THE IMPACT OF MATERNAL PARENTING STRESS ON MATERNAL RESILIENCE: A STUDY WITH GREEK AND CYPRIOT MOTHERS

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When people become parents, they experience significant life changes. These include feelings of joy and satisfaction, but simultaneously, the parental role comes with obstacles and obligations added to many people's already challenging daily routines. The present study was focused on mothers, and examined the impact of maternal parenting stress on psychological resilience, by considering demographic characteristics such as age, education, employment status, and grandparental support system. We conducted a quantitative, web-designed survey with a sample of 151 mothers of children in various age groups (from 1–12 years old), from Greece and Cyprus, who were 18+ years old. Participants completed the CD-RISK online (Connor and Davidson 2003), the Parental Stress Scale (Berry and Jones 1995), and a personal information form (PIF) with demographic information. Results indicated that mothers experienced parenting stress at moderate to high levels, even if their resilience was positively or negatively influenced by other factors, such as the participation of others (grandparents) in the care of their children. Findings also showed that mothers experienced parental stress as an independent factor in resilience. It seems like providing practical social support structures for mothers aged 26–45 and single mothers could contribute positively to alleviating their stress symptoms.

Keywords: *maternal stress; grandparents; parental stress; resilience.*

INTRODUCTION

Parenting stress arises as a psychological response when parents face challenges meeting their parental responsibilities, particularly when these demands clash with their expectations and available resources (Holly *et al*. 2019). It is likely a common experience for most parents, independent of factors like education, financial status, or social standing. This stress, whether from maternal or paternal

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sources, can stem from various social and environmental factors and can significantly impact children in the short and long term (Crnic *et al*. 2002). Generally speaking, natural disasters, changes during maternity, job-related pressures, and daily emotional and physical hurdles can trigger the parental stress response system (Davis *et al*. 2020; Razurel *et al*. 2013). More specific factors include: (a) characteristics of the caregiver, such as their enduring personality characteristics (Mikolajczak *et al*. 2018; Vermaes *et al*. 2008) and their history of psychiatric issues (Leigh and Milgrom 2008; Milgrom and McCloud 1996); (b) factors related to the child, including their temperament (Gavita *et al*. 2014), behavioral or emotional difficulties (Berenguer *et al*. 2020; *Woodman et al*. 2015), their age (Kim *et al*. 2021), and any medical issues or injuries they may have (Louie *et al*. 2017; Zelman and Ferro 2018); (c) contextual factors, such as financial hardship, exposure to community violence, and being a single parent (Östberg and Hagekull 2000; Raikes and Thompson 2005).

Parenting stress can negatively impact a child's development, affecting various aspects of their life, such as health and psychological resilience (Deater-Deckart *et al*. 2015; *Chen et al*. 2020). It is also linked to decreased emotional well-being in parents. Those facing heightened daily parenting challenges and significant life events often report lower life satisfaction, increased negative mood, and emotional distress. Persistent stress can strain a parent's mental health and diminish their psychological resilience. As Gavidia-Payne *et al*. (2015) defined, parental resilience reflects a parent's ability to provide effective parenting, despite adversity. Some parents, as noted by Peer and Hillman (2014), demonstrate remarkable resilience amidst stress. Acknowledging the interaction between parent and child resilience is crucial, as family dynamics and relationships significantly influence children's adjustment (Browne *et al*. 2015).

The research was conducted in Greece and the Republic of Cyprus. Both countries have lower fertility rates, compared with other EU countries, partly because working conditions in these countries are relatively inflexible, making it difficult for women to balance work and family life (The Social Issues Research Center 2012). Furthermore, the ongoing economic crisis, since 2009 in Greece, and 2013 in Cyprus respectively, have magnified the existing challenges for women, and have created a number of new ones. According to Paxton (2004) a newly emerging meaning for having a child in Greece is the idea of having children being a conscious, very personal consideration for women. A crucial factor contributing to the way in which modern Greek and Cypriot women think about having a family is the increasing financial cost associated with raising a child. Social pressure in both countries is mounting, for working mothers to be more adequately supported by the state. As young women move away from their family of origin to begin work, there is no longer the option to rely on family networks for daily support and provision of childcare. The pressure is mounting for wider availability of flexible

working hours and childcare provision so that women can choose to look after their family and pursue a career.

Even though Greece and Cyprus are two different countries, they share similar legislation regarding maternal/ parental support. Parental paid leave is mostly focused merely on the time prior to the birth, and several weeks after the child is born. Mothers in both countries have 18 weeks of maternal leave (two weeks prior to the birth, and 16 weeks after the birth of the child). Fathers receive only two weeks of paid leave of absence from their work following the birth of their child[1]. Moreover, in addition to the maternity leave, there are provisions for parental leave, which either parent can take as a consecutive period, or in parts until the child reaches a certain age, namely eight years old[2]. Both countries operate day-care nurseries for pre-school children whose parents are working. However, day-care, even as offered by the state(s) is not free in either country[3]

Most studies carried out in Greece and Cyprus about parenting stress focus mainly on parents with children with physical or mental impairments (e.g. Bialas, 2021; Papaeliou *et al*. 2012) but not on parents of children with normal development, a fact that accentuates the need for more research in this area.

Transitioning into the parental role: possible challenges and stressors

Transitioning into parenthood presents one of life's greatest challenges, marked by a complex psychological and developmental process requiring personal and family adjustments. The arrival of a baby brings significant changes in daily routines, sleep patterns, relationships, and identity (Condon *et al*. 2004). First-time parents often view their child's birth as pivotal, necessitating ongoing adjustments, especially in the initial month post-birth, introducing new responsibilities and priorities (Epifanio *et al.* 2015).

Parental stress emerges when the demands of parenting surpass available resources, impacting a child's development and other aspects like health and resilience (Deater-Deckard 2015; Chen *et al.* 2020). Stressors affecting the child can intensify parental stress, influenced by individual and family dynamics. Family systems theory views the family as a dynamic unit, where stress experienced by one member ripples through to affect others (Kafali 2017).

Becoming a mother is an emotional journey, requiring internal and external adjustments (Lago *et al*. 2013). Maternal role acquisition involves a significant reconfiguration, with motherhood described as a mental reorganization process

[1] The Maternity Protection Act 1997 and the Maternity Protection (Amendment) Act 2000 shall be referred to together as the Maternity Protection Acts 1997 and 2000] https://www.cylaw.org/nomoi/enop/non-ind/1997_1_100/full.html.

[2] https://ec.europa.eu/social/main.jsp?catId=1112&langId=el&intPageId=4561.

[3] https://portal.cor.europa.eu/divisionpowers/Pages/Cyprus-Social.aspx.

leading to a new identity (Stern 1995). Work-related stress, particularly for mothers, can hinder fulfilling parental responsibilities, affecting parent – child relationships and family well-being (Agrippino and Luppi 2020). When mothers experience stress, their children are at a higher risk of developing internalizing disorders, such as depression and anxiety, along with externalizing issues, like aggression and rule-breaking behaviors (Bayer *et al*. 2008).

Griffith (2020) suggests prolonged parental stress may elevate the risk of burnout, particularly among parents lacking adequate resources and support. While experiencing stress is normal for parents, it can progress into parental burnout (PBA), when the perceived stress consistently outweighs available parenting resources. Insufficient resources often make parents feel anxious about adequately fulfilling their responsibilities. According to Mikolajczak and Roskam (2018b), parental burnout is a unique and situation-specific condition stemming from ongoing parenting stress, resulting in fatigue within the parental role. This exhaustion can lead to strained parent – child relationships, as the parent grapples with continuous pressure, irritability, discouragement towards their child, and unintentional criticism. During parental burnout, the individual may lose enjoyment in spending time with their child, viewing the child as a source of stress (Bakali 2020). Brianda *et al.* (2020) found that parents experiencing parental burnout exhibited significantly elevated HCC [Hair Cortisol Concentration] levels, compared to a control group (mean level 46.83pg/mg), with a 213% increase (mean level: 99.90 pg/mg). The study also highlighted a notable correlation between HCC levels and parental burnout ($r = 0.27$).

Hubert and Aujoulat's (2018) study on maternal burnout revealed elevated levels of parental burnout stemming from a mother's inclination to excessively invest in her parental role, striving for perfection, and feeling an immense responsibility for her children's future without respite. The research findings highlighted that the core of maternal exhaustion lay in the fear of not meeting the standards of an adequate mother. Maternal stress and resilience have a profound impact on children at every stage of their development. Studies, including that of Giallo *et al.* (2017) pointed out that the postpartum period is crucial for the mother’s mental health. Despite the common perception that the early postpartum period is challenging, there is evidence that mothers may actually experience higher levels of anxiety and depression in the subsequent years, compared to the early postpartum period. This long-term view of maternal mental health highlights the importance of ongoing support and intervention strategies to help mothers manage stress and build resilience, ultimately ensuring the well-being of both mothers and their children.

Psychological resilience – Parental resilience

The American Psychological Association defines resilience as an individual's capacity to adjust to life-threatening situations, challenges, traumatic events, and

significant stressors, later emphasizing recovering from adversity (APA 2020). The APA highlights stable personal traits, like adaptability, contributing to an individual's mental resilience across various social, economic, and cultural contexts. Recent research suggests that resilience is not a fixed attribute, but a learning process involving reinforcement elements (Booth and Neill, 2017). In our study's context, psychological resilience is viewed as a process that can be nurtured through learning and memory to aid individuals in coping with adversity and promoting well-being (DiCorcia and Tronick 2011; Lee *et al*. 2016; Ungar and Theron 2020). Maternal resilience refers to a woman's ability to maintain happiness, self-esteem, and purpose while facing emotional, physical, and financial challenges associated with motherhood and caregiving (Seely and Michelson 2019).

Various scholars, such as Werner (1995), have defined resilience as a complex concept, acknowledging individual variations in responses to challenging situations and coping mechanisms. Resilience researchers assert that multiple factors influence resilience, including personal traits, family dynamics, and broader social contexts (Herrmann *et al*. 2011). Individuals exhibit diverse levels of resilience linked to protective factors, such as specific characteristics and skills that counterbalance threats. Resilience is increasingly viewed as a dynamic and evolving process with room for improvement, emphasizing the significance of interactions between individuals, environments, protective factors, and risks for nurturing psychological resilience (Naglieri and LeBuffe 2005). Maternal resilience encompasses a mother's ability to handle her child's demands and conflicting responses while addressing the demands of motherhood (Baraitser and Noack 2007).

Amid the COVID-19 pandemic, with enforced global lockdowns and social isolation measures, the nuclear family has become pivotal for children and adolescents to develop effective coping strategies and adaptation skills. In this challenging context, the nuclear family emerged as a critical support system for children and adolescents, as the primary environment for young people to learn to cope with stress, adapt to sudden changes, and develop resilience in the face of adversity. Families provide(d) a safe and stable environment for children to process their experiences, receive emotional support, and gain the skills they needed to cope with the uncertainty of life during the pandemic and beyond. The parent – child relationship has emerged as a primary support structure for children's self-control, knowledge acquisition, problem-solving abilities, adaptability, resilience, and hope, which are critical for fostering resilient behaviors in children (Masten 2011). The pandemic has placed substantial stress on children and families in Greece and Cyprus, necessitating significant temporal and spatial adjustments. Recent surveys in Greece and Cyprus (e.g. Fountoulakis *et al*. 2021; Pappa *et al*. 2020; Demetriou *et al*. 2021; Hadjicharalambous *et al*. 2020) indicate that parents

have experienced heightened stress during the pandemic due to managing care responsibilities, home education, and remote work .

Gavidia-Payne *et al*. (2015) introduced a conceptual framework of parental resilience, outlining how child and family characteristics influence family dynamics, caregiver well-being, self-efficacy, and the provision of quality and resilient care. Recent studies during the COVID-19 lockdown period have shown that mothers exhibited more significant signs of anxiety disorders compared to women without children (Benassi *et al.* 2020). Encouraging individual resilience and effective adaptation in children involves supportive networks such as parents, grandparents, and educators, provided they offer competent and caring interactions. Scholars like Masten and Cicchetti (2016) and Hostinar and Miller (2019) suggest that child resilience can be influenced by internal adaptive systems, as well as the resilience of family members.

The role of co-parenting grandparents

Parents often do not shoulder the responsibility of raising their children solely but instead, engage in shared childcare. Evolutionarily, family co-parenting plays a vital role in ensuring infants' survival (Kaplan 1994). The cooperative breeding nature of human parenting suggests that grandparents have historically played a significant role, by offering care, time, and guidance within families (Hrdy 2009). Grandparental involvement benefits parents, especially mothers, and positively affects children. Research findings (Sadruddin *et al*. 2019) indicate that grandparents' participation in childrearing is linked to children's cognitive development and emotional growth. Grandparental care can manifest explicitly through positive interactions with grandchildren, or indirectly, through emotional and practical support for parents, ultimately enhancing family well-being (Dunifon 2013). These insights underscore the value of engaged grandparents as a supportive resource for mothers and grandchildren, provided that the relationship between grandparents and mothers is harmonious and non-intrusive regarding parental caregiving practices (Aubel 2021). According to Ruiz and Silverstein (2007), grandparents stepping in as a secondary support system can help address emerging family challenges, benefiting the well-being and development of grandchildren, especially in diverse family structures, like single-parent or stepparent households.

Family systems theory stresses the importance of looking beyond the mother – child relationship to understand child development and the family's ability to adapt to change and maintain cohesion (Cox 2003). The broader family network plays a critical role in helping individuals and families effectively navigate the challenges of modern life, by providing additional layers of support to alleviate family pressures, diffuse social tensions, and offer essential assistance and care (Kornhaber and Woodward 1981). In line with research on family stress, informal social support is linked to improved maternal well-being, potentially fostering enhanced parenting practices and benefiting child development (Heberle *et al*.

2015; Nunes *et al*. 2021). Consequently, grandparental support may enhance maternal mental health, boosting maternal caregiving capacity and positively impacting children's social and emotional development. Support from close friends and relatives contributes to various positive caregiver behaviors, such as increased self-esteem, mental well-being, and reduced parental stress (Luthar and Cicciola 2015; Parkes *et al*. 2021; Radey *et al*. 2022).

Purpose of the study

The present study aimed to examine how mothers handle their parental role, along with all their other daily stressors on a familiar, personal, and professional level, and the impact of maternal stress on maternal resilience. In our quantitative research, we asked participating mothers to answer questions about their experiences and feelings during the last thirty days before their participation. We posed the following research questions:

1. To what extent do demographic factors (age, country of residence, family situation) affect maternal stress and psychological resilience?

2. What is the relation between parenting stress and maternal psychological resilience?

3. How does the grandparental contribution to childrearing and maternal parenting stress relate?

2. METHODOLOGY

Sample

One hundred and fifty-one (151) mothers from Greece (55%) and Cyprus (45%) participated in our study. We employed a random sampling method to secure a diverse sample. Although it was impossible to represent the entire population, we aimed to fulfill the main demographic characteristics, by collecting data from a broad spectrum of mothers in both countries, encompassing various demographic backgrounds, experiences, and perspectives. Most participants (78%) were 26–45, 19% were above 45, and only 3% were very young mothers, 18–25. Moreover, most participating mothers were married (83%), 14% divorced, and 3% cohabitated. Almost half of our participants (48%) had two children, 43% had one child, 7% had three children, and 2% had four or more offspring. Education-wise, 68% of the mothers had a university degree, whereas 28% had postgraduate studies, 15% had graduated from a technical-professional school, and 17% had a high-school diploma. As far as their occupational status was concerned, 56% of the mothers were private employees, 11% were public servants, and 11% worked on a freelance basis. 13% of our participating mothers were unemployed during the study.

Data collection process

Data collection took place from the 7th to 27th of April 2023. We initiated the random sampling process by disseminating the survey link across various popular online platforms among mothers. These platforms included social media groups, forums, and websites dedicated to parenting and maternal support. Utilizing these digital spaces enabled us to achieve a broad reach, inviting participation from mothers from different geographical locations, socioeconomic statuses, and cultural backgrounds. Participating mothers completed two questionnaires and a personal information form (PIF) online, using the Enklikanketa platform. We applied the Greek versions of the CD-Risk (Connor-Davidson Resilience Scale) (Connor and Davidson 2003) and the Parental Stress Scale (Berry and Jones 1995). Through the PIF, we collected demographic data for age, family situation, place of residence, number of children, education, employment. but also information as to the degree to which grandparents were involved in the care of their grandchildren. On a 5-point Likert scale ranging from "not at all" to "very much" , mothers stated their perceived help from their parents or their in-laws.

We received approval for the study from the Resilience Research Unit of the Department of Psychology and Social Studies at Frederick University, Cyprus. Participants proceeded to the questionnaires after signing a consent form. Participation was anonymous, and there was no reward for the participants.

Instruments

CD-RISC (Connor-Davidson, 2003)

The Connor-Davidson Resilience Scale evaluates an individual's ability to recover from challenging experiences, crises, or trauma. Consisting of 25 items, participants select responses on a Likert scale ranging from 0 to 4 (0 denoting `not true at all`, 4 indicating `almost always true`). Scores can vary from 0 to 100, with higher scores reflecting greater resilience. Through exploratory factor analysis, the conceptual foundation identifies specific factors: Factor 1 emphasizes personal competence, high standards, and tenacity (7.47), Factor 2 pertains to trust in instincts, managing negative emotions, and amplifying stress effects (1.56), Factor 3 focuses on embracing change positively and fostering secure relationships (1.38), Factor 4 relates to a sense of control (1.13), and Factor 5 involves spiritual influences (1.07). Participants assess their feelings over the past 30 days. The scale demonstrates good reliability with a Cronbach's α of 0.89.

The Parental Stress Scale (Berry–Jones, 1995)

The Berry-Jones Parental Stress Scale (PSS) consists of 18 items. It evaluates parents' feelings about their parenting role, including positive and negative aspects of being a parent (e.g., emotional rewards, personal growth) and resource needs

(e.g., emotions of stress). On a Likert scale of 1 to 5, participants express how much they agree or disagree with the items. (1 = `entirely disagree`; 5 = `completely agree`). The instrument consists of four subscales that assess parents' closeness to their children, satisfaction with the parenting role, feelings gained from it, and possible challenges of being a parent. Cronbach's alpha is 0.82, indicating good internal consistency and reliability.

Data analysis

We performed data analysis using SPSS 25.0. We summarized and analyzed the data using descriptive statistics, such as mean, standard deviation, and frequency. Then, variance and correlations were analyzed to examine the three posed research questions. We conducted an ANOVA analysis of variance to explore the statistical significance between parental stress and demographics, mental resilience and demographics, and statistical significance between work quality and parental stress and resilience. We applied Pearson's correlation coefficient to investigate whether there are associations (positive or negative) between mothers' psychological resilience and maternal parenting stress and grandparents' contribution to maternal resilience and parenting stress.

RESULTS

Sample's total scores on maternal parenting stress and psychological resilience

Before we answer our first research question, namely the impact of demographic factors on maternal stress and psychological resilience, we present in *Table no. 1* the overall scores of our sample from applying the two questionnaires (*Table no. 1*).

Table no. 1

Total scores of maternal stress and maternal resilience

MATERNAL STRESS	%	MATERNAL RESILIENCE	%
Very Low n/a	---	Very low (0–25)	0.7
Low (18–35)	1.3	Low (26–50)	7.9
Medium (36–53)	2.0	Medium (51–75)	58.3
High (54–72)	83.4	High (76–85)	23.8
Very high	13.3	Very High	9.3

(73–90)		(86–100)	
Total	100%	Total	100%
Mean	3.33	Mean	3.09
SD	.781	SD	.446

As for maternal stress, our findings from applying the Berry-Jones Parental Stress Scale showed that most participating mothers (83.4%) had high stress levels ranging between 54 and 72 in their scores. A significant percentage of mothers (13.3%) exhibited very high scores, i.e., from 73–90. The mean value for maternal stress was M=3.33 (SD=.781).

We assessed maternal resilience using Connor and Davidson's CD-Risk Scale. Analysis of the results demonstrated that the majority of the mothers (58.3%) had medium resilience (scores from 51–75), whereas 23.8% showed high (76–85) and 9.3% even very high resilience scores (86–100). When we group high and very high scorers, we see that one-third of the mothers (33.1%) report high to very high psychological resilience. The mean value for maternal resilience was M=3.09 (SD=.446).

Maternal stress and demographics

For the significance study examination of parental stress concerning the demographics of our sample, we performed an ANOVA analysis (*Table no. 2*).

Table no. 2

Maternal stress and demographics

Demographic Characteristics		**N**	**Mean**	**SD**	**p-value**	**Maternal Stress Levels****
Age	18–25	26	2.25	1.5	>0.05	18–35 Low
	26–45	99	3.11	.372	0.02*	54–72 High
	>46	26	3.10	.310	0.02*	36–53 Medium
Family situation	Single/Divorced	30	3.12	.393	0.03*	54–72 High
	Married	110	3.35	.415	>0.05	18–35 Low
	Symbiotic	11	2.05	1.00	>0.05	18–35Low
Employment	Private Employees	82	3.20	.407	0.03*	54–72 High
	Civil Servants	30	3.20	.407	>0.05	36–53 Medium
	Freelancers	16	3.00	.365	>0.05	54–72 High
	Unemployed/Stay-at-home-moms	23	3.08	.565	>0.05	54–72 High
Education	High School	25	3.08	.408	>0.05	36–53 Medium
	Professional School	23	3.00	.302	>0.05	36–53 Medium
	Bachelor's degree	60	3.08	.561	>0.05	18–35 Low
	Graduate studies	43	3.14	.351	>0.05	18–35 Low
Number of children	Up to two children	137	3.14	.387	0.03*	36–53 Medium

	Three or more children	13	3.19	.000	>0.05	36–53 Medium

We detected a statistically significant difference between younger mothers (26–45 years old) and mothers over 46 years old [F (3,147) = 18.661, $p < 0.05$] in terms of maternal stress. Our findings showed that mothers aged 26–45 had more stress than those older, but also that very young mothers (18–25) had low stress levels. We also found significant statistical differences in women who were single or divorced, compared to married mothers [F (3,146) = 10.733, $p < 0.05$]. Our findings suggest that women who raised their children alone went through more intense parental stress.

As for work, there seems to be a statistically significant difference [F (3,146) = 10.733, $p<0.05$ for parental stress. More specifically, women working as private employees had more parental stress than the rest (civil servants, homemakers). As to the number of children the mother had, we detected no statistically significant difference between mothers with up to two children and mothers with more than three children ($p>0.05$).

Maternal resilience and demographics

As for the significance study of psychological resilience concerning the demographics of our sample, related to the second part of the first research question, the ANOVA analysis yielded no significant differences regarding age, family situation, or employment. However, we detected statistically significant differences between mothers with a university education and mothers with a secondary education [F (2,708)] = 6.315, $p<0.05$]. Our findings suggest that mothers who had continued their studies and possibly progressed to a postgraduate degree had moderate to high levels of resilience, compared to mothers with secondary education. There also appeared to be a statistically significant difference in terms of the number of children and mental resilience [F (3,236) = 1.214, $p < 0.05$]. Our findings suggest that mothers with a maximum of two children had moderate to high levels of resilience, compared with mothers with more than two children.

Maternal parenting stress and psychological resilience

We utilized Pearson correlation analysis to investigate the link between maternal parenting stress and psychological resilience, addressing our second research query. The correlation coefficient between parental stress and psychological resilience was $r = 0.147$ (2-tailed sign. = 0.71), indicating statistical insignificance. This suggests that the mothers in our study encountered parenting stress irrespective of their psychological resilience.

Grandparents

In our third research question, we posed that parents who received significant (practical) help from grandparents raising their children would experience less parenting stress and would have higher psychological resilience. To examine this relationship, we carried out Pearson's correlation analysis (*Table no. 3*).

Table no. 3

Parental Stress & Resilience and Contribution of Grandparents

_	**Parental Stress**	**Resilience**	
Grandparents' contribution	Pearson correlation	.671**	.344*
	Sig. (2-tailed)	.001	.034
	N=150		

* Correlation is significant at the 0.05 level and ** at the level 0.01

Table no. 3 shows that the correlation coefficient between parenting stress and grandparents' positive contribution to the upbringing of the children was positive (r=.671) and statistically significant (at 0.01 significance level). Regarding psychological resilience when grandparents contributed actively, we also detected a positive correlation coefficient (r=.344) (at 0.05 significance level).

DISCUSSION

Parents may face acute crises in fulfilling the parental role, such as earthquakes or terrorist attacks. However, the stressors that typically activate the parental stress response system are essentially normative, rather than non-normative or critical. These normative stressors encompass a range of psychological and physiological demands inherent to parenting, work-related pressures, the lack of a support network, and everyday stressors arising from physical or emotional challenges (Amici *et al*. 2022). The present study examined the levels of psychological resilience and parenting stress in mothers 18 years and older, compared to demographic criteria such as age, education, family and employment status, the number of children, and place of residence. Furthermore, we assessed the contribution of grandparents as a support network to children's upbringing to see whether they can be considered a mitigating factor in enhancing a mother's psychological resilience or reducing parenting stress. We posed three research questions, which were answered by our findings.

In answering our *first research question*, we detected elevated levels of maternal parenting stress and medium to high levels of psychological resilience in our sample. Furthermore, our findings demonstrated that mothers ranging from 26 to 45 years old experienced significantly higher levels of parenting stress when

compared to very young (18–25) or older (>46) mothers. Older studies (Koeske and Koeske 1990; Garrison *et al*. 1997) showed similar findings, especially for mothers in the 30–35 age range. Within what is considered a "normal" childbearing age, research examining the influence of maternal age on parenting stress appears limited, with many studies predominantly concentrating on the child's age as a predictor of parenting stress. Children undergo continuous development as they age. Some studies suggest that women experienced reduced parenting stress as their children matured, with mothers facing more substantial adjustment stress during their children's early years (Li *et al*. 2005). In a study in Norway, Skreden *et al*. (2012) determined that as children's age decreased, mothers experienced significantly higher total parenting stress and role restrictions. With children aged 3-6, mothers' levels of parenting stress remained relatively stable (Hong *et al.* 2014). According to our findings, another demographic factor that significantly influenced maternal parenting stress was the type of family in which they raised their children. Mothers raising their children in single-parent families experienced significantly higher levels of parenting stress than mothers who raised them with their partners. An older study by Koeske *et al*. (1990) indicated that single mothers and those living and raising their children alone were more affected by parental stress. Over thirty years later, Lee *et al.* (2021) findings show similar trends, namely that single mothers reported higher levels of stress, which was often exacerbated by financial hardships and limited social support. Similarly, Berryhill and Durtschi (2017) found that the time-varying covariates of work-family conflict and parental engagement were significantly associated with single mothers' parenting stress, especially when their children were ages 1, 3, and 5.

As to maternal resilience levels, most of our participating mothers reported medium resilience levels, and one-third even reported high to very high psychological resilience. The ANOVA analysis yielded no significant age, family, or employment status differences. However, we detected a significant difference concerning the educational level: mothers who progressed to a postgraduate degree have moderate to high levels of resilience compared to mothers with secondary education. Xiao *et al.* (2019) also found that mothers with higher educational levels exhibited greater resilience, particularly in emotion control, family support, and interpersonal help. Bakali's (2020) recent findings with Greek samples indicated that the educational level was a protective factor. Similarly, Skaraki's (2020) findings (2020) showed significant correlations between educational level and the psychological resilience of their sample. Our findings also suggest that mothers with a maximum of two children had moderate to high levels of resilience, compared with mothers with more than two children, whose resilience levels were lower. The research conducted by Amici *et al.* (2022) indicates that instead of serving as protective factors in instances of maternal stress, having older siblings decreased the likelihood of younger siblings developing behavioral disorders during their childhood.

Our *second research inquiry* delved into examining the correlation between maternal parenting stress and the levels of maternal resilience. Resilience often refers to a prolonged and evolving process of effectively adapting to challenges or substantial stressors. Research, albeit with pregnant women, indicated that prenatal anxiety was significantly positively connected with stress during pregnancy, but inversely associated with resilience (Tuxunjiang *et al.* 2022). Likewise, Lopez *et al*. (2021) and Elmas *et al.* (2021) illustrated that maternal resilience had an inverse association with maternal prenatal anxiety, suggesting that higher levels of maternal resilience may alleviate maternal prenatal anxiety. Prenatal anxiety was lower when resilience levels were higher (Nan *et al*., 2019)**.** In this context, our initial premise was that maternal resilience could mediate maternal stress in mothers of children of all ages. However, our data analyses showed no statistically significant relationship between maternal parenting stress and maternal resilience, indicating that our participating mothers experienced parenting stress independently of their psychological resilience levels. On the other hand, Ni *et al.* (2015) demonstrated that stress can negatively impact an individual's resilience. The variance between prior research and the present study may stem from the distinct stressors encountered by pregnant mothers and mothers raising children independently, and the diversity in available support networks.

Various populations associate resilience with social support systems. Social support is vital in mitigating the negative impacts of unexpected social and psychological stress (Kaniasti and Norris 2004).

Data analysis in exploring our *third research question* confirmed a negative correlation between maternal parental stress and grandparental active involvement in childcare, and a positive correlation between maternal resilience and significant help from grandparents in raising their children. The contribution of grandparents towards a supportive social environment can reduce parental stress, and increase their mental wellness, or it can reduce the adverse effects of parental strain on children (i.e., protective function) (Cohen and Wills, 1985; Moach and Agraval, 2010). According to Dunifon (2013), children living with a single mother had a greater probability than children living with married parents to experience a very high level of grandparent involvement. Grandparental influence on youth may be through their impact on parental behaviours via offering advice and emotional support to parents, resulting in less anxiety among parents, or even improved parental emotional health, which may lead to positive youth behavioral and emotional outcomes in the long run. Our findings align with several studies that have demonstrated that grandparental support exerts either direct or indirect influence on the stresses related to the parenting role, child-rearing approaches, and outcomes of children on mothers across all educational backgrounds. According to Craig and Churchill's (2018) research, both fathers and mothers showed a positive association between parenting stress and the number of nonparental support hours, while parenting stress was significantly reduced for both genders when

informal/family caregivers provided the care. Childcare likely represents the most readily available form of grandparental support, as indicated by Di Gessa *et al.* (2020), with over half of grandparents worldwide dedicating time to caring for their grandchildren.

Limitations

The purpose of this study was to investigate the link between maternal parenting stress and maternal psychological resilience in mothers of children aged one to twelve. Our findings may be considered within the scope of some limitations. For example, firstly, we carried out the survey entirely online, thus excluding mothers who did not have internet access or were not digitally educated. Indeed, because we largely solicited involvement in our research via social media, our sampling risked collecting data only from participants who had good internet connectivity or were usually active on social media platforms. Secondly, the study employed a cross-sectional design, which cannot adequately establish causal relationships. Thirdly, in examining the participants' emotional state, this study only addressed parenting stress issues, with no previous knowledge about the subject's mental and/or emotional state. Fourthly, it is essential to recognize that this study included mothers of children of different ages, from 1 to 12 years old, spanning different developmental stages, each with unique challenges and demands. Children's growth inherently leads to a shift in their needs and, therefore, in their parents' concerns. The study's failure to account for the children's ages in its analysis may have resulted in an oversight of the detailed effects of different child development phases on maternal stress. This limitation potentially restricts the study's capacity to offer focused insights into the specific pressures of parenting across various childhood stages. It is imperative to acknowledge the absence of age-specific analysis for the sake of transparency, and to steer future research toward a deeper exploration of how maternal stress varies with the age of the child. Lastly, our study comprised mostly white mothers from Cyprus and Greece; thus, the findings should not be applied to ethnically heterogeneous or non-Western cultures.

CONCLUSIONS

The current study explored the impact of maternal parenting stress on psychological resilience concerning demographic characteristics such as age, education, employment status, and grandparental support system. Briefly, our findings illustrated that mothers experienced parenting stress at moderate to high levels, even if their resilience was positively or negatively influenced by other variables, such as the participation of others (grandparents) in the care of their children. Younger mothers (26–45 years) experienced more parenting stress than

those older (46+), whereas the age factor did not differentiate the mothers' resilience levels. Single mothers also experienced higher stress levels than those raising children with their partners. Results indicated that mothers experienced parental stress as an independent factor in their psychological resilience. Daly *et al*. (2022) expressed concern about the growing disparities in healthcare resources available to women compared to those required to support motherhood, citing a lack of focus on women's perspectives and of active participation in resilience research related to motherhood (Albanese *et al.* 2021). This research presents an opportunity to investigate how resilience theory can be applied to maternal stress, and evaluate more interpersonal and contextual elements that encourage resilience in this transition, rather than focusing just on personal traits and factors. At the same time, future research should also concentrate on how mothers perceive the availability of support systems in childrearing. Further explaining the social, economic, and psychosocial aspects that adversely or positively impact mothers' stress and resilience levels is crucial to establishing community support networks and enacting suitable social welfare policy reform. In Greece and Cyprus, the implications for social policies and support measures aiming at improving mothers' resilience and reducing maternal stress are significant and multifaceted. Community support networks are pivotal in providing essential emotional and practical support to mothers, helping them navigate parenting challenges. We can enhance these networks through initiatives that foster community engagement, such as parenting workshops, support groups, and online forums, which offer platforms for sharing experiences and advice. Additionally, enacting suitable social welfare policy reforms is crucial. This idea includes implementing more generous maternity leave policies, providing affordable childcare options, and establishing comprehensive healthcare services catering to mothers' physical and mental health needs. By focusing on these areas, Greece and Cyprus can create a more supportive environment for mothers, ultimately enhancing their resilience and reducing the stress associated with parenting.

Ethics statement

We informed all participants of the study's aims and their right not to participate or to withdraw participation at any time. Signing a consent form marked their participation agreement. Only the research team members had access to raw data materials, thus ensuring the confidentiality of the participants' answers.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Ethics

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În momentul în care oamenii devin părinți, trec prin schimbări importante ale vieții. Acestea includ sentimente de bucurie și satisfacție, dar în același timp, rolul de părinte vine împreună cu obstacole și obligații ce se adaugă la rutinele zilnice deja pline de provocări ale oamenilor. Studiul de față se concentrează asupra mamelor, examinând impactul stresului parental al acestora asupra rezilienței lor psihologice, luând în considerare caracteristicile demografice precum vârsta, educația, statutul angajării în muncă și sistemul de suport din partea bunicilor. Am efectuat în cadrul cercetării un sondaj online cantitativ asupra unui eșantion cuprinzând 151 de mame având copii din diferite grupe de vârstă (între 1 și 12 ani), din Grecia și Cipru, care aveau peste 18 ani. Participantele au completat online testul CD-RISK (Connor and Davidson 2023), Scala Stresului Parental (Berry and Jones 1995) și un formular personal cu date demografice. Rezultatele au indicat faptul că mamele au resimțit stres parental cuprins între niveluri moderate și înalte, chiar dacă gradul lor de reziliență a fost pozitiv sau negativ influențat de alți factori, precum participarea din afară (bunici) la îngrijirea copiilor. De asemenea, a rezultat faptul că mamele au resimțit stres parental ca un factor independent în cazul rezilienței. Se pare că asigurarea propriu-zisă de sprijin/ suport social mamelor între 26 și 45 de ani ar putea contribui pozitiv la diminuarea simptomelor acestora de stres.

Cuvinte cheie: *stres matern; bunici; stres parental; reziliență.*

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