Modeling Parental Burnout Based on Perceived Social Support with the Mediating Role of Self-Compassion in Parents of Students with Specific Learning Behavioral Disorder

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ABSTRACT

Purpose: The present study aimed to model parental burnout based on perceived social support with the mediating role of self-compassion in parents of students with specific learning behavioral disorder.

Methods and Materials: The study was applied in nature, and its methodology was descriptive-correlational based on structural equation modeling. The statistical population included all parents with one or more children diagnosed with specific learning behavioral disorder in Hamadan Province who visited learning disorder treatment centers during the 2021–2022 academic year. A total of 305 individuals were selected using convenience sampling. Data were collected using the Parental Burnout Assessment (PBA), the Perceived Social Support Questionnaire by Zimet et al. (1988), and the Self-Compassion Scale-Short Form (SCS-SF) by Neff. Data analysis was conducted through structural equation modeling using AMOS software.

Findings: The results indicated that self-compassion mediates the positive relationship between perceived social support and parental burnout.

Conclusion: It can be concluded that self-compassion helps parents avoid perceiving themselves as isolated from others or viewing their problems as more significant than those of others, which, in turn, prevents burnout.

Keywords: Parental burnout, perceived social support, self-compassion, parents of students with specific learning behavioral disorder.

1. Introduction

Students with specific learning behavioral disorder, despite having access to educational resources, normal intelligence, and academic motivation (Aghaziarati et al., 2023; Bulut et al., 2024), face difficulties in school performance, academic achievement, and educational adaptation upon entering school (Kordbche et al., 2022). However, their learning difficulties cannot be attributed to visual, auditory, or emotional disorders, nor to unfavorable environmental, economic, or cultural conditions (Chan et al., 2023; McAloon & de la Poer Beresford, 2023). This disorder has a neurodevelopmental origin, begins in the early years of formal education, and affects approximately 5% to 15% of school-aged children.

For most parents, parenting-related stress and managing their children's education are transient and do not significantly impact their lives. However, for approximately 20% of parents, the level of parenting-related stress can lead to parental burnout (Mousavi et al., 2020; Mousavi et al., 2021; Roskam et al., 2018), which becomes even more critical for parents of children with specific learning behavioral disorders. Parental burnout is defined as a prolonged response to chronic and overwhelming parenting stress (Çakmak & Arıkan, 2024; Wang et al., 2023). It is a chronic condition resulting from high levels of parenting stress due to a mismatch between the demands of parenting and the resources available to families to meet these demands (Guo et al., 2024; Ping et al., 2023). Parental burnout comprises several dimensions, including exhaustion in the parental role (feeling that one's role as a mother or father is depleted), contrast with previous parenting (perceiving that one is no longer a good parent as before), parental detachment (experiencing fatigue and aversion to the parental role), and emotional distancing from children (feeling unable to express affection toward one's children) (Blanchard et al., 2023; Yuan et al., 2022).

Moreover, parents experiencing burnout become fatigued from daily interactions with their children, develop aversion toward their parental role, feel drained and self-blaming, engage less in active relationships with their children, and struggle to manage their children's issues effectively (Sofa & Ainun, 2024; Zhang et al., 2024). While parenting can be both rewarding and stressful, parents without sufficient support to cope with parenting-related stress are at greater risk of developing parental burnout. This condition is characterized by excessive exhaustion related to the parental role, emotional distancing from children, and feelings of inadequacy (Guo et al., 2024; Ren et al., 2024).

A comprehensive definition of social support can be found in the concise explanation provided by Albrecht and Adelman (1987), who describe it as "verbal and nonverbal communications between recipients and providers that reduce uncertainty regarding a situation, oneself, another person, or a relationship and enhance an individual's perception of personal control over life experiences." In real life, this type of human support has been shown to have a powerful impact on individuals and plays a crucial role in their physical and mental health (Sofa & Ainun, 2024). Social support is defined as the provision of material and psychological resources through social interactions, which enhances an individual's coping capacity (Ayrancı, 2015). However, perceived social support—the individual's perception of received support and their attitude toward it—is more critical than the actual support received, as it plays a significant role in coping with stressful events. The providers of social support, often close family and friends, help reduce isolation and assist the individual in dealing with stressful situations (F., 2024; Habibi, 2023; Lowery & Cassidy, 2022; Masoumi et al., 2022).

Studies indicate that social support facilitates health-promoting behaviors, mitigates stressful life events, and encourages activities that contribute to personal goals. Conversely, insufficient and untimely social support during critical moments can exacerbate an individual's difficulties, leading to various negative outcomes such as social withdrawal, depression, reduced self-esteem, learned helplessness, and other psychological issues (Delkhah et al., 2023; Ferrari et al., 2017; Habibi, 2023). Additionally, research has shown that social support plays a mediating role in alleviating the negative consequences of burnout (Abdulmohdi, 2024; Fu, 2023; Rahgoi, 2024; Sofa & Ainun, 2024; Wu, 2023).

As a mediator, self-compassion is an effective mechanism for intervening in negative self-evaluations when individuals face challenges, enhancing their coping abilities in the face of failures and hardships (Vajihesadat & Gholamreza, 2023). Neff (2003) describes self-compassion as a balanced and supportive approach to oneself in difficult situations, reminding individuals that they are not alone in their suffering. It helps individuals recognize and develop the motivation for meaningful change (Galiana et al., 2022; Noroozi, Nouran, et al., 2021). This construct embodies warmth and acceptance toward oneself and one's life experiences, consisting of three core components. First,

when individuals recognize their own inadequacies and suffer from them, they maintain a sense of self-worth and understanding. Second, they develop an awareness of shared humanity, acknowledging that pain and failure are inevitable aspects of human experience. Lastly, self-compassion involves a balanced awareness of one's emotions, allowing individuals to confront painful thoughts and feelings without avoidance, exaggeration, or excessive self-pity (Abdollahi et al., 2020; Noroozi, Nouran, et al., 2021).

Self-compassion is a crucial resilience factor for those seeking to heal from past traumas and pain (Boellinghaus, 2014; Galiana et al., 2022). It also functions as a coping strategy that helps individuals face their circumstances and the consequences of their actions (Abdollahi et al., 2020). Higher levels of self-compassion reduce tendencies toward repetitive and self-critical thinking. Additionally, self-compassion is positively associated with life satisfaction, and individuals with higher self-compassion exhibit greater adaptability in resolving interpersonal conflicts and experience fewer emotional disturbances (Abdollahi et al., 2020; Boellinghaus, 2014; Duarte & Pinto-Gouveia, 2016; Galiana et al., 2022; Noroozi, Ghaffari Nouran, et al., 2021; Noroozi, Nouran, et al., 2021; Vaillancourt & Wasylkiw, 2019; Vajihesadat & Gholamreza, 2023; Zakari et al., 2018).

Considering the psychological consequences of parental burnout, identifying the associated factors is crucial for parents and families. By recognizing these factors and implementing appropriate psychological interventions, it is possible to reduce the negative effects of parental burnout and even lower the risk of its occurrence. Parents of students with specific learning behavioral disorder often exhibit characteristics such as rejection (lack of perceived social support), inflexible behaviors (low self-compassion), externalizing behaviors (aggression), anxiety, depression, and psychosomatic disorders, all of which are typically associated with emotional and psychological conflicts (Faramarzi et al., 2013). Research has shown that positive aspects of these constructs can help mitigate parental burnout. A review of the literature indicates that no study has yet examined perceived social support as a predictor of parental burnout. Furthermore, the role of self-compassion, an emotion regulation strategy (Chao et al., 2018), has not been investigated in this context. Given these considerations, the present study aims to answer the question: Does the model of parental burnout based on perceived social support, with the mediating role of self-compassion, fit the parents of students with specific learning behavioral disorder?

2. Methods and Materials

2.1. Study Design and Participants

The research method, considering the nature of the study, was descriptive-correlational based on structural equation modeling (SEM). The statistical population included all parents of students diagnosed with specific learning behavioral disorder who visited special learning disorder treatment centers in Hamadan Province during the 2022–2023 academic year.

Regarding sample size, based on structural equation modeling recommendations by Kline, who states that the acceptable sample size should be at least 2.5 times and at most 5 times the number of items in the measurement instruments, the present study required a minimum of 302 participants and a maximum of 605 participants, given a total of 121 items. Ultimately, 305 individuals were selected using convenience sampling.

For implementation, ten cities in Hamadan Province with special learning disorder treatment centers operating under the supervision of the regional education department were selected. From each city, two centers were randomly chosen. Parents visiting these centers were invited to participate in the study based on the inclusion criteria: informed consent to participate in the research, no prior individual counseling sessions, no marital problems, and not being a single parent. Parents who met these criteria and were willing to cooperate received the questionnaires. The only exclusion criterion was a lack of willingness to participate.

Ethical considerations, including informing participants about the research process, obtaining consent for participation, and ensuring confidentiality of participant information, were strictly observed.

2.2. Measures

2.2.1. Parental Burnout

The Parental Burnout Assessment (PBA) was developed by Roskam et al. (2018) and consists of 23 items designed to assess the level of exhaustion and burnout resulting from parenting responsibilities. It includes four subscales: parental role exhaustion, contrast with previous parental self, parental detachment, and emotional distancing from children. Responses are scored on a seven-point Likert scale ranging from never (0) to every day (6), with a possible score range of 0 to 138. Scores near zero indicate the absence of parental burnout, while higher scores reflect severe parental

burnout. The test-retest reliability over time has been reported between 0.69 and 0.88. The construct validity of the parental burnout scale has been confirmed through correlations with parental fatigue (0.70), neuroticism (0.47), parental disagreement (0.22), and family disorder (0.53) (Roskam, Brianda, & Mikolajczak, 2018). In Iran, the PBA was administered to 448 Iranian parents (226 mothers and 222 fathers), and Cronbach's alpha for the subscales was reported as follows: parental role exhaustion (0.91), contrast with previous parental self (0.90), parental detachment (0.90), and emotional distancing from children (0.90). The validity of the parental burnout scale was reported through correlations with parental satisfaction (0.38) and mental health (-0.28) (Mousavi et al., 2020; Mousavi et al., 2021). In the present study, Cronbach's alpha for this questionnaire was 0.67.

2.2.2. *Perceived Social Support*

Perceived social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet, Dahlem, Zimet, and Farley (1988). This 12-item scale consists of three subscales measuring perceived support from family (items 3, 4, 8, 11), friends (items 6, 7, 9, 12), and the community (items 1, 2, 5, 10). All items are rated on a seven-point Likert scale ranging from strongly disagree (1) to strongly agree (7). The total score can range from 12 to 84, with higher scores indicating greater perceived social support. The internal consistency reliability for the entire scale has been reported as 0.88, with subscale reliabilities of 0.87 (family), 0.85 (friends), and 0.91 (community). In a study by Haji-Soltani and Javid (2022), Cronbach's alpha for the overall scale and the subscales of family support, friend support, and community support were reported as 0.81, 0.87, 0.89, and 0.83, respectively, confirming the internal consistency of the MSPSS (F., 2024; Rahgoi, 2024). In the present study, Cronbach's alpha for this questionnaire was 0.54.

2.2.3. *Self-Compassion*

The Self-Compassion Scale (SCS) was developed by Neff (2003) and consists of 26 items. It measures self-compassion through three bipolar subscales: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. These six subscales collectively explain the total variance of the construct. Responses are provided on a five-point Likert scale, ranging from almost never (1) to almost always (5). The total score ranges from 26 to 130, with higher scores indicating a greater level of self-compassion. The test-retest reliability of the SCS has been reported as 0.93. In a study by Neff et al. (2008), Cronbach's alpha for the SCS was reported as 0.86 in Thailand and Taiwan and 0.95 in the United States. In Iran, the Cronbach's alpha reliability of the SCS was reported as 0.81. Furthermore, Bartlett's test of sphericity confirmed high correlations between variables and the self-compassion factor, indicating strong construct validity. The internal consistency reliability using the Spearman-Brown method was reported as 0.82 (Delkhah et al., 2023; Vajihesadat & Gholamreza, 2023). In the present study, Cronbach's alpha for this questionnaire was 0.74.

2.3. *Data Analysis*

Data analysis and model fit assessment were conducted using structural equation modeling with AMOS 24 software. The following measurement instruments were used to assess the research variables:

3. Findings and Results

In this study, a total of 305 parents of students with specific learning behavioral disorder participated. Among their children, 157 were boys, and 148 were girls.

Table 1

Mean, Standard Deviation, Skewness, and Kurtosis of the Proposed Model Variables

Research Variable	Sample Size	Mean	Standard Deviation	Skewness	Kurtosis
Parental Burnout	305	92.290	10.745	-1.378	1.623
Perceived Social Support	305	49.781	7.571	-0.893	-1.348
Self-Compassion	305	82.363	12.665	-0.703	-0.125

The results in Table 1 present the mean and standard deviation of the research variables. The values of the skewness and kurtosis statistics are less than 2, indicating that the assumption of normality of the data is met.

Subsequently, Pearson correlation coefficients for the proposed model were examined, and the results are presented in Table 3.

Table 2

Pearson Correlation Coefficients of the Proposed Model Variables

Variable	Index	Parental Burnout	Perceived Social Support	Self-Compassion
Parental Burnout	Correlation Coefficient	1		
	Significance Level	-		
Perceived Social Support	Correlation Coefficient	0.392 (p < 0.01)	1	
	Significance Level	0.003	-	
Self-Compassion	Correlation Coefficient	-0.374 (p < 0.01)	-0.293 (p < 0.05)	1
	Significance Level	0.005	0.030	-

Table 2 presents the correlation coefficients between the research variables. As shown, parental burnout has a significant positive correlation with perceived social support (r = 0.392, p < 0.01). Additionally, parental burnout has a significant negative correlation with self-compassion (r = -0.374, p < 0.01). Furthermore, perceived social support and self-compassion are negatively correlated (r = -0.293, p < 0.05).

Before model fitting, several assumptions were tested, including univariate normality of data distribution, assumption of linear relationship, variance inflation factor (VIF) and tolerance coefficient for each variable, multivariate normality, and detection of multivariate outliers. The Shapiro-Wilk test for all variables was non-significant, indicating a normal data distribution. Moreover, the results of the scatterplot analysis confirmed the assumption of linear relationships between research variables.

The assumptions of structural equation modeling (SEM) were examined, showing that the values of skewness and kurtosis for none of the variables exceeded the range of ±2. According to Kline (2016), skewness and kurtosis values within this range suggest no significant deviation from normality.

The results of error independence tests indicated that the Durbin-Watson statistic for the research variables was between 1.5 and 2.5, confirming the assumption of independent residuals in the present study.

Additionally, the assumption of multicollinearity was assessed, and no collinearity issues were detected among the predictor variables. This was confirmed as tolerance values were greater than 0.1, and VIF values for each predictor variable were below 10.

Another assumption in structural equation modeling is multivariate normality, which was evaluated using the Mahalanobis distance (D). In this study, the Mahalanobis distance kurtosis index was 2.093, which, according to Kline (2016), falls within the ±2 range, indicating that the combination of predictor variables in explaining the dependent variables follows a normal distribution. These findings confirm that the research data meet the assumptions necessary for structural equation modeling (SEM).

Table 3

Measurement Model Parameters in Confirmatory Factor Analysis

Latent Variables	Observed Variables	Unstandardized Factor Loadings (B)	Standardized Factor Loadings (β)	Standard Error (SE)	Critical Ratio (C.R.)	Significance Level (P-value)
Parental Burnout	Parental Role Exhaustion	0.507	0.598	0.163	3.117	0.002
	Contrast with Previous Parental Self	0.400	0.522	0.138	2.905	0.004
	Aversion to Parental Role	1.000	0.845			
	Emotional Distancing from Children	0.203	0.424	0.081	2.504	0.012
Perceived Social Support	Family	1.000	0.732			
	Friends	1.151	0.310	0.636	0.237	0.812

	Community	0.396	0.294	1.569	0.239	0.811
Self-Compassion	Self-Kindness	1.000	0.703			
	Self-Judgment	0.442	0.447	0.158	2.793	0.005
	Common Humanity	0.951	0.710	0.234	4.067	0.001
	Isolation	0.800	0.582	0.227	3.523	0.001
	Mindfulness	0.886	0.628	0.236	3.748	0.001
	Over-Identification	0.447	0.398	0.178	2.510	0.012

Table 3 shows that all standardized factor loadings exceed 0.32. According to Tabachnick and Fidell (2013), factor loadings below 0.32 are considered weak, indicating that such indicators lack sufficient power to measure their respective latent variables. The highest factor loading belongs to Aversion to Parental Role in identifying Parental Burnout ($\beta = 0.871$), while the lowest factor loading belongs to Community in Perceived Social Support ($\beta = 0.294$). Based on these results, it can be concluded that all indicators have the necessary capability to measure their respective latent variables. The unstandardized factor loadings for Aversion to Parental Role, Family, and Self-Kindness were fixed at 1, so their standard errors and critical ratios were not calculated.

Table 4

Model Fit Indices for the Measurement Model in Confirmatory Factor Analysis

Research Scales	Chi-Square to Degrees of Freedom Ratio (CMIN/DF)	Chi-Square Significance Level (χ^2)	Goodness of Fit Index (GFI)	Root Mean Square Error of Approximation (RMSEA)	Comparative Fit Index (CFI)	Normed Fit Index (NFI)	Incremental Fit Index (IFI)
Parental Burnout	0.207	0.813	0.996	0.001	0.974	0.989	1.046
Perceived Social Support	2.301	0.563	1.000	0.079	1.000	0.989	0.996
Self-Compassion	6.267	0.713	0.966	0.056	1.000	0.910	1.045

The model fit indices in Table 4 confirm that all goodness-of-fit indices, including χ^2 ($p > 0.05$), χ^2/df, GFI, AGFI, and CFI, fall within the acceptable range of 0.90 or higher, while RMSEA is within the acceptable threshold of 0.08, indicating a well-fitting measurement model.

Table 5

Fit Indices for the Proposed Model

Fit Indices	Acceptable Threshold	Obtained Value
Chi-Square to Degrees of Freedom Ratio (CMIN/DF)	Less than 3	0.896
Chi-Square Significance Level (χ^2)	Greater than 0.05	0.706
Goodness of Fit Index (GFI)	Greater than 0.90	0.875
Root Mean Square Error of Approximation (RMSEA)	Less than 0.08	0.01
Comparative Fit Index (CFI)	Greater than 0.90	1.000
Normed Fit Index (NFI)	Greater than 0.90	0.686
Incremental Fit Index (IFI)	Greater than 0.90	1.056

The model fit indices in Table 5 for the proposed model indicate that all goodness-of-fit indices, including χ^2 ($p > 0.05$), χ^2/df, GFI, AGFI, and CFI, fall within the acceptable range. The RMSEA index is also within the permissible limit of 0.08, confirming that the proposed model has a good fit. In other words, the model exhibits a suitable fit with the research data. The results of direct and indirect effects for hypothesis testing are presented in Table 6.

Table 6

Direct and Indirect Regression Coefficients of the Model Variables

Variables	Unstandardized Regression Coefficient (B)	Standardized Regression Coefficient (Beta)	Standard Error (S.E.)	T-Value	Significance Level (P-value)
Perceived Social Support → Parental Burnout	1.475	0.653	1.357	1.087	0.017
Perceived Social Support → Self-Compassion	-0.716	-0.566	0.522	-1.371	0.020
Self-Compassion → Parental Burnout	-0.268	-0.150	0.682	-0.392	0.042

Table 6 shows that the path from Perceived Social Support to Parental Burnout ($\beta = 0.653$, df = 213, $p < 0.05$) is positive and significant, the path from Perceived Social Support to Self-Compassion ($\beta = -0.566$, df = 213, $p < 0.05$) is negative and significant, and the path from Self-Compassion to Parental Burnout ($\beta = -0.150$, df = 213, $p < 0.05$) is also negative and significant.

Figure 1

Final Model of the Study
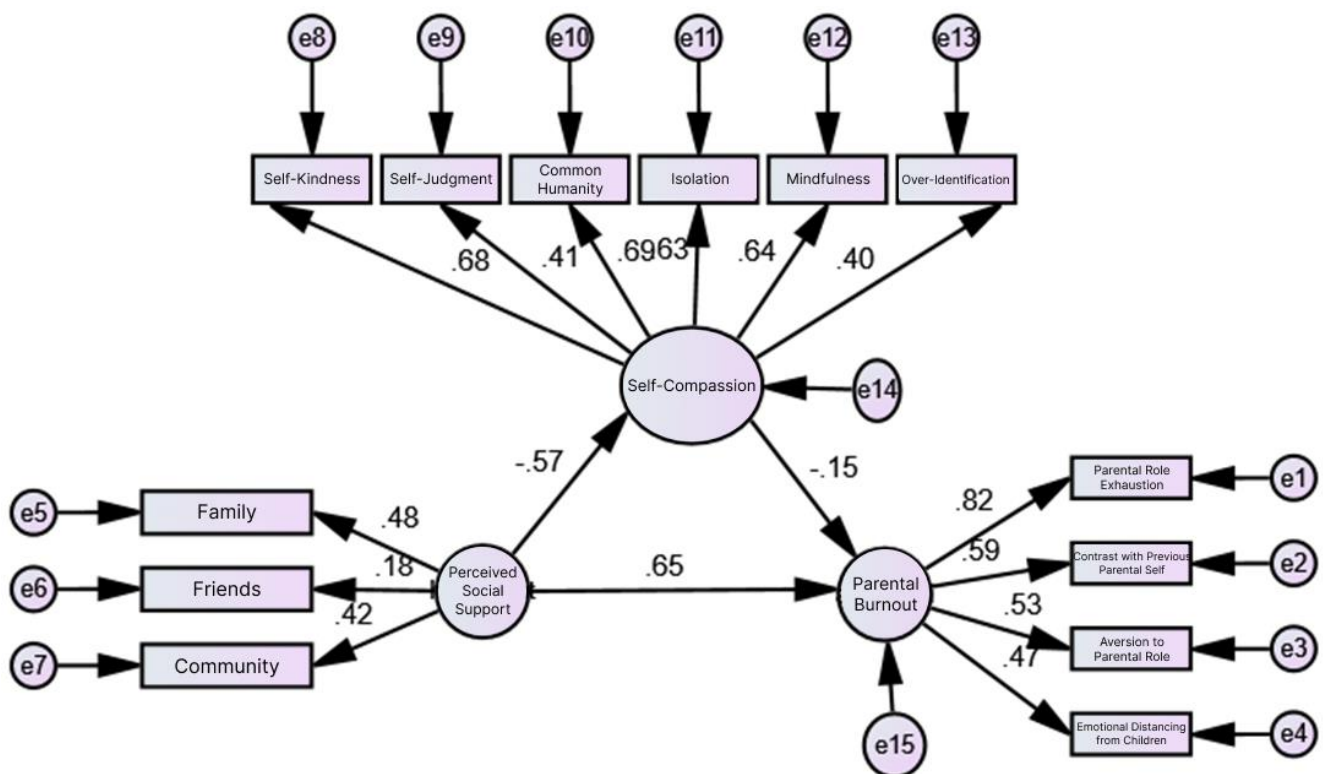
4.   Discussion and Conclusion

The present study aimed to design a model of parental burnout based on perceived social support, with the mediating role of self-compassion in parents of students with specific learning disorders. The findings indicated that the path from perceived social support to parental burnout ($\beta = 0.653$, df = 213, $p < 0.05$) was positive and significant, which is consistent with the findings of Chen et al. (2022) but contradicts those of Fang et al. (2022). This finding can be

explained by the fact that human beings are social creatures who rely on their peers throughout life in various ways. From birth, individuals exist within a network of social relationships, and as Vygotsky stated, human psychology originates from social interactions, and communication shapes this process (Masoumi et al., 2022; Noroozi, Ghaffari Nouran, et al., 2021; Zakari et al., 2018).

Social support can function as problem-focused support, which provides tangible information to help solve issues, and emotion-focused support, which regulates emotional responses to stressful events (Bangarter et al., 2014). Social support plays a crucial role in parental burnout by increasing accurate perceptions of stressful psychological events, thereby reducing the impact of psychological stress. Parental burnout is a state of psychological, mental, and emotional exhaustion characterized by a shift in attitude from positive to negative, often occurring when parents cannot receive financial or physical support when needed. Burnt-out parents experience fatigue, psychological stress, and anxiety due to caregiving responsibilities. They become so preoccupied with caring for others that they neglect their own spiritual, physical, and emotional well-being. These caregiving demands exert pressure on their emotions, mind, and body, and when social support is received inappropriately, it can lead to exhaustion, helplessness, and ultimately, burnout (Yuan et al., 2022; Zhang et al., 2024).

Studies found that maternal burnout is associated with children's general problems, externalizing and internalizing behaviors, social support, maternal education levels, and parental stress. However, what is crucial in social support is not just its presence but the quality of connections with others and the perception of that support in providing necessary resources when needed. Sometimes, support from family, friends, or society may not adequately meet the needs of parents of children with specific learning disorders, or the type of support received may not align with their actual needs, failing to reduce stress-inducing events (Ebrahimi Rad & Sajadian, 2022). In other words, it is evident that all individuals require support from those around them during difficult times to feel secure. Social support acts as a protective factor, reducing psychological stress before it occurs and promoting better adjustment. However, at times, the social support received from society, friends, or even family may not be a strong enough resource (Sofa & Ainun, 2024).

Parents of students with specific learning disorders often worry about society's perceptions and reactions toward their children. They may interpret received support as pity or sympathy, or they may reject support altogether due to denial and refusal to accept the reality of their child's condition. In this regard, Parents with higher flexibility are more sensitive to support from close acquaintances and can better resist parental burnout. On the other hand, parents of children with learning disorders, especially mothers, are often overlooked in terms of receiving social support despite the critical role they play (Ginieri-Coccossis et al., 2013; İzoğlu-Tok & Doğan, 2024; McAloon & de la Poer Beresford, 2023).

Motherhood is a subtle and intricate role. When women experience motherhood, they become more vulnerable and face numerous challenges, particularly when raising a child with a learning disorder, which exacerbates their difficulties (Malekzadeh et al., 2024). Understanding these challenges and providing appropriate support tailored to their needs is crucial in perceived social support.

The findings also showed that the path from perceived social support to self-compassion (β = -0.566, df = 213, p < 0.05) was negative and significant, and the path from self-compassion to parental burnout (β = -0.150, df = 213, p < 0.05) was also negative and significant. These findings can be explained by considering self-compassion as a positive trait, where lower levels are associated with burnout symptoms, rumination, shame, self-criticism, and fear of failure (Delkhah et al., 2023; F., 2024; Ferrari et al., 2017; Habibi, 2023; Lowery & Cassidy, 2022; Masoumi et al., 2022).

Self-compassion is not only influenced by perceived social support from others but also by one's own internal perception of self-compassion, which has been widely studied in relation to reducing the effects of stress. Individuals who receive social support often develop higher self-compassion, which serves as a protective factor against burnout (Delkhah et al., 2023; F., 2024; Habibi, 2023). In self-compassion, individuals treat themselves kindly and understandingly, fostering supportive and encouraging inner dialogues instead of harsh self-criticism. Rather than punishing themselves for imperfections, they accept their limitations and strive to do their best (Ferrari et al., 2017; Lowery & Cassidy, 2022). Individuals with high self-compassion gently motivate themselves to make life changes and modify harmful behaviors. Rather than avoiding distressing emotions, they accept them with kindness, which reduces their perception of pain and inadequacy. This process results in lower levels of depression and anxiety and greater life satisfaction (Delkhah et al., 2023; Habibi, 2023).

Like all studies, the present research has limitations, the most significant of which include the use of a convenience

sample and the restriction of the study population to Hamadan Province. Future studies should be conducted in different populations and comparative settings. Additionally, future research should explore paternal experiences and compare them with maternal experiences. Another suggestion is to combine self-report questionnaires with qualitative methods for more comprehensive insights.

Given the importance of specific learning disorders and their wide-ranging impact on families, including parental burnout, psychological interventions should be implemented for both parents and students in schools, educational institutions, and counseling centers to mitigate these effects.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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