean physical and mental fatigue subscale score was 2.41 ± 0.75 , the mean shift subscale score was 3.12 ± 0.70 , and the mean work environment subscale score was 3.34 ± 0.65 . The mean scores of the democratic attitude subdimension, the oppressive and authoritarian attitude subdimension, and the overly tolerant attitude subdimension were 62.43 ± 7.71 , 36.87 ± 4.29 , and 27.33 ± 4.85 , respectively (Table 2).

The difference between the educational status of the nurses and the mean score of the work environment sub-dimension was significant ($P < .05$). The mean score of health high school graduates was higher than associate and bachelor's degree graduates. The difference between the educational status of the nurses and the mean score of the overly tolerant attitude sub-dimension is significant ($P < .05$). The mean scores of master's or doctorate graduates were higher than those of health high school graduates and bachelor graduates (Table 3).

The difference between the mean scores of the nurses' marital age and shift and work environment sub-dimensions was significant ($P < .05$). In the shift sub-dimension, the mean score of those with a marital age of 20-25 is higher than those with a marital age of 36 and over. In the work environment sub-dimension, the mean score of those with a marital age of 20-25 was higher than those with a marital age of 26-30. The difference between the mean scores of nurses' marital age and democratic attitude and oppressive and authoritarian attitude sub-dimensions was significant ($P < .05$). In the democratic attitude sub-dimension, the mean score of those with a marital age of 20-25 was higher than those with a marital age of 26-30, 31-35, and 36 and above. In the sub-dimension of oppressive and authoritarian attitudes, the mean scores of those with marital ages 20-25 and 26-30 are higher than those with marital ages 31-35. The mean score of those aged 26-30 is higher than those aged 31-35 and 36 and over (Table 3).

The difference between the marital status of the nurses and the shift sub-dimension and the mean scores of the PSSCN was significant (Table 3, $P < .05$).

The difference between the economic status of the nurses and the mean scores of psychological burden, physical and mental fatigue sub-dimensions, and PSSCN was significant ($P < .05$). In the psychological burden sub-dimension, the mean score of those whose income is less than their expenses is higher than those whose income is equal to their costs and those whose income is more than theirs. In the physical and mental fatigue sub-dimension, the mean score of those whose income is less than their expenses is higher than those whose income is equal to their costs and those whose income is more than their expenses. The mean score of those whose income was less than their expenses was higher than those whose income was equivalent to their expenses and those whose income was more (Table 3).

The difference between the professional experience of the nurses and the mean scores of the physical and mental fatigue sub-dimension was significant ($P < .05$). The mean scores of those with a professional experience of 6-10 years and 11 years or more were higher than those with a professional experience of 0-5 years (Table 3).

The difference between the unit in which the nurses worked and the mean score of the shift sub-dimension was significant ($P < .05$). The

Table 1. Demographic Characteristics of the Nurses

Sociodemographic Characteristics		
Age (year) mean $\pm$ SD (min-max)	35.08 ± 5.95 (19-50)	
Number of children in pre-school age mean $\pm$ SD (min-max)	1.71 ± 0.76 (0-4)	
	n (116)	%
Level of education		
Health high school	14	12.1
Associate degree	15	12.9
Bachelor	77	66.4
Master or doctorate	10	8.6
Marriage age		
20-25	57	49.2
26-30	47	40.5
31-35	7	6.0
36 and above	5	4.3
Marital status		
Married	105	90.5
Single	11	9.5
Family type		
Nuclear family	109	94
Extended family	7	6
Economic status		
Income less than expenditure	24	20.7
Income equals expenditure	71	61.2
Income more than expenditure	21	18.1
Professional experience		
0-5 years	19	16.4
6-10 years	29	25.0
11 years and above	68	58.6
Unit of work		
Paediatric unit	19	16.4
Internal unit	21	18.1
Surgical unit	46	39.6
Specific unit	30	25.9
Position		
Executive nurse	2	1.7
Clinic responsible nurse	14	12.1
Clinical nurse	100	86.2
Working time		
8-hour shift during the day	53	45.7
16-hour at night	13	11.2
Mixed day-night	50	43.1
Person caring for child		
Relative	53	45.7
Caregiver	24	20.7
Nursery	39	33.6
Spouse support and satisfaction status		
Pleased	28	24.1
Not glad	88	75.9

Table 2. Mean Scores of the PSSCN, Parent Child Raising Attitudes Scale, and Its Sub-Simensions		
	Mean ± SD	Min-Max
PSSCN	11.18 ± 1.76	5.67-15.83
Psychological burden	2.29 ± 0.73	1.-3.83
Physical and mental fatigue	2.41 ± 0.75	1-4
Shift	3.12 ± 0.70	1-4
Work environment	3.34 ± 0.65	1.33-4
Parent Child Raising Attitudes Scale		
Democratic attitude	62.43 ± 7.71	31-75
Oppressive and authoritarian attitude	36.87 ± 4.29	22-48
Overly tolerant attitude	27.33 ± 4.85	18-44

mean scores of those working in surgical units were higher than those working in specific units (Table 3).

The difference between the nurses' working hours and the shift sub-dimension's mean scores was significant ($P < .05$). The mean scores of those working 16-hour shifts at night were higher than those working 8-hour shifts during the day (Table 3).

The study found that nurses' democratic attitudes negatively correlate with physical and mental fatigue while positively correlating with shift and working environment. Oppressive and authoritarian attitudes positively correlate with psychological burden. Overly tolerant attitudes positively correlate with both psychological burden and physical and mental fatigue but negatively correlate with the working environment (Table 4, $P < .05$).

Discussion

Managing both a job and raising children is a great challenge for women. It is reported that this is particularly difficult for nurses, and many nurses are sensitive to stress.¹⁴

In the study, it was determined that the parenting stress of nurses with preschool children was at a moderate level, consistent with findings from previous studies.^{12,13} Clinical nurses reported feeling guilty for not fulfilling maternal duties and being unable to devote enough time to their children, often attributing all child-related problems to themselves.⁸ Daily stress and psychological burdens were significant contributors to parenting stress.⁹ It is reported that nurses experience parenting stress and child-rearing problems.¹⁵ Preschool is a critical period for growth and development, making mothers' parenting stress particularly important during this stage.¹⁶

The study found that nurses with lower educational levels experienced higher parenting stress in the work environment sub-dimension. Educational status was shown to affect satisfaction with the work environment.¹⁷ Concerns about transmitting infectious diseases to their children or causing harm led to increased stress, particularly among mothers.^{18,19} During the pandemic, nurse parents worried about infecting their children and chose to separate from them.²⁰

The study determined that nurses who married at a younger age had higher parenting stress in the sub-dimensions of shift and work environment. This may be due to a lack of work and parenthood experience, making it difficult for them to cope with stress. Failure to balance work and family life may increase parenting stress.²¹

In the study, it was determined that nurses who were married had higher parenting stress. Clinical nurses who are married and have children need a higher work-home balance than childless nurses or unmarried nurses; thus, it becomes difficult to continue working, and they may consider resigning.²²

In the study, nurses whose income was less than their expenses experienced higher parenting stress. Similarly, Kurudirek et al²³ found that higher income levels positively affected parent-child relationships, while low income increased conflict. Additionally, children perceiving low economic status were more prone to conflicts with their parents.^{24,25}

In the study, nurses with 6-10 years of professional experience had higher parenting stress in the physical and mental fatigue sub-dimension. Physical fatigue from parenting and burnout from stress with patients and colleagues may increase parenting stress.¹³ Being physically and mentally exhausted can lead nurses to misdirect stress towards their children, causing regret later.⁷ Maruyama et al¹⁴ reported that more than one-fifth of female nurses with preschool children experienced burnout related to child-rearing, negatively affecting work-life balance and mental and physical health.²¹

In the study, nurses working in the surgical unit had higher parenting stress in the shift sub-dimension. Irregular shift work and weekend shifts raise concerns about not adequately caring for children and negatively impacting them.¹³ Kim et al⁷ found that irregular shifts limited nurses' ability to spend time with their children and created pressure to sleep early due to morning shifts.

In the study, nurses working 16-hour night shifts had higher parenting stress in the shift sub-dimension. Parenting stress varied significantly by age, position, and shift working status, and higher stress levels were associated with increased intention to leave the job.²⁶ Nurses working 8-hour rotating shifts, especially those with preschool children, faced challenges with daycare drop-offs and pickups due to early morning or night shifts.²²

The study determined that nurses had the highest level of democratic attitude and the lowest level of overly tolerant attitude. Another study determined that nurses had the highest level of democratic attitude and the lowest level of authoritarian attitude.²⁷ It is seen that families mostly show democratic attitudes.²⁸

In the study, nurses with higher education levels exhibited more tolerant parenting attitudes. However, some studies found no significant difference in parenting attitudes based on educational status,²⁷ while others reported that overprotectiveness and strict discipline decreased with higher education levels.²⁹ Akgün et al³⁰ found that undergraduate and postgraduate education nurses showed overprotective attitudes. These differences may stem from variations in the study samples' sociocultural structures and educational levels.

The study determined that nurses who married at younger marital ages had more democratic, oppressive, and authoritarian attitudes toward their children. Individuals younger than the average age of marriage may exhibit inconsistent attitudes toward child-rearing because they generally assume the role of parents without completing their developmental processes. Feeling stuck between the stress they experience at work and their parental responsibilities may lead to inconsistent behaviors toward their children.

The study found a negative relationship between nurses' democratic attitudes and the physical and mental fatigue subdimension. In contrast, a positive relationship was observed with the shift and work environment subdimensions. Democratic attitudes promote understanding, support, and empathy, reducing family conflict and parenting stress.³¹ However, increased physical and mental fatigue may hinder maintaining this attitude. In contrast, the positive effect of the shift system and work environment on parenting attitudes may reflect work stress on home life.

Table 3. Comparison of the Mean Scores of PSSCN, Parent Child Raising Attitudes Scale Sub-dimensions According to Demographic Characteristics of Nurses

Sociodemographic Characteristics	PSSCN				Parent Child Raising Attitudes Scale			
	Psychological Burden Mean ± SD	Physical and Mental Fatigue Mean ± SD	Shift Mean ± SD	Work Environment Mean ± SD	PSSCN Mean ± SD	Democratic Attitude Mean ± SD	Oppressive and Authoritarian Attitude Mean ± SD	Overly Tolerant Attitude Mean ± SD
Level of education								
Health high school (1)	1.90 ± 0.70	2.25 ± 0.60	3.44 ± 0.66	3.85 ± 0.38	11.45 ± 1.04	65.71 ± 4.35	37.50 ± 3.15	24.85 ± 3.99
Associate degree (2)	2.55 ± 0.73	2.75 ± 0.66	3.26 ± 0.76	3.17 ± 0.74	11.75 ± 2.02	64.20 ± 6.14	37.80 ± 4.61	27.40 ± 5.35
Bachelor (3)	2.33 ± 0.70	2.38 ± 0.73	3.06 ± 0.65	3.29 ± 0.64	11.07 ± 1.85	62.09 ± 7.62	36.67 ± 4.06	27.25 ± 4.45
Master or doctorate (4)	2.21 ± 0.92	2.37 ± 1.10	2.95 ± 0.94	3.26 ± 0.66	10.80 ± 1.34	57.90 ± 11.74	36.10 ± 6.74	31.30 ± 6.18
Test and P	F: 2.077 P: .107	F: 1.287 P: .282	F: 1.590 P: .196	F: 3.559 P: .017 1 > 2,3	F: 0.879 P: .454	F: 2.389 P: .073	F: 0.489 P: .691	F: 3.692 P: .014 4 > 1,3
Marriage age								
20-25 (1)	2.23 ± 0.77	2.40 ± 0.78	3.25 ± 0.64	3.53 ± 0.57	11.43 ± 1.76	64.52 ± 6.20	37.53 ± 4.40	26.36 ± 4.61
26-30 (2)	2.39 ± 0.71	2.36 ± 0.70	3.10 ± 0.67	3.17 ± 0.72	11.03 ± 1.52	61.57 ± 7.71	37.03 ± 3.59	28.29 ± 5.26
31-35 (3)	1.97 ± 0.76	2.53 ± 1.00	2.39 ± 1.11	3.14 ± 0.57	10.04 ± 1.34	55.71 ± 12.68	33.57 ± 6.50	29.14 ± 3.80
36 and above (4)	2.56 ± 0.32	2.85 ± 0.22	2.85 ± 0.13	3.00 ± 0.40	11.26 ± 0.85	56.20 ± 7.01	33.40 ± 2.60	26.80 ± 2.77
Test and P	F: 1.057 P: .371	F: 0.698 P: .555	F: 3.716 P: .014 1 > 4	F: 3.716 P: .014 1 > 2	F: 1.492 P: .221	F: 4.897 P: .003 1 > 2,3,4	F: 3.018 P: .033 1,2 > 3 2 > 3,4	F: 1.748 P: .161
Marital status								
Single	2.26 ± 0.75	2.39 ± 0.77	3.08 ± 0.71	3.34 ± 0.67	11.09 ± 1.79	62.53 ± 7.71	36.78 ± 4.48	27.16 ± 4.90
Married	2.62 ± 0.47	2.56 ± 0.41	3.52 ± 0.46	3.36 ± 0.56	12.07 ± 1.14	61.54 ± 8.09	37.72 ± 1.48	29.00 ± 4.12
Test and P	U: 425.00 P: .148	U: 519.50 P: .581	U: 365.50 P: .043	U: 570.00 P: .941	U: 358.00 P: .039	U: 509.50 P: .521	U: 493.00 P: .424	U: 419.50 P: .135
Sociodemographic Characteristics	Psychological Burden Mean ± SD	Physical and Mental Fatigue Mean ± SD	Shift Mean ± SD	Work Environment Mean ± SD	PSSCN Mean ± SD	Democratic Attitude Mean ± SD	Oppressive and Authoritarian Attitude Mean ± SD	Overly Tolerant Attitude Mean ± SD
	Psychological Burden Mean ± SD	Physical and Mental Fatigue Mean ± SD	Shift Mean ± SD	Work Environment Mean ± SD	PSSCN Mean ± SD	Democratic Attitude Mean ± SD	Oppressive and Authoritarian Attitude Mean ± SD	Overly Tolerant Attitude Mean ± SD
Economic status								
Income less than expenditure (1)	2.93 ± 0.41	3.05 ± 0.48	3.27 ± 0.68	3.27 ± 0.74	12.53 ± 1.78	61.45 ± 7.80	37.91 ± 3.30	28.12 ± 3.79
Income equals expenditure (2)	2.09 ± 0.71	2.25 ± 0.73	3.09 ± 0.70	3.35 ± 0.65	10.78 ± 1.66	62.49 ± 8.21	36.42 ± 4.54	26.94 ± 4.85
Income more than expenditure (3)	2.27 ± 0.73	2.23 ± 0.69	3.07 ± 0.74	3.39 ± 0.60	10.98 ± 1.30	63.38 ± 5.82	37.19 ± 4.36	27.76 ± 5.90
Test and P	F: 14.233 P: .001 1 > 2,3	F: 13.288 P: .001 1 > 2,3	F: 0.635 P: .532	F: 0.191 P: .826	F: 10.401 P: .001 1 > 2,3	F: 0.348 P: .707	F: 1.161 P: .317	F: 0.626 P: .537
Professional experience								
0-5 years (1)	1.98 ± 0.74	2.03 ± 0.80	3.31 ± 0.49	3.49 ± 0.67	10.82 ± 1.65	64.10 ± 5.99	38.47 ± 4.40	27.15 ± 5.93
6-10 years (2)	2.44 ± 0.61	2.58 ± 0.72	3.12 ± 0.56	3.16 ± 0.62	11.32 ± 1.66	61.34 ± 9.05	36.17 ± 5.12	28.03 ± 4.01
11 years and above (3)	2.32 ± 0.76	2.44 ± 0.72	3.07 ± 0.79	3.38 ± 0.66	11.22 ± 1.84	62.44 ± 7.55	36.72 ± 3.80	27.08 ± 4.89
Test and P	F: 2.431 P: .093	F: 3.316 P: .040 2,3 > 1	F: 0.877 P: .419	F: 1.729 P: .182	F: 0.492 P: .613	F: 0.731 P: .484	F: 1.774 P: .174	F: 0.398 P: .673
Unit of work								
Paediatric unit (1)	2.14 ± 0.69	2.27 ± 0.75	3.10 ± 0.60	3.38 ± 0.56	10.91 ± 0.97	64.05 ± 6.37	37.00 ± 5.52	27.00 ± 5.98
Internal unit (2)	2.28 ± 0.77	2.33 ± 0.74	3.08 ± 0.60	3.44 ± 0.55	11.14 ± 1.46	63.28 ± 4.74	36.85 ± 4.09	27.28 ± 5.20
Surgical unit (3)	2.40 ± 0.73	2.50 ± 0.77	3.36 ± 0.62	3.41 ± 0.66	11.68 ± 1.72	60.54 ± 9.14	36.32 ± 4.10	27.08 ± 3.58
Specific unit (4)	2.23 ± 0.75	2.41 ± 0.72	2.80 ± 0.82	3.14 ± 0.75	10.60 ± 2.19	63.73 ± 7.49	37.63 ± 3.90	27.96 ± 5.64
Test and P	F: 0.643 P: .589	F: 0.515 P: .673	F: 4.129 P: .008 3 > 4	F: 1.282 P: .284	F: 2.575 P: .057	F: 1.591 P: .196	F: 0.562 P: .641	F: 0.236 P: .871
Working time								
8-hour shift during the day (1)	2.27 ± 0.77	2.33 ± 0.73	2.98 ± 0.74	3.38 ± 0.67	10.97 ± 1.72	62.96 ± 7.28	37.24 ± 4.11	26.64 ± 4.80
16-hour at night (2)	2.08 ± 0.68	2.34 ± 0.80	3.50 ± 0.48	3.46 ± 0.56	11.39 ± 1.17	62.23 ± 11.73	34.38 ± 5.23	27.38 ± 5.62
Mixed day-night (3)	2.38 ± 0.71	2.51 ± 0.75	3.18 ± 0.67	3.27 ± 0.66	11.35 ± 1.91	61.94 ± 7.02	37.12 ± 4.08	28.06 ± 4.69
Test and p	F: 0.885 P: .416	F: 0.798 P: .453	F: 3.141 P: .047 2 > 1	F: 0.585 P: .559	F: 0.692 P: .503	F: 0.228 P: .797	F: 2.532 P: .084	F: 1.102 P: .336

Table 4. Examination of the Relationship Between the PSSCN and Parent-Child Raising Attitudes Scale

		Psychological Burden	Physical and Mental Fatigue	Shift	Work Environment	PSSCN
Democratic attitude	r	−0.138	−0.297	0.205	0.224	−0.019
	P	.139	.001	.027	.016	.842
	n	116	116	116	116	116
Oppressive and authoritarian attitude	r	0.183	0.013	0.074	0.013	0.117
	P	.049	.887	.431	.891	.212
	n	116	116	116	116	116
Overly tolerant attitude	r	0.372	0.285	−0.135	−0.288	0.116
	P	.001	.002	.149	.002	.215
	n	116	116	116	116	116

The study found a positive correlation between nurses’ oppressive and authoritarian attitudes and the psychological burden subdimension. The nursing profession creates a significant psychological burden due to the intensive work pace, emotional burden, patient care, and decisions requiring responsibility.²⁶ This burden may limit nurses’ capacity to cope with work stress and cause them to exhibit more authoritarian and authoritarian attitudes in family life.

The study found a positive correlation between nurses’ overindulgent attitudes, psychological burdens, and physical and mental fatigue subdimensions. In contrast, a negative correlation was observed with the work environment subdimension. Overindulgent attitudes may lead to difficulty setting limits, making childcare more tiring and time-consuming, and increasing physical and mental fatigue. The negative relationship with the work environment may reflect nurses compensating for work stress at home.

Conclusion

The study determined that the parenting stress of nurses with preschool children was moderate. Nurses had the highest democratic attitude and the lowest overly tolerant attitude. Marital and economic status were effective in reducing parenting stress, and educational status and age at marriage were effective in determining the mean scores of child-rearing attitudes.

The study found that nurses’ democratic attitudes negatively correlate with physical and mental fatigue while positively correlating with shift and working environment. Oppressive and authoritarian attitudes positively correlate with psychological burden. Overly tolerant attitudes correlate positively with psychological burden and physical and mental fatigue but negatively with the working environment.

Nurses should arrange their work hours according to the needs of their children. Training programs should be organized to increase nurses’ awareness of the effect of child-rearing attitudes on child growth and development. More studies should be conducted on parenting stress and attitudes of nurses or different professional groups, and they should be conducted with a larger sample group. Qualitative interviews and focus group studies should be performed to examine the parenting stress of nurses in depth.

Strengths

The study is among the few that specifically investigate the relationship between parenting stress and child-rearing attitudes in nurse parents, filling a gap in the current literature and addressing an underexplored area of healthcare workforce challenges.

Limitations

The study results can be generalized to parent nurses with preschool children working in a hospital in the center of a province in southern Türkiye between November 2023 and December 2024. The descriptive

relational design does not allow for the determination of causality between variables, limiting the interpretation of cause-and-effect relationships. Using only face-to-face interviews as a data collection method limited the depth of responses. While quantitative data provides statistical significance, it lacks the depth that qualitative research could offer. The self-reported nature of the scales may lead to response bias or inaccuracies.

Data Availability Statement: The data that support the findings of this study are available upon request from the corresponding author.

Ethics Committee Approval: Ethics committee approval was received for this study from the Ethics Committee of Atatürk University (Date: October 26, 2023; Number: B.30.2.ATA.0.01.00/769).

Informed Consent: Verbal and written informed consent was obtained from the parents of the patients who agreed to take part in the study.

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