Relation between Care Burden, Parenting Style and Resilience among Caregivers of Children with Attention Deficit Hyperactivity Disorder

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Abstract

Background: Lack of attention and support is causing detrimental physical and emotional impacts among caregivers of children with mental health issues like Attention Deficit Hyperactivity Disorder (ADHD). Caregivers of individuals with ADHD bear a heavy emotional, social, and financial strain. Resilience and parenting approaches are crucial for improving the functioning of families with children who have ADHD. **Aim of the study**: To evaluate the relation between care burden, parenting style and resilience among caregivers of children with attention deficit hyperactivity disorder.**Research design:** A descriptive correlative research design was utilized to achieve the aim of the study. **Setting**: The study was performed at children and adolescent outpatient clinic of Minia hospital for psychiatric health and addiction treatment **Sample:** A Convenience sample of 100 caregivers with their children was involved in this research. **Tools:** tool (I) A structured interview questionnaire covering the demographic characteristics of the studied parents, and their children, tool (II) Caregiver Burden Inventory (CBI), tool (III)Parenting Styles Questionnaire and tool (IV)Resilience Scale for Adults. **Results:** More than three quarter of caregivers had high burden, two thirds of the caregivers had moderate resilience and authoritative parenting style was highly used by the majority of the studied parents. **Conclusion:** It was concluded that total burden has a significant positive correlation with authoritative as well as permissive style, while there was a significant negative correlation with resilience as well as authoritarian style **Recommendations**: Counseling services of caregivers and their children with ADHD will be needed.

Keywords: Attention for parents Deficit Hyperactivity Disorder, Caregivers Burden, Resilience, Parenting Style.

Introduction

Among the most typical behavioral issues affecting children is Attention Deficit Hyperactivity Disorder (ADHD). Primary symptoms of this disorder include inattention, hyperactivity, impulsivity, and quickly being sidetracked from important work. Other symptoms include mood swings, poor executive function, and restlessness with an early onset **(Mohammed et al., 2023).**

The ADHD symptoms are common in children in school and can last far into adulthood. A young person who struggles with inattention may find it difficult to focus, stay organized, and stay on track. Someone who is hyperactive may seem to move around a lot or fidget excessively. Someone who is impulsive may act without thinking or have trouble exercising self-control. **(Ayano et al., 2023).**

Complex combinations between genetic, environmental, and neurological variables are considered to be the cause of ADHD. Three subtypes of ADHD have been identified by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and can be classed as mostly inattentive, predominantly hyperactive-impulsive, or combination **(Shattla, et al., 2021).**.

When a parent feels that their resources are insufficient to meet the responsibilities of parenting, they experience high levels of parental load, which is frequently linked to ADHD (**Ching'oma et al., 2022 & Liaquat et al., 2023**). Moreover, caregiver stress linked to ADHD according to **Zhao et al. (2019),** ADHD is a negative psychological disorder that includes all difficulties that family members have as a result of their child's sickness. Additionally, factors including the intensity of the symptoms, comorbidities, as well as a reduced of social support are connected to it (**Alnakhli et al., 2020**).

Parents view the challenges that children with ADHD encounter in their social and academic lives as a burden. The term "burden" refers to issues, challenges, or unfavorable occurrences that negatively impact a patient's close companion **(Wong&Wong, 2021).**

However, resilience may also be viewed as a constructive psychological process that, via encouraging adaptation, can lessen the detrimental impacts of traumatic events. Individual traits, intelligence, temperament, cognitive abilities, the caliber of early interpersonal relationships, factors of the environment, planning, self-determination, self-confidence, self-reflection, as well as self-control were all linked to protective variables linked to resilience (**Palacio et al., 2020)**.

Parenting practices have a significant effect on a child's overall development throughout all developmental domains. The parenting approach taken when raising children with ADHD is particularly crucial since it may have a significant effect on the behavior of thechild. A parent's attitudes and behaviors come together to form their parenting style, which represents stability in both situational and geographical contexts. Three sorts of parenting approaches are distinguished: permissive, authoritarian, and authoritative **(Li Zhenghuaet al., 2021)**

Compared to parents of typical children, caregivers of children with ADHD do less well in both parental as well as non-parental responsibilities. As the kid gets older, the caregiver's physical, mental, social, and psychological tiredness increases, which might negatively impact the status of the other children as well as their marriage **(Lillo- Navarro et al., 2019)** .As a result, the kid, parents, and other family members would all be greatly impacted by this disease. In order to prevent increasing their children's anxiety, caregivers may thus be crucial in setting up a regular regimen of rehabilitation sessions for their charges**(Rajkumar, 2020 & Xiang et al., 2020).**

This would therefore have a noteworthy effect on the child, parents, and other family personnel. Setting up a regular timetable for recovery sessions for their charges may thus be essential if caregivers want to help avoid any further rise in their children's anxiety **(Belleza, 2021**).When it comes to easing the psychological strain and pain of caregivers of children with

ADHD, nurses play a critical role. They can teach parents new strategies for calming down their hyperactive kids and getting them involved in more fulfilling activities. Psycho-education programs for caregivers as well as children with ADHD should involve nurses (**Hamed et al., 2023).**

Significance of the Study

Worldwide, children between the ages of 5 and 19 are projected to account for 7.2% (129 million) of all cases of ADHD. The caregiving load associated with parenting a kid with ADHD has been extensively researched worldwide since it has been shown to have a number of detrimental effects on the children impacted in terms of their personal lives, family environments, academic careers, and professional accomplishments (**Zysset et al., 2023)**.

According to **EL sayed et al., (2018) & CDC, (2020)** study on the frequency of ADHD symptoms in a sample of school-age Egyptian youngsters, 20.9% of the sample had the disorder. Additionally, impulsive-hyperactive disorder, psychosomatic illness, conduct disorder, learning disability, and anxiety disorder all had favorable correlations with ADHD.

In a research on the symptoms prevalence of ADHD in a group of Egyptian children in school, 20.9% of the participants had the illness. Furthermore, there was a link found between ADHD and impulsive-hyperactive disorder, psychosomatic sickness, conduct problem, learning disability, and anxiety condition (**Charabin et al., 2023**) .

The lack of effective parenting practices and the parenting style of parents who are not fulfilling their roles well are two risk factors that contribute to ADHD in children. Because of their child's exaggerating tendency, caregivers for children with ADHD often adopt a negative parenting style, exercise more authority over their conduct, as well as administer more punishment (**Setyanisa etal., 2022**) .

In order to increase the performance of children with ADHD as well as their families, parenting techniques are crucial. Therefore, it's critical to research the raising children philosophies for caregiver of ADHD children since, if these philosophies are identified, we can correct misaligned approaches to childrearing, which can exacerbate symptoms (**Dahab et al., 2019)**

Aim of the Study

This study aimed to evaluate the relation between care burden, parenting style and resilience among caregivers of children with attention deficit hyperactivity disorder.

Research questions

1. Is there a relation between care burden and resilience among Caregivers of children with attention deficit hyperactivity disorder?
2. Is there a relation between care burden and parenting style among children with attention deficit hyperactivity disorder?
3. Is there a relation between parenting style and resilience among children with attention deficit hyperactivity disorder?
4. Is there a relation between care burden, parenting style and resilience among Caregivers of children with attention deficit hyperactivity disorder?

Subjects and Method

Research Design

In this study, a descriptive-correlative design was employed.

Setting:

This study was performed in the Minia Hospital's children as well as adolescent

outpatient clinic for psychiatric health and addiction treatment. The outpatient clinic is open 2 days in the week from 9 a.m. to 12 p.m. on Monday and Wednesday. The Minia Governorate and its areas are served by the hospital.

Sample:

Convenience samples of (100) caregivers with their children were involved in the research.

Inclusion Criteria

Related to the Caregivers:-

- The Caregivers (parents whose children suffer with ADHD)
- Both Gender.
- Parents' consent to taking part in the study.
- **Related to the children**
- The children's ages vary from six to twelve years old.
- The psychiatrist overseeing their care made the diagnosis of all forms of ADHD using the DSM 5 as reference material.

Exclusion Criteria

Related to the Caregivers

- Symptoms of bipolar illness, mental retardation, psychosis, and serious medical conditions.
- **Related to the children**
- The research would not include any children with diagnoses of behavior, oppositional and deviant disorders, autism disorders, or mental retardation.

Data collection tools:- The data for this study was gathered using the following instruments.

I-A Structured Interviewing Questionnaire: It was created by the researcher as well as edited by supervisors. It is split into 2sections and contains information on parents and children with ADHD. Part I: Personal information about the parents, including their age, gender, education level, employment, family history, number of children, and place of residence. Part II contains the child's personal information, including age, gender, school grade, and family conduct.

II-Caregiver Burden Scale The (CBI) Caregiver Burden Inventory was created by **Novak & Guest, (1989**) and consisted of twenty- four item Likert scale from (zero to four) that evaluate5 dimensions of caregiver burden as: the 1st was physical, 2nd was social, the 3rd was time dependence, also the 4th was developmental, as well as the 5th was emotional burden. Each subscale ranges from zero (low) to twenty (high). All except the physical burden subscale compose of 5 items. Scores less than 36 indicate low burden and scores near or above 36 indicates a high burden.

III-Parenting Style Questionnaire

This Questionnaire was created by **Robinson et al., (2001)** to evaluate four to twelve years old children's parenting styles and consisted of 32 items which covered three main parenting styles (1st the authoritative, and 2ndthe authoritarian as well as 3rd the permissive). Authoritarian style had 13 items divided into 3 subscales (the first was physical coercion, also the second was verbal hostility, as well as the third was non-reasoning/punitive). Moreover the permissive style had 6 items and was intended to evaluate the subfactor of indulgence. Authoritative style had 13 items divided into 3 subscales (1st was warmth and support, 2nd was regulation, as wello as 3rd was autonomy granting). A 5 Likert scale was utilized which ranked from (one) never to (five) always. These scores were summed up and the total scores of

parenting styles were calculated as follows: Authoritative style was ranged from 13 to 65. Authoritarian style was ranged from 13 to 65 and permissive style was ranged from 6 to 30. These scores were converted into percentage. The highest percentage of such style indicated the highly used of this parenting style.

III- Resilience Scale

Friborg et al. (2003) created the Resilience Scale for Adults. It included thirty-three questions based on between one and five semantic differential-type response formats to examine positive adaptability to adverse circumstances. The following elements of the six component model—the first was Family Cohesion (FC), the second was Social Resources (SR), the third was Self Perception (SP), the fourth was Planned Future (PF), the fifth was Social Competence (SC), as well as the sixth was Structured Style (SS)—are all represented by the instrument. Summing the item values of every dimension yields the overall resilience score (range 33-165). Greater resilience is indicated by higher scores. More precisely, numbers below 77 indicate poor resilience, values between 78 to 121 indicate moderate resilience, and values over 121 indicate high resilience.

Tools Validity and Reliability

Tools were assessed for face validity by five experts in psychiatric and mental health as well as community health fields. Reliability test was estimated using the Cronbach's Alpha Coefficient and it was 0.816 for Caregiver Burden Scale; 0.963 for Parenting Styles Questionnaire, & 0.861 for Resilience Scale for Adults).

Pilot Study

In order to test the following: clarity, possibility, completeness, impartiality, adequacy of the research tools, applicability, identify potential issues with the methodological strategy or tools, and estimate the time required to fill the tools a pilot study involving ten percent of the total sample was carried out at the start of the research on ten family caregivers. Since the study tools haven't undergone any significant changes, the caregivers from the pilot study were added to the research sample.

Ethical considerations

- An official letter was taken from Minia University Faculty of Nursing Research Ethics Committee with code number (REC2023113).
- Prior to the conduct of the pilot study as well as the present research, family caregivers who were participating in the study were asked for their oral consent after being informed about the nature as well as objective of the study.
- The study participants were given assurance that they could withdraw from the participation of the research at any time as well as without giving a cause, or they could choose not to participate. Privacy of study participants was taken into account when gathering data.
- Along with the assurance that all of their data would be kept completely private, participants also agreed to maintain their anonymity by giving each family caregiver a number rather than their name.

Measures for data collection

The procedural measures followed for actual field work was carried out within two phases:

Preparatory phase

The researchers comprehensively reviewed the literature covering the study topics.

The research tools were adopted as well as translated into Arabic, then subjected to experts' revision and approval for use.

-After outlining the nature of the work, the hospital director granted permission for carry out the research.

Implementation phase

Actual Field work lasted for 3 months; began from the beginning of October to the end of December 2023 for collecting data.

- The researchers scheduled the visits to the hospital depend on outpatients clinics working days.
- Oral acceptance of participation from all family caregivers was taken.
- An interview was arranged by the researchers with research subjects to get their demographic data.
- Average time for interviewing family caregivers was estimated to be 15-30 mints for filling each Questionnaire.
- Family caregivers were interviewed by the researchers in the waiting areas attached to the Outpatient Clinics at the hospital.

Results

Table (1): reveals that 82% of caregivers are females, (78%) of them aged from 31 to 43 yrs, with mean 38.5232±6.034 yrs., also (68%) of them have moderate level of education, in addition (86%) of them are married and not have sibling with ADHD . Regarding to their job (52%) of them not work, also (76%) of them from rural area, and (82%) of them have less than four children.

Figure (1): presents that (51%) of caregivers are mothers, (22%) of them are fathers, also (8%) of them are grandmother.

Table (2): mentions that (69%) of children are males, aged from nine to twelve years with mean 10.4321±3.014 yrs., also (58%) of them are ordered the third child in the family, in addition (25%) of them are in 6th grade of education. and (64%) of children are combined behavior.

Figure (2): mentions that (77%) of caregiver are high burden, while (23%) of them are low burden.

Figure (3): displays that (73%) of the caregivers' have moderate resilience, (15%) of them have low resilience, while (12%) of them have high resilience.

Figure(4) reveals the distribution of the studied parents regarding to their use of authoritative, authoritarian and permissive parenting styles. It was found that authoritative parenting style was highly used by the majority (87%) of the studied parents, while it was moderately used by 9% of them. The Figure also shows that, the authoritarian parenting style was highly used by 11% of the studied parents while it was moderately used by more than half (55%) of the studied parents and low used by about one third (34%) of them. Moreover, the Figure shows that, the permissive parenting style was highly used by 18% of the studied parents while it was moderately used by more than two fifths (48%) of them and it was low used by more than one third (34%) of them.

Table (3)discuss that the high caregivers' mean scores in favor to the developmental burden dimension with 13.3500+4.785, followed by time dependence burden dimension with 513.1400+4.259, while the lowest mean scores of them in favor to the physical burden dimension with 7.7000+1.732. Finally, the totals mean scores of caregivers' burden with 59.3500+17.885.

Table (4) displays that the high caregivers' mean scores in favor to the authoritative style with 54.0900+8.951, followed by

authoritarian style with 36.0300+9.080, while the lowest mean scores of them in favor to permissive style with 10.8500 ±3.973.

Table (5) clarifies that, regarding total burden there are positive correlation with authoritative as well as permissive style while negative correlation with resilience as well as authoritative style. Regarding total resilience there are positive correlation with authoritarian style while negative correlation with burden, authoritative as well as permissive style. In relation to authoritative style there are positive correlation with burden as well as permissive style while negative correlation with resilience as well as authoritarian style, concerning to authoritarian style there are positive correlation with resilience while negative correlation with burden, authoritative as well as permissive style. Finally related to permissive style there are positive correlation with burden and authoritative style while negative correlation with resilience, and authoritarian style.

Table (1): Percentage distribution of thecaregiver personal data (no.=100).

Items	Parents (no.= 100)	
	no.	%
Parent sex		
Female	82	**82.0**
Male	18	18.0
Age		
18-30	20	20.0
31-43	78	**78.0**
44-55	2	2.0
Mean ±SD	38.5232±6.034	
Education		
Illiterate	12	12.0
Moderate	68	**68.0**
University	20	20.0
Marital status		
Married	86	**86.0**
Divorce	6	6.0
Widow	8	8.0
Job		
Work	48	48.0
Not work	52	**52.0**
Other sibling with ADHD		
Yes	14	14.0
No	86	**86.0**
Residence		
Rural	76	**76.0**
Urban	24	24.0
Number of children		
Less than 4	82	**82.0**
Four or more	18	18.0

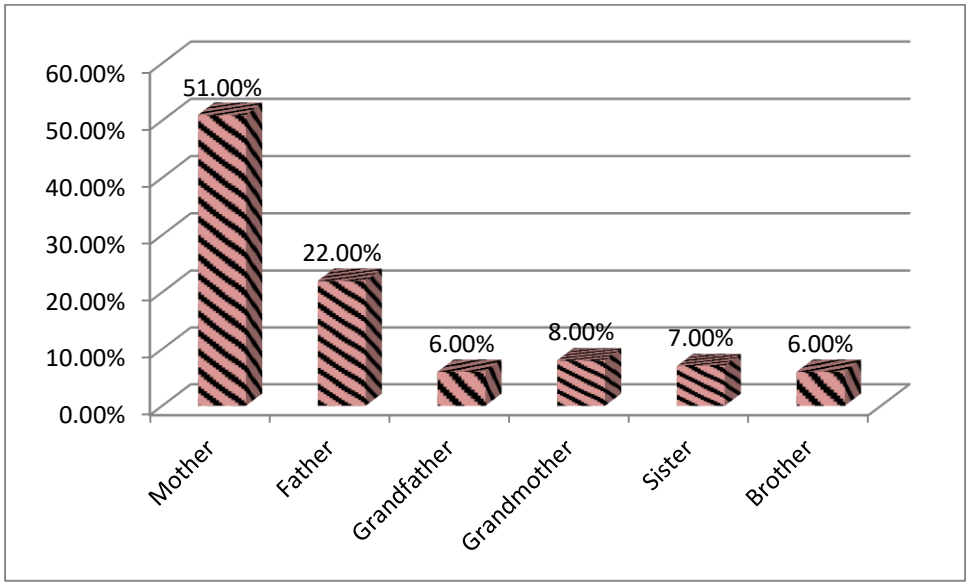
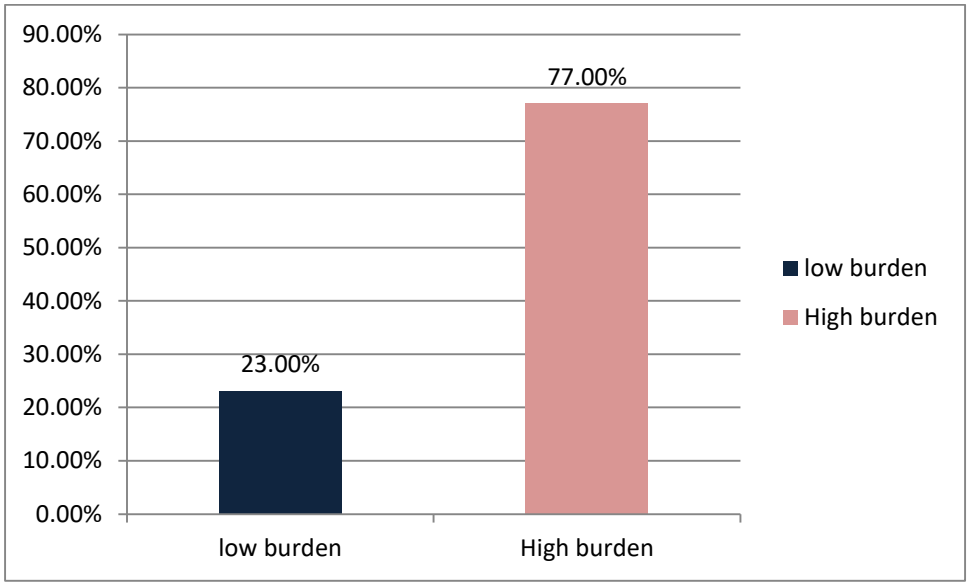


Figure (1): Percentage distribution of child caregiver (no.=100).

Table (2): Percentage distribution of the child characteristics (no.=100).

Child characteristics	no.	%
Child sex		
Male	69	**69.0**
Female	31	31.0
Child age		
6-8	22	22.0
9-12	78	**78.0**
Mean ±SD	10.4321±3.014	
Child birth order		
First	32	32.0
Second	10	10.0
Third	58	**58.0**
School grade		
1st grade	11	11.0
2nd grade	14	14.0
3rd grade	15	15.0
4th grade	15	15.0
5th grade	20	20.0
6th grade	25	**25.0**
ADHD type		
Hyper active	22	22.0
Inattention	14	14.0
Combined	64	**64.0**



	Total resilience
Mean ± SD	97.0600±14.270
Minimum	66
Maximum	128
Range	62

Figure (2): Percentage distribution and level of caregiver burden (no.=100).

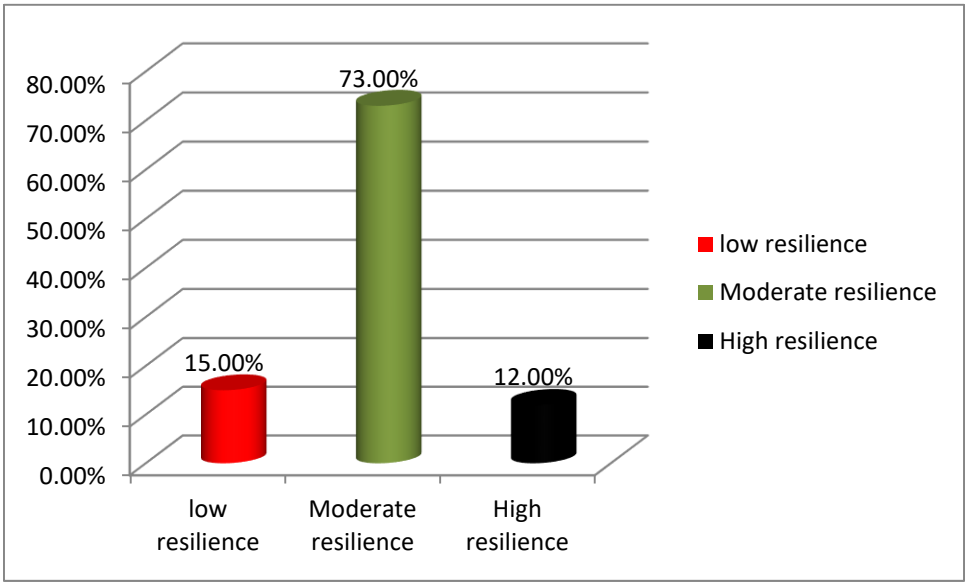


Figure (3): Percentage distribution and level of caregivers' resilience (no.=100).

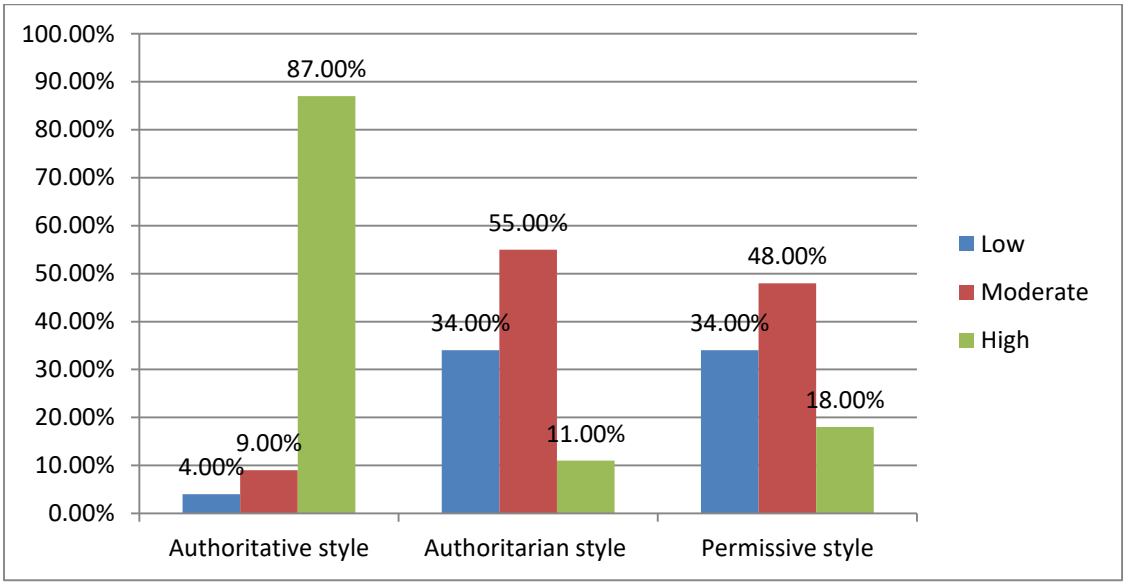


Figure (4): Percentage distribution of caregivers' style (no.=100).

Table (3): Mean scores distribution of caregiver burden and its dimensions (no.=100).

	Mean + SD	Maximum	Minimum	Range
Time dependence	13.1400±4.259	5	25	20
Developmental	13.3500±4.785	5	18	13
Physical	7.7000±1.732	4	10	6
Social	12.2300±4.042	5	15	10
Emotional	12.9300±4.406	5	16	11
Total burden	59.3500±17.885	24	85	61

Table (4): Mean scores distribution of caregivers' style (no.=100).

	Mean + SD	Maximum	Minimum	Range
Authoritative style	54.0900±8.951	27	64	37
Authoritarian style	36.0300±9.080	19	58	39
Permissive style	10.8500±3.973	5	20	15

Table (5): Correlation between study variables among caregivers of attention deficit hyperactivity disorder children (no.=100).

e	Total burden	Total resilience	Authoritative style	Authoritarian style	Permissive style
	r P- value	r P- value	r P- value	r P- value	r P- value
Total burden		-0.463** 0.000	0.282** 0.005	-0.466** 0.000	0.412** 0.000
Total resilience	-0.463** 0.000		-0.610** 0.000	0.474** 0.000	-0.479** 0.000
Authoritative style	0.282** 0.005	-0.610** 0.000		-0.403** 0.000	0.322** 0.001
Authoritarian style	-0.466** 0.000	0.474** 0.000	-0.403** 0.000		-0.287** 0.004
Permissive style	0.412** 0.000	-0.479** 0.000	0.322** 0.001	-0.287** 0.004	

Discussion

Regarding demographic data of caregivers, the current research indicated that, highest percent of caregivers are females , married and not have sibling with ADHD, also less than one quarter of them have university education, in addition more than fifty percent of participants not work. This finding was in the similar line with **Alnakhli et al.,(2020)** they displayed thatmajority of caregivers are females, married and not have sibling with ADHD, also more than thirty three of them have university education, and in addition more than half of them not work.

Regarding the parents' medical history, the current study showed that most of them had no prior history of ADHD. This might be because complex interplay between neurological, developmental, genetic, and sociocultural variables result in ADHD.

Results of current study revealed that highest percent of caregivers, their age ranged from 31-43 years old. This conclusion was in line with **Sudkey et al. (2023),** which revealed that the age range of over half of the caregivers in their study was between thirty and forty years. Also **Shafik et al. (2021)** which revealed that the study's caregivers' ages varied from thirty to forty years old, further validated this conclusion.

The present study indicates that, majority of caregivers were females and married. Higher two thirds of them had intermediate education and in addition more than half of them not work. As well, higher three quarters of caregivers lived in rural setting. This current finding was well matched with results of **Liaquat etal., (2023)**who showed that higher half of parents were females and not working .Also above two quarters of them had intermediate education while it contracted with current results regarding to place of residence more than half lived in urban areas.

More than fifty percent of studied caregivers were mothers. This result was a mirror of the social and cultural responsibilities females are socialized to approve in a patriarchal society and mother was responsible for care of her child with ADHD because of presence of father in work. Moreover, co-morbidities are common in ADHD, which emphasizes how complicated the requirements of children with ADHD are and how much pressure it puts on their caregivers. This finding was in harmony with **Sudkey etal., (2023)**they showed that highest percent of sample were mothers.

Regarding demographic data of children, the actual study illustrated that above two third of children are males, aged from nine to twelve years and from rural area. This age group may be affected by widespread developmental alterations and ADHD, which start in early childhood. Also primary complaints at this age group are impulsivity, hyperactivity, as well as a decrease of focus on schoolwork. This result consistent with **Al-Saediet al., (2023)** they revealed that above two third are males, aged from 11-14 and from rural area.

The actual study's findings mentioned that over half of the youngsters under investigation were rated as the third child in their households according to birth order. On the other hand, **Moawad et al. (2022)** found that only fifty percent of the children under study were considered to be the eldest in their households.

Regarding ADHD type, the present study mentioned that more than two third of children are mixed behavior. This result agree with **Al‑Mohsin et al., (2020)** they

indicate that about two third of children are combined.

Regarding caregivers' burden, the actual study mentioned that over three quarter of caregiver are high burden, while near one quarter of them are low burden. This might be because caring for a child that is impulsive, hyperactive, or inattentive all the time puts a lot of stress on the caregiver. Even family rituals like mealtimes, leisure activities, and other everyday activities can become challenging when a child with ADHD has to be included and supervised at the same time.

These results were consistent with **Adeosun et al. (2017),** who found that approximately twenty five of caregivers had a severe burden of care, roughly sixty six had a moderate burden, as well as the remaining caregivers had a low burden. Furthermore, the results of this study aligned with those of **Bernabe & Mariano (2021),** who demonstrated that nearly half of the caregivers they evaluated experienced a moderate degree of load. This outcome was in line with **Sudkey et al. (2023)**they revealed over half of caregivers had a severe burden, over fifty percent had a fair burden, as well as the remaining caregivers had a low burden family.

The findings of **Liaquat et al. (2023),** which indicated that over fifty percent of parents reported moderate to severe load, were in good agreement with the current data. Moreover, our findings contradicted with **Mostafavi et al. (2020),** they discovered that around half of caregivers had light burdens and a few had severe burdens. Furthermore, these results disagreed with those of **Al-Balushi et al. (2019),** who discovered that almost sixty six of the sample under study had no burden. Also contradicts the findings of **De Lorient et al. (2023),** who said that over two thirds had little to no stress and over one third had low to moderate burden.

Regarding mean scores of total resilience, the actual study illustrated that the mean score of resilience was 97.0600+14.270. This result was in agreement with study conducted by **Rezaeefard (2022)** they found that the mean SD for the resilience variable is 58.46 (5.23).However, **Uddin et al. (2020)** reported that the average family resilience as well as connection index score was 8.85 (SD = 2.84), which is incongruous with the results obtained here.

Regarding parent style, the actual study illustrated that highest percentof the caregivers' use high level of authoritative style with mean 54.0900±8.951 and above half of them use fair level of authoritarian style with mean36.0300±9.080, while thirty three of them have low level of permissive style with mean10.8500±3.973.

Similarly, **Vafaeenejad et al., (2020)** who found that authoritative parenting style was highly used by the majority (82.50%) of the studied parents. In the same context **Akosah-Twumasi et al., (2020)**, They approved that permissive parenting was the least used by more than one fifth of sample, as they emphasize their children's freedom rather than responsibility and have few rules of their children behavior.

Similarly with **Francis et al., (2021)**, who found the authoritarian parenting style was the second style selected by the studied parents. This can be explained that parents did not use this style all the time because of their fear that these children will grow up having difficulty in making personal decisions, being shy, or suffering from low self-esteem as well, the use of this style may be a response to the child's behavior. **Setyanisa et al.,(2022)**they showed that the

highest percent of the caregivers' have authoritative style and only 5.5% of them have authoritarian style. This result in the same line with **Ezgi Ulu,(2021)** who found that the high caregivers' mean scores in favor to the authoritative style with 42.56+7.49, followed by authoritarian style with - 37.58+4. 31, while the lowest mean scores of them in favor to permissive style with 17.84+3.31.

in the same line, the current finding was in harmony with Egyptian research conducted by **Fayedetal.,(2023)**they found that highest percent (89.3%) of parents used authoritative parenting style with high level with a Mean ± SD = 57.16 ± 8.88 while authoritarian parenting style was moderately used by more than half (57.0%) of the studied parents. Moreover, the permissive parenting style was highly used by 16.3% of the studied parents while it was moderately used by more than two fifths (45%) of them and it was low used by more than one third (38.7%) of them, with a Mean ± SD = 13.74 ± 4.35.

Regarding Correlation between study variables the present study indicate that total resilience there are positive correlation with authoritarian style while negative correlation with burden, this result inconsistent with **Rakap& Vural-Batik, (2024) & Rezaeefard, (2022)** they revealed that negative relationships between family burden and both resilience.

Conclusion

Related to the findings of the present study, it can be summarized that more than three quarter of caregiver are high burden, while near one quarter of them are low burden and had moderate resilience . In the present study, it was found that authoritative parenting style is the most commonly used style among parents. Regarding total burden there were positive correlation with authoritative as well as permissive style while negative correlation with resilience as well as authoritative style.

Recommendations

Counseling clinics for caregivers' children with the disorder are required to guarantee an efficient and considerate response to the demands of the ADHD children and their families,.

- Nurses should work more to assist parents of children with ADHD by creating and executing group education programs that educate parents about ADHD and provide them a chance to connect and support one another.
- Use social media and the media to raise awareness among the public and families about suitable community mental health services that meet the requirements of those youngsters.
- Employ a range of teaching and therapeutic techniques to help families of children with ADHD select the best therapy approach for their child's needs and skills.
- Psychological education and counseling for caregivers through workshops, courses, and posters to raise parents' understanding of how to behave with their children who have ADHD.
- Behavioral training programs have to be incorporated into ongoing professional development initiatives at hospitals, as well as schools to lessen the stress that comes with parenting.
- Longitudinal designs should be used in future studies to delve deeper into the developmental route between parental practices and ADHD in children.

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