

Parent-child relationships, digital media use and parents' wellbeing during COVID-19 home confinement: the role of family resilience

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Abstract

Research has provided substantial evidence on the role of parents' well-being in the quality of parent-child relationship and children's adjustment. Parents' stress and parental couple conflict have been linked to children's adverse developmental outcomes. However, little is known about the factors that affect parent's wellbeing when coping with multiple stressors such as those brought by the recent COVID-19 global pandemic. Our study intended to examine the predictors of parental well-being looking at the contextual factors of COVID-19 home confinement, i.e. the use of digital media and parents' domestic workload, and family resilience. Also, age and number of children were controlled as potential variables impacting parents' well-being. A three-step hierarchical regression analysis was applied. The results showed that family resilience was a very strong predictor of parents' well-being after controlling for any other variable. Parental couple's conflict over the use of technology

predicted lower levels of family well-being, while notably parent child-conflict and domestic workload were not associated with parents' well-being. Additionally, age of children did play a role: the higher the mean age of children in the family the better the parents' well-being. The findings are discussed in the light of their implications for research and practice.

Keywords: parent's wellbeing; technology interference; family resilience; parental stress; marital conflict; digital media; ICT; COVID-19; lockdown

Introduction

Substantial literature on parent-child relationship has addressed the implications of parents' conflict, stress, and wellbeing for children's social and emotional adjustment across the life-course. For instance, the transition to parenthood can be a highly stressful event for couples: pre-transition conflicts between partners can be amplified and affect co-parenting tasks with consequences for children's wellbeing [1, 2, 3, 4, 5]. Similarly, adolescence can be a period of stress and conflicts for parents and children who are called to renegotiate families' rules and roles, intimacy and interpersonal distances, and acknowledge children's emerging competencies [6, 7, 8]. Additionally, as indicated by ecological [9] and systemic models [10] historical events together with the characteristics of social-cultural context may have an impact on parent-child relationship as well as on parents' and children's wellbeing. The recent COVID-19 global pandemic can be considered as a historical catastrophic event that has affected individuals' wellbeing and their significant relational contexts. In fact, research carried out during the pandemic has extensively examined parental stress and associated risks, such as parental burnout [11], and the implications for parent-child relations as well as for children's and adults' mental health in particular during home confinement and isolation [12, 13, 14, 15]. Families with young children experienced more challenges compared with

adults with older or no children due to the closure of schools and childcare services [16, 17]. This resulted in increased pressure on parenting, negotiations between partners for managing childcare and domestic workload [18]. Parents' and children's home confinement has also implied and increased use of digital technologies for maintaining social connections and communication during isolation [19, 20]. This has afforded continuity with contexts outside the family household such as schools, healthcare and emergency services. However, the necessary continual connection to Internet through the use of digital devices (computer, tablets, smartphones) for school and work activities have exacerbated conflict among family members [21]. In this scenario, family resilience [22], namely the capacity of families to heal and adapt or even grow stronger when devastated by traumatic events, was found to be a protective factor for parents' well-being and ultimately for children's adjustment [23]. However, while studies on resilience, family conflict, parental stress and well-being during the different waves of the COVID-19 pandemic have yielded important evidence, there is limited research that have examined the role of digital technologies as a key contextual factor affecting parent-child relationships, parents' wellbeing, and ultimately children's and adolescents' adjustment.

Parent-child relationships and parents' well-being during COVID-19 home confinement

Studies on parent-child relationship carried out during COVID-19 pandemic have given particular attention to parental stress and well-being-related dimensions [e.g. 24, 25, 26, 27]. Parental well-being, as well as the parental couple relationship, emerge as important factors in defining the quality of parent-child relationship [7, 28, 2, 29]. This result supports the line of studies that focus on the contextual and interpersonal variables affecting parents' well-being in particular under stressful circumstances. Consistently, research showed that adults with children had greater level of stress compared with adults without children during the

COVID-19 pandemic [14, 30, 31]. Motherhood, psychological distress, and having younger children predicted higher parenting-related exhaustion [32]. Parents with preschool children, in particular, perceived more stress related to staying at home during the quarantine and doing repetitive activities every day [17]. In families with adolescents, the impact of home confinement had consequences for children's mental health in terms of increased anxiety and depression; however, the increase of these symptoms were correlated with parental stress [15]. Family structure variables, such as the number of children living at home, have also been associated to higher level of parental stress during home confinement [33]. Furthermore, parents in vulnerable families were at greater risk than others [34, 35]. Not surprisingly, research showed that domestic violence between parents, but also between parents and children, increased during quarantine [36, 37]. Similarly, dysfunctional couple relationships were amplified by lockdown restrictions and home confinement [38].

Workload and childcare have been identified as other key variables impacting the quality of parent-child relationship and parental couples' well-being. For instance, Seiz [18] found that the pandemic allowed couples to renegotiate the traditional division of labours. Similarly, Yerkes et al. [39] showed that gender inequality in the division of childcare and household work decreased during lockdown; however, disagreements between partners regarding the division of childcare tasks increased in particular among parents with children in primary schools compared with parents with children in secondary schools. Taken together, these studies show that the particular circumstances of COVID-19 pandemic have both increased parental stress and amplified dysfunctional family dynamics with detrimental consequences for parents' and children's relationships and well-being.

COVID-19 contextual factors: digital media and family conflict during home confinement

The use of digital technologies is now embedded in families' everyday life tasks and routines [40] and parent-child communication [41, 42, 43]. COVID-19 lockdown has exacerbated the dependency on digital devices for communication exchanges as well as for tasks and routines that would have regularly happened face to face: work and school activities, connection with extended family and friends, shopping, celebrations, etc. [20]. Therefore, it was not surprising that the amount of time that family members spent using digital technologies had increased during lockdown [44]. This phenomenon has offered parents and children opportunities, such as exploring and using together online platforms, using online services for healthcare, work, and education, which were not available pre-COVID; however, increased screen time had also implied increased exposure to risks and harm [45, 46]. Among the risks, researchers found that technofence or technology interference, namely the interruption of face-to-face communication due to technology [47, 48], characterized family interactions during isolation with negative consequences for children's social competence [21]. In general, technofence was associated with poorer quality of partner relationship, co-parenting, and child-behaviour problems [47, 49]. Consequently, home isolation as well as parents' and children's increased use of digital media may have increased technofence, which in turn may have amplified family conflicts. Yet, research has not explored how these contextual variables of the pandemic, the substantial use of digital media, and the interference of devices on parents and children communication might have impacted on parents' well-being.

COVID-19 and family resilience

Family resilience has been considered central in buffering against COVID-19 risks and the multiple losses caused by the pandemic [22, 50, 51]. The conceptual framework of family resilience [50] builds upon the systemic principle that a traumatic event has an impact on individuals and reverberates through families' mutual relationships. Therefore, the capacity

of families to overcome crisis and rebound from traumatic events, such as a global pandemic, is beneficial for individuals' health, but also triggers relational processes that happen among family members. Walsh [22] identified key family processes concerning three dimensions of family functioning (shared belief systems, organizational resources, and communication processes) and three subdomains for each dimension. In other words, the ways in which families face trauma, loss, and varied situations of adversity depend on their values and belief system, on the ways in which family members communicate and share emotional support, and on the capacity to mobilize internal and external resources. Prime, Wade, and Browne [52] emphasized the centrality of family resilience dimensions of shared belief systems and communication and emotional support to promote family resilience during the pandemic as way to protect caregivers' well-being and ultimately children's adjustment. Similarly, Walsh [52] proposed to consider shared belief system as a key dimension for positively coping with the multiple losses caused by COVID-19 pandemic. However, Coulombe et al. [53] have found that the buffering effect of resilience was limited for the multiple stressors associated with COVID-19. In fact, the literature on the 'healing potential of family resilience' is predominantly characterized by conceptual works that have guided clinical interventions and that have rarely assessed the perceptions of parents and children. To address this gap our study investigated family members' perceptions of family resilience dimensions while families were experiencing restrictions measures.

Aims of the study

The main aim of this study was to examine the well-being of parents having at least one minor child (<18 years) and living in the Republic of Ireland and Italy during the first COVID-19 lockdown. More specifically, we aimed to investigate (a) the impact of digital media use and conflict over the use of digital devices (technoference) on parents' well-being,

and (b) the role of family resilience, a key protective factor for coping with adversities and fostering family members' well-being. Also, existing evidence showed that given the particular circumstances of COVID-19 restrictions, domestic workload and childcare had an impact on parents' stress and wellbeing-related dimensions [e.g., 24, 25, 26, 27]. Furthermore, having young children [32] and the number of children in the household contributed to higher parents' stress and less well-being during the first phase of the pandemic [33]. Therefore, (c) we also examined the impact of children's age and number on parents' well-being .

Materials and method

Context and procedures for data collection

Data for this study were collected during the first lockdown of the COVID-19 pandemic when both participating countries, Italy and the Republic of Ireland, were under high level restrictions (April - June 2020). Italy was one of the first countries to be affected by the wide spread of COVID-19 after China, which was in early February 2020. In the Republic of Ireland, by March 2020 restrictions were in place including stay-at-home orders (except for essential workers, shopping, medicines, exercise, and care for relatives) [54]. Lockdown measures in both countries included ban on public and private gatherings, and closures of non-essential shops, community centres, bars, and restaurants. In Italy restrictions started to be eased on 4th May 2020, whereas in the Republic of Ireland on 18th May 2020. However, significant limitations on non-essential travels, public events, and schools and universities activities remained in place.

For the purposes of the present study, parents with at least one minor child were recruited through schools and educational services in regions in Northern Italy, and through an online platform in the Republic of Ireland. Anonymous questionnaires were distributed

and administered online through the survey platform Qualtrics. Informed consent from participants was obtained asking them to fill out an online consent form before starting the questionnaire. All questions included in the questionnaire referred to the participants' experience during the first lockdown. The study obtained approval from the Ethics Committee of University College Dublin (approval code:LS-20-43-Everri).

Participants

Participants were 579 parents with at least one minor child, 88% of which were females. The age range was 25-63 years ($M=45.10$, $SD=6.32$). The majority of participants, 68.1% ($n=439$), were resident in Italy, 31.9% ($n=140$) were resident in the Republic of Ireland and one in Northern Ireland; 87.8% stated they were living with their partner; the majority (52.5%) reported having two children, 26.5% stated they had one child, 15.9% three children, 3.5% four children, and the minority had five (0.7%) or more than five (0.9%) children. The sample's education level could be classified as medium-high since 60.1% of participants had obtained a Bachelor or higher degree.

Measures

Parents' well-being. Parents' well-being was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS 55, 56), a 12-items 5-point Likert-type from 'never' to 'always' asking about individual feelings (e.g. 'I've been feeling optimistic about the future'). Cronbach's alpha coefficient for this scale was 0.88.

Technology interference. Family conflict over the use of digital media was measured using an adaptation of the 4-items interpersonal conflict (IC) sub-scale from the Generic Scale of Phubbing (GSP, 58). The IC is a 5-point rating scale ranging from 'never' to 'always' asking about the frequency of conflict between the parental couple and between parent and children over the use of technologies, e.g. 'I tell my partner that s/he interact with her/his smartphones (or another device connected to Internet, e.g., tablet) too much' and 'I

tell my child that s/he interact with her/his smartphones (or another device connected to Internet, e.g., tablet) too much'. Cronbach's alpha coefficient for parent-partner IC was .90, whereas for parent-child IC was .87.

Family resilience. The Walsh Family Resilience Questionnaire [WFRQ, 58, 50] was used as scale to measure family resilience. The 31-items questionnaire on a Likert-type scale from 1='very little' to 5='very much' is a well validated instrument to assess the three-factors structure of the family resilience framework [59], namely belief systems, communication processes, and organisational resources. Some items were adapted to refer specifically to the COVID-19 pandemic situation (e.g., 'we trust in the possibility of overcoming our difficulties brought by this pandemic'). The scale showed a very good reliability (Cronbach's alpha=.93).

Domestic workload. Parents' domestic workload was measured by asking participants to estimate the number of hours dedicated to a) domestic activities, such as cooking, tidying up, grocery shopping, b) playing with children, and c) helping children with homework/study in a typical day during the lockdown.

Digital media use. The extent to which participants used technologies (devices that support the Internet) during the lockdown was measured by four items asking them the frequency of use of smartphone, computer, tablet, and TV for job or leisure activities on a range from 1=never to 5=very often.

Children's age and number. Participants were asked to indicate the number of children present in the household and the age for each of them.

Data analysis overview

A composite variable was created to measure the frequency of digital media use during the pandemic (smartphone, computer, laptop, TV). Principal Component Analysis was applied

using the regression scores approach. This method allows the composite variable to reflect the latent dimension of device usage by encompassing the structure of the initial items that assessed frequency of use of each device [60]. A one component solution best summarized device usage in the data based on an eigenvalue of 1.63 and accounted for 41% of the variance (component loadings ranged from 0.52 to 0.76) with the second component producing an eigenvalue lower than 1.0 (0.95).

Descriptive statistics were calculated for the study variables. A hierarchical regression analysis was conducted to evaluate the significance and strength of the predictive value of the following variables on parents' well-being: (a) family conflict over the use of digital media (technoference), (b) frequency of use of digital media, (c) family resilience, (d) children's age and (e) number of children in the household. Model predictors were entered in three steps. In Step 1, age and number of children in the family were entered as predictors, and in Step 2 family resilience was entered in the model. In Step 3, variables related to use of digital media were entered as predictors, namely device usage, conflict between parents over the use of technology, parent-child conflict over the use of technology, and parents' workload. In the second and third Step a significant change of R^2 value indicates a significant contribution of the group of predictors to the total amount of variance above and beyond the predictor entered in Step 1. Confidence Intervals (CIs) and alpha were set to 95% and 0.05 respectively.

Descriptive statistics

As shown in Table 1, participants had on average 2 children and children's mean age was 11.63 years (SD=5.40). Parents reported a medium to high score on family resilience of 3.60 (SD=0.55). As for the frequency of devices used during home confinement, smartphone was the most frequently used device (M=4.38, SD=0.75), followed by computer (M=4.05, SD=1.07) and TV (M=3.52, SD=1.04). Tablets were used rarely (M=2.68, SD=1.44).

Participants reported low levels of couple conflict over technology use ($M=1.78$, $SD=0.75$) and medium levels of parent-child conflict over technology use ($M=2.59$, $SD=0.92$). Regarding workload, parents reported to spend on average 5.20 hours doing domestic activities ($SD=4.74$), 3.83 hours playing with children ($SD=4.52$), and 3.37 hours helping children with homework ($SD=4.77$) daily. Lastly, parents reported moderate levels of well-being ($M=3.42$, $SD=0.56$). See Table 1 below.

Table1. Descriptive statistics for the variables included in the study

| Variables | N | M | SD |
|--|-----|-------|------|
| Age of children | 568 | 11.63 | 5.40 |
| Number of children | 573 | 2.02 | .88 |
| Family Resilience | 579 | 3.60 | .55 |
| Device usage: | | | |
| Smartphone | 579 | 4.38 | .75 |
| Computer | 579 | 4.05 | 1.07 |
| TV | 579 | 3.52 | 1.04 |
| Tablet | 579 | 2.68 | 1.44 |
| Couple conflict over digital media | 579 | 1.78 | .75 |
| Parent-child conflict over digital media | 579 | 2.59 | .92 |
| Parent's domestic workload: | | | |
| Domestic activities | 579 | 5.20 | 4.74 |
| Playing with children | 579 | 3.83 | 4.52 |
| Helping children with homework | 579 | 3.37 | 4.77 |
| Parents' well-being | 579 | 3.42 | .56 |

Hierarchical regression

Table 2 shows the results of the hierarchical regression model. In Step 1 of the hierarchical regression model, age and number of children were entered as predictors. The results showed that together these variables produced a significant contribution in predicting parents' well-being $F(1, 564) = 5.59, p = 0.004$. Despite a significant p-value the variance explained in scores of the outcome variable was substantially small (2%). Higher age of children significantly predicted better parents' well-being ($p < 0.001$), while the number of children was not a significant individual predictor ($p = 0.41$).

In relation to parents' well-being, family resilience was entered as predictor variable in the second step of the regression model. The results showed that family resilience produced a considerable contribution to the model $F(3, 561) = 93.2, p < 0.001$ explaining 33% of the variance. Entering family resilience as predictor added to the explained variance of parents' well-being above and beyond the contribution of age and number of children R^2 change = 0.31, $F(1, 561) = 263.5, p < 0.001$. Family resilience positively predicted parents' well-being ($\beta = 0.57, p < 0.001$) and age of children remained a significant predictor in this step (see Table 2).

Table 2. Hierarchical regression analyses for predictors of family well-being.

| Step | Predictor | B | SE | β | R^2 (Adjusted) | R^2 change |
|------|--------------------|------|-------|---------|---------------------|--------------|
| 1 | | | | | 0.02* | |
| | Age of children | 0.01 | 0.004 | 0.13* | | |
| | Number of children | 0.03 | 0.03 | 0.03 | | |
| 2 | | | 0.04 | 0.55* | 0.33* | 0.31* |
| | Age of children | 0.02 | 0.004 | 0.18* | | |

| | | | | | | |
|---|--------------------------|-------|-------|------------|-------|-------|
| | Number of children | -0.02 | 0.03 | -0.03 | | |
| | | | | (ns) | | |
| | Family resilience | 0.58 | 0.04 | 0.57* | | |
| 3 | | | | | 0.36* | 0.03* |
| | Age of children | 0.02 | 0.004 | 0.16* | | |
| | Number of children | -0.03 | 0.03 | -0.04 (ns) | | |
| | Family resilience | 0.56 | 0.04 | 0.55* | | |
| | Digital media use | -0.01 | 0.02 | -0.02 (ns) | | |
| | Parental couple conflict | 0.01 | 0.02 | 0.02 (ns) | | |
| | Parent-child conflict | -0.13 | 0.03 | -0.17* | | |
| | Parent workload (hours) | 0.002 | 0.002 | 0.05 (ns) | | |

Note: * $P < .001$; ns, not significant.

Variables related to the use of digital media (digital media use, conflict between parents over digital media use, and conflict between parent and children over digital media use) and workload (in hours) were added in Step 3 of the hierarchical regression model. Together these variables produced a significant contribution to parents' well-being. As shown in Table 2, these variables added to the explained variance of parents' well-being above and beyond the contribution of family resilience R^2 change = 0.03, $F(4, 557) = 6.83$, $p < 0.001$ increasing the explained variance to 36%. Of the four predictors inserted at the third step, only conflict between parents was a significant unique predictor ($p < 0.001$), while digital media use ($p = 0.60$), parent-child conflict ($p = 0.61$) and workload ($p = 0.14$) were not.

Discussion

This study aimed to provide a better understanding of parent-child relationships and parents' well-being under the unprecedented circumstances induced by the COVID-19 pandemic such as home confinement. Research has pointed out that the impact of parents' stress on parents'

well-being can spill over parent-child relationships and ultimately negatively affect children's adjustment and well-being [e.g, 2, 3, 4, 5]. Our findings showed that a key protective factor for parents' wellbeing during the COVID-19 restrictions and home confinement was family resilience. The more the parents perceived that they could work together as a family to overcome the challenges of the pandemic in terms of hope and positive belief, positive interpersonal communication, and mobilization of internal and external resources, the less parent's wellbeing was affected. In other words, family resilience worked as 'buffer' that prevented parents from being stressed or overwhelmed by the negative circumstances of home confinement [22, 51]. When families are resilient, parents' well-being is safeguarded, and this ultimately can protect parent-child relationships and children's well-being.

An innovative result of this study was related to the impact of the use of digital media on parents' wellbeing. The frequency of use of digital media per se did not have an impact on parents' wellbeing during lockdown; however, the distraction and interruptions of face-to-face communication caused using digital media triggered conflicts between the partners (technoference), which in turn impacted on parents' well-being. Interestingly, the parent-children conflict for the use of digital devices had no impact on parents' wellbeing. Evidence shows that the interference of technologies in face-to-face communication negatively affect the quality of family relationship [47, 48, 49]; however, our results suggest that parents are more negatively affected by the conflict with their partner rather than with their children. This can be due to the fact that during lockdown parents had to rely on one another and work as a team to cope with the multiple challenges of the pandemic. In this sense, one parent's continuous distraction caused by digital media may have prevented the parent from being available for the other both as a parent and as a partner. Digital devices seem to have undermined the possibility for parents to collaborate, but also to spend time together as a couple, thereby negatively affecting parents' well-being.

Lastly, in contrast with previous studies [33], in our study the number of children present in the household was not associated with parents' wellbeing, as well as the domestic workload [18, 39]. Instead, in line with the existing evidence [32; 17], having young children negatively impacted on parents' wellbeing. This can be linked to the fact that home confinement required continuous attention and care provided to young children while parents were contemporary involved in other tasks, such as housekeeping, and work activities which often implied working from home. Older children, such as adolescents, require less involvement of parents in their daily care routines (food preparation, hygiene, homework, and playful activities). This might have contributed to negatively affect parents' well-being.

Limitations and conclusions

This study has some limitations: Firstly, a perceived measure of parents' stress was not included in our analysis; this can be an additional measure to include in future studies that want to consider the long-term impact of the pandemic on parent-child relationships.

Secondly, we could not rely on measures referred to families' contextual situation before the pandemic, e.g. the use of digital media and the conflict over the use of those devices. In fact, we collected data at a moment in which families were in acute crisis. Longitudinal studies should be considered in exploring and monitoring potential changes in families' coping mechanisms as well as the impact on family members wellbeing and their relationships.

Lastly, we did not consider cross-cultural dimensions in our study. We acknowledge that this can be a limitation when interpersonal processes are examined. However, during the pandemic Italy and Ireland face similar restriction measures, and research evidence studies highlighted parents' responses during the pandemic did not significantly differ across culture

(e.g., Toran, 2021). Therefore, cross-cultural dimensions can become less salient when the impact of the recent pandemic is taken in account.

The COVID-19 pandemic has brought several challenges for families including mandatory confinement at home for several weeks. As indicated by our findings, parents had to cope with contextual factors that may have affected their well-being as well as their couple and parent-child relationships. At the time of writing this article (October 2022), it seems that we have entered a post-pandemic era; however, coronavirus has not disappeared, and parents and children are now coping with the long-term impact of this catastrophic event. Therefore, practitioners working with families should be aware of the conflictual dynamics that parents and children have faced during the pandemic. Digital media became an issue of confrontation between the parental couple which affected parents' well-being. The consideration of the quality of couple relationship is therefore key when devising clinical interventions. Also, the family resilience framework continues to be an important conceptual framework that can guide individual and family interventions.

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