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ERGEN-EBEVEYN ÇATIŞMASININ EBEVEYNLERİN YAŞAM KALİTESİ VE KAYGI DÜZEYLERİNE ETKİLERİ

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Öz

Bu çalışma ergen-ebeveyn çatışmasının ebeveynlerin kaygı düzeyleri ile yaşam kalitelerine etkisini belirlemek amacıyla yapılmıştır. Araştırma tanımlayıcı, kesitsel, ilişkisel tasarımda gerçekleştirildi. Verilerin toplanmasında sosyo-demografik bilgi formu, Durumluk-Süreklilik Kaygı Ölçeği (DSKÖ), Dünya Sağlık Örgütü Yaşam Kalitesi Ölçeği Kısa Formu (DSÖYKÖ-KISA) olmak üzere 3 form kullanıldı. Verilerin değerlendirilmesinde tanımlayıcı istatistikler, Mann Whitney U ve Kruskal Wallis testleri ve Pearson korelasyon testi kullanıldı. Ebeveynlerin %96.1'inin ergenlik dönemindeki çocuklarıyla çatışma yaşadıkları belirlenmiştir. Ebeveynlerin süreklilik kaygı puanlarının ebeveynlerin mesleği, ailenin ekonomik durumu ve ergenle çatışma yaşama durumuna göre istatistiksel olarak anlamlı bir farklılık gösterdiği belirlenmiştir. Çocuklarıyla çatışma yaşadığını bildiren ebeveynlerin kaygı puan ortalamaları ile bedensel, ruhsal, sosyal ve çevre alanları yaşam kalitesi puan ortalamaları arasında negatif yönlü ve istatistiksel olarak anlamlı bir ilişki olduğu saptanmıştır. Bu araştırmanın sonucunda ebeveynlerin tamamına yakınının ergen çocuklarıyla çatışma yaşadıkları saptanmıştır. Çatışma yaşayan ebeveynlerin kaygı düzeylerinin daha yüksek olduğu ve bu kaygının tüm alanlarda yaşam kalitesini olumsuz etkilediği belirlenmiştir. Hemşireler için riskli gruplar içerisinde yer alan ergenler ve ebeveynlerin etkileşiminin sağlığın geliştirilmesi ve birincil koruma kapsamında değerlendirilmesi önemlidir.

Anahtar Kelimeler: Ergen, Ebeveyn, Çatışma, Kaygı, Yaşam Kalitesi.

THE EFFECTS OF ADOLESCENT-PARENT CONFLICT ON QUALITY OF LIFE AND ANXIETY LEVELS OF PARENTS

Abstract

This study was conducted to determine the effects of adolescent-parent conflict on parents' anxiety levels and quality of life. The study was carried out in descriptive, cross-sectional, relational design. Three forms were used to collect the data: socio demographic information form, State–Trait Anxiety Inventory (STAI), and the short form of the World Health Organization Quality of Life Scale (WHOQOL-BREF). Descriptive statistics, the Mann Whitney U and Kruskal Wallis tests, and the Pearson correlation test were used to evaluate the data. It was determined that 96.1% of the parents had conflicts with their adolescent children. It was determined that the trait anxiety scores of the parents showed a statistically significant difference according to the parents' occupation, economic status of the family and the state of conflict with the adolescent. A negative and statistically significant relationship was found between the average anxiety score and the average of quality of life scores in physical, mental, social and environmental domains of the parents who reported having conflict with their children. As a result of the present study, it was determined that almost all of the parents had a conflict with their adolescent children. It was determined that the anxiety levels of the parents who experienced conflict were higher and anxiety negatively affected the quality of life in all domains. It is important for nurses to evaluate the interaction of adolescents and parents, who are in risky groups, within the scope of health promotion and primary protection.

Keywords: Adolescent, Parents, Conflict, Anxiety, Quality of Life.

1. INTRODUCTION

Adolescence is a complex period characterized by rapid change and development in the physical, social, cognitive, and psychological fields (1). Adolescents attempt to cope with emotional fluctuations, peer relationship disruptions, and academic difficulties during this period. Parents, on the other hand, try to cope with problems in work life or middle age problems, undertake various responsibilities, and concern about their adolescent children (2).

Adolescence is a period in which adolescent-parent disagreements are more intense compared to childhood (1,3). Especially in early adolescence, adolescent-parent interaction patterns begin to differentiate under the influence of the changing developmental needs of young people. Therefore, adolescent-parent conflicts become more intense during this period (4).

Studies have shown that 5-15% of families experiences chronic and intense conflict with their adolescent children (3). Although conflict is a normative part of adolescent-parent relationships, the negative effects of long-term or negative conflicts are inevitable in terms of adolescent-parent relationship and adolescent development (5). Results from their study show that negative exchange of emotions during and after conflict significantly affects the quality of adolescent-parent relationships, regardless of whether conflicts are resolved (4). In addition to the effects of conflicts on adolescent behavior, there are permanent consequences that extend into adulthood (6).

Although the number of studies investigating the adolescent-parent relationship in Turkey is high, these are usually studies aimed at studying the influence of parental attitudes on adolescents (7–9). However, studies have shown that family conflict is associated with adolescent adjustment problems, depression levels, and risky adolescent behavior, including suicide (6,10–12). As far as we know, however, there are no studies in the literature that investigate the effects of conflicts arising from adolescent-parent relationships on parents. This study was conducted to investigate the impact of adolescent-parent conflict on parents' anxiety levels and quality of life.

2. MATERIAL AND METHODS

2.1. Study Design and Sample

The study was carried out in descriptive, cross-sectional, relational study design. Parents who had children in the 12-18 age group during the adolescence formed the study population, and the study samples consisted of the parents selected using the snowball sampling method from purposive sampling types. Since the number of all parents with children aged 12-18 cannot be known, the sample size was calculated using the sampling formula for unknown study population. The frequency of experiencing problems in the family of adolescents was 13.7% (13), the effect size was 0.05, the degree of freedom was 1.96 and the minimum sample size was 138. The study was completed with 152 parents. Parents who had children other than the intended age group and filled out the questionnaire (n=5) and incompletely filled out the form (n=2) were excluded from the study.

2.2. Data Collection Instruments

Three forms were used to collect the data: the socio-demographic information form, the State-Trait Anxiety Scale, and the short form of the World Health Organization Quality of Life Scale.

Socio-demographic information form consists of a total of 8 questions, which include sociodemographic characteristics of parents, characteristics related to the family and adolescent child, and the status of experiencing conflict (age, profession, family type, family economic situation, etc.).

State-Trait Anxiety Inventory-STAI: It was developed by Spielberger et al. (1970). The inventory consists of two sub-scales measuring the state (STAI-1) and trait (STAI-2) anxiety, each consisting of 20 questions. The State Anxiety Inventory determines how the individual feels at a given

moment and in certain circumstances, while the Trait Anxiety Inventory determines how the individual feels himself/herself regardless of the present circumstances and conditions. The inventory can be applied to individuals over the age of 14. Turkish adaptation, and validity and reliability study of the scale was conducted by Öner and Le Compte (1983). The total score obtained from both inventories ranges from 20 to 80. A higher score indicates a high level of anxiety (14). In this study, the STAI-2 scale was used to measure trait anxiety. The Cronbach's alpha coefficient of the scale was 0.78 in the present study.

World Health Organization Quality of Life Scale (WHOQOL-BREF): The WHOQOL quality of life scale was developed by the WHOQOL group to assess how an individual perceives quality of life. The long form of the scale consists of 100 items. A short form of the test, 26-item WHOQOL-BREF, was developed by the same group. WHOQOL-BREF is a Likert-type scale, and each item is scored in the range of 1-5. The scale consists of four sub-domains: physical (7 items), mental (6 items), social (3 items), and environmental (8 items). Physical domain consists of items of the ability to carry out everyday tasks, sleep and rest, adherence to treatment and medication, energy and fatigue, pain and discomfort; mental domain consists of items on the body image and appearance, self-esteem, positive and negative feelings, beliefs, memory and attention; social domain consists of relationships with other people, social support, and sexual life. The environmental domain consists of question on physical security, financial resources, access to health services and social assistance, the availability and quality of these services, home environment, opportunities to acquire new knowledge, recreation and leisure, and physical environment and transportation (15). The Turkish validity and reliability of the scale was conducted by Eser et al. (1999). In the Turkish version, a national question was added to the environment domain (environment TR-9 items), and the total number of items became 27. The scale does not have a total score, and each field is judged by its own score. Domain scores are obtained by multiplying the average of the items of that domain by 4. The score range of the domains is 4-20. An increase in points refers to an increase in the quality of life in this area. Considering the internal consistency of the scale in all domains, Cronbach's alpha values were found to be 0.83 in the physical domain, 0.66 in the mental domain, 0.53 in the social domain, and 0.73 in the environmental domain, and the scale was found to be a reliable tool (16). In this study, Cronbach's alpha coefficients were found to be 0.58, 0.66, 0.77 and 0.54, respectively, for the physical, mental, social and environmental domains.

2.3. Data Collection

Google Forms was used to collect data to comply with isolation and quarantine recommendations during the pandemic and to improve accessibility to parents rapidly in the data collection process. Items of the data collection tools were transferred to "Google Forms". The link was shared with parents with children aged 12-18. The parents were sent a questionnaire with informed consent form via mobile phone. Before completing the questionnaires, all parents were informed about the purpose and content of the study. After their consent, participants filled out the survey form online. The ethical consent was obtained from the Ethics Committee of the Adıyaman University, Social and Humanities Ethics Committee (2020/18).

2.4. Data Analysis

The data were evaluated using the Statistical Package for Social Science (SPSS) 21.0 package program (IBM, Armonk, NY, USA). Descriptive statistics (number, percentage, mean and standard deviation) were used for descriptive data about parents, families and children. The Mann Whitney U and Kruskal Wallis tests were used to evaluate the effect of variables on parents' quality of life and trait anxiety scores since the data do not have a parametric characteristic, and the Pearson correlation test was used to evaluate the correlation analysis, since these data showed parametric characteristics. A statistical significance level of $p<0.05$ was used.

3. RESULTS

The average age of the parents involved in the study was 43.18±6.51, 38.16% was primary school graduate, 52.63% was unemployed, and 91.9% did not have a disease that they received a treatment. The average number of children in these families was 3.61±1.42, of which 74.3% was living in a nuclear family, and 64.5% had middle-class income. It was found that 96.1% of the parents had conflicts with their children during the adolescence (Table 1).

Table 1. Distribution of Descriptive Characteristics (N=152)

Characteristics	N	%
Age Range		
30-45 years	117	77
46-65 years	35	23
Education		
Literate	20	13.16
Primary	58	38.16
High school	35	23.03
Undergraduate	39	25.65
Profession		
Unemployed	80	52.63
Officer	42	27.65
Worker	20	13.15
Other	10	6.57
Having a disease		
Yes	15	9.9
No	137	91.9
Family type		
Nuclear	113	74.3
Extended	32	21.1
Broken	7	4.6
Family economic situation		
Good	7	4.6
Middle	98	64.5
Bad	47	30.9
Conflict with the adolescent		
Yes	146	96.1
No	6	3.9
	X̄±SD	
Age of parents	43.18±6.51	
The average number of children	3.61±1.42	

In Table 2, the average anxiety and quality of life scores of the parents participating in the study were presented according to some characteristics related to parents, family and child.

It was found that there was a statistically significant difference between the parents' trait anxiety scores in terms of their profession, familial economic status and adolescent conflict status, but no statistically significant difference was found in terms of age, educational status, presence of any disease, family type and child's school achievement. Further analysis showed that parents who stated their occupational status as other had high level of anxiety compared to others (unemployed, officer, worker). In addition, it was found that parents with poor economic status and conflicts with adolescents also had significantly higher anxiety levels (Table 2).

Looking at the quality of life score averages of parents according to the variables, the physical domain score was found to be statistically significantly different according to economic status, adolescent conflict status, and child's school achievement. Mental and social domain scores, however, were found to differ statistically significantly according to parents' educational status, profession,

family type, economic status, adolescent conflict status and child's school achievement. The mental domain scores also differed significantly depending on the status of conflict with the adolescent. Considering the environmental domain scores, it was found to differ statistically significantly depending on the educational status, family type, and economic status of the parents (Table 2).

Table 2. Comparison of Trait Anxiety (STAI-2) and Quality of Life (WHOQOL-BREF) Scale Score Averages According to Some Variables

Variables		STAI-2	Physical	Mental	Social	Environment
Age	30-45 years	46.69±4.94	12.29±1.70	12.91±1.86	12.82±2.80	14.13±2.03
	46-65 years	44.91±5.10	12.31±1.09	12.68±1.61	11.77±2.65	14.25±4.15
	Z	-.711	-1.650	-.474	-.421	-.686
	p	.477	.099	.635	.673	.493
Education						
	Literate	45.04±5.08	12.21±1.00	12.72±1.19	12.38±2.20	13.77±1.42
	Primary	46.13±4.28	12.01±1.44	12.24±1.63	11.92±2.54	13.62±1.88
	High school	47.92±5.60	12.48±1.84	13.36±2.02	12.21±2.99	14ç76±4.93
	Undergraduate	46.27±6.02	12.94±1.89	14.13±1.74	14.71±2.77	15.34±1.89
	X^2	4.315	5.084	24.776	22.812	14.945
	p	.229	.166	**.000**	**.000**	**.002**
Profession	Unemployed	45.80±4.48	12.33±1.45	12.64±1.76	12.39±2.68	13.86±1.94
	Officer	46.40±4.81	12.46±1.76	13.78±1.53	13.93±2.56	14.97±1.83
	Worker	46.66±6.12	11.61±2.15	13.77±2.02	12.74±3.13	16.11±7.70
	Other	58.75±3.40	11.85±2.85	12.16±2.20	10.00±4.42	14.12±2.75
	X^2	11.968	1.944	11.568	8.125	7.158
	p	**.007**	.584	**.009**	**.043**	.067
Having a disease						
	Yes	44.66±5.38	12.11±1.35	12.31±1.90	12.00±3.49	13.66±1.68
	No	46.45±4.97	12.32±1.60	12.92±1.79	12.64±2.72	14.21±2.74
	Z	-.695	-1.682	-.342	-.688	-.738
	p	.487	.093	.732	.459	.460
Family type	Nuclear	46.15±4.96	12.45±1.62	13.06±1.88	12.97±2.67	14.44±2.94
	Extended	46.00±4.64	11.94±1.37	12.43±1.18	11.75±2.71	13.43±1.30
	Broken	49.71±7.01	11.42±1.39	11.52±2.16	9.90±3.16	13.00±1.11
	X^2	2.043	3.748	5.891	9.088	7.990
	p	.360	.153	**.048**	**.011**	**.018**
Family economic situation						
	Good	46.59±4.51	12.83±1.52	13.58±1.82	13.84±2.30	15.41±3.63
	Middle	45.84±5.23	12.12±1.54	12.68±1.59	12.29±2.66	13.75±1.76
	Bad	50.28±3.49	11.10±1.43	10.47±2.06	8.00±1.88	11.57±1.74
	X^2	7.668	10.380	17.617	24.568	23.968
	p	**.022**	**.006**	**.000**	**.000**	**.000**
Conflict with the adolescent						
	Yes	47.42±5.06	12.24±1.57	12.79±1.78	12.46±2.73	14.12±2.65
	No	43.83±2.48	13.80±1.16	14.77±1.46	15.11±3.64	15.66±2.20
	Z	-1.984	-2.528	-2.631	-1.953	-1.818
	p	**.048**	**.011**	**.009**	**.047**	.069
Academic success of the child						
	Good	43.01±7.82	12.31±1.69	13.42±1.84	13.54±2.45	14.87±3.44
	Moderate	44.24±7.39	12.51±1.38	12.56±1.74	12.27±2.81	13.89±1.92
	Bad	49.33±8.01	11.20±1.69	12.44±1.68	10.84±2.97	13.16±2.12
	X^2	5.016	8.594	8.441	10.712	5.536
	p	.081	**.014**	**.015**	**.005**	.063

$p < 0.05$, Analysis: Mann Whitney U and Kruskal Wallis tests

Table 3 shows the relationship between trait anxiety level and quality of life domains of parents who express conflict with their children in adolescence. A negative and statistically significant relationship was found between the average anxiety score of parents and the average quality of life score in the physical, mental, social and environmental domains (Table 3).

Table 3. Relationship between Trait Anxiety (STAI-2) and Quality of Life (WHOQOL-BREF) Score Averages of Parents Experiencing Conflict with Their Adolescent Children (N=146)

	Mean	SD	STAI-2	
STAI-2	47.42	5.06		
WHOQOL BREF				
Physical	12.24	1.57	r= -0. 386	p=0.000
Mental	12.79	1.78	r= -0. 501	p=0.000
Social	12.46	2.73	r= -0. 415	p=0.000
Environment -TR	14.12	2.65	r= -0. 349	p=0.000

p< 0.001, Analysis: Pearson correlation analysis

4. DISCUSSION

This study was conducted to investigate the impact of adolescent-parent conflict on parents' anxiety levels and quality of life. In the study, 96.1% of the parents was found to have conflicts with their children in adolescence. It was found that parents who experienced conflict had lower quality of life in the physical, mental and social domains and higher levels of anxiety. In addition, a negative and statistically significant relationship was found between the average anxiety score of parents and the average quality of life score in the physical, mental, social and environmental domains.

The present study, it was found that parents' trait anxiety levels were moderate (46.38±5.02). In addition, it was found that parents with poor economic status and conflicts with their children in adolescence period also have significantly higher anxiety levels. Studies have shown that adolescent-parent conflict is associated with anxiety in adolescents (12,17). A study by Bilsky et al. (2020) showed that adolescent-parent conflict causes sleep disorders by increasing adolescents' predisposition to anxiety (17). Although there are no studies investigating the relationship of conflict with parental anxiety, it is believed that it is inevitable that the increase in anxiety in adolescents will also be observed in parents. In addition, the negativities caused by conflict in adolescents (depression, risky behaviors, such as suicide, etc.) can also cause an increase in parents' anxiety levels.

Epidemiological examination of quality of life is important and likely to provide valuable information for public health research as well as its use in health care (18). In our research, it was determined that the quality of life scale sub-scales of the parents were affected by various factors such as parents' educational status, profession, family type, economic status, adolescent conflict status and child's school achievement. In the literature, it is stated that adolescent-parent conflict causes a decrease in the productivity of individuals in the family, but also reduces the quality of life of the family (19). In a study by Silva et al. (2020), daily well-being was reported to decrease as adolescent-parent conflict increases (4). These studies support the results of the study. Although there are many studies in the literature that evaluate the quality of life of parents, almost all of these studies are about parents with any disease or disorder in their children (20–23). The importance of health-related quality of life is increasing for health professionals and researchers (23). From this perspective, these study findings are important in terms of covering all adolescents and parents without distinguishing any disease status. In this context, no study was found in the literature investigating the effect of adolescent-parent conflict on parents. In contrast, of the studies investigating the effects of adolescent-parent relationship on adolescents, a six-year longitudinal design study reported that family well-being, functionality, and parent-child relationship had an effect on children's life satisfaction and hopelessness levels (24). Szkody et al. (2018) found that positive relationships with

parents reduced the amount of negative peer relationships in adolescents, were associated with lower physical and mental health problems, and resulted in higher quality of life (6). It is believed that the impact of the nature of the adolescent-parent relationship on adolescents may also be reflected in parents. In this context, as part of the research findings, adolescent-parent conflict is expected to affect parents' quality of life and anxiety levels. In addition, according to research findings, the quality of life decreases as parents' anxiety level increases. Considering that an increase in the level of anxiety negatively affects the daily routines and normal lives of individuals (25), the level of anxiety is expected to affect all areas of life.

5. CONCLUSION

As a result of this study, it was found that almost all parents had conflicts with their adolescent children. It was found that parents who experienced conflict had lower quality of life in the physical, mental and social domains and higher levels of anxiety. The study also found a negative association between parents' anxiety level and quality of life in the physical, mental, social and environmental domains. This result shows that as parents' anxiety levels increase, their quality of life decreases.

The results of the study are important to increase the awareness of nurses working in primary health care institutions or encountering risky groups within the scope of evaluating and improving the mental health of adolescents and their caregivers. For future studies, it may be recommended to plan studies that explore the level of adolescent-parent conflict, its causes, its effects on different dimensions, and ways of conflict resolution.

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