

# Stress, Resilience, and Satisfaction in Families of Children with Disabilities

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**Abstract:** *Background:* A child's disability can have significant consequences for the family, especially at an emotional level and in day-to-day life. Families must adapt to ever-changing circumstances, frequently leading to stress within the family. Each family member must attempt to cope with these circumstances, drawing on cognitive and behavioral resources to deal with new situations.

*Objectives:* This work aims to study stress, resilience, and satisfaction within the families of children with and without disabilities. It also analyzed these aspects depending on the type of disability (intellectual, physical, autism spectrum disorder, and multiple disabilities).

*Methods:* The sample consisted of 299 families, of whom 178 had a child with a disability and 121 without any disability. The study used the *Parenting Stress Index – Short Form* (PSI-FS) and the *Saavedra-Villalta Resilience Scale* (SV-RES). Satisfaction was measured using two items evaluating family satisfaction in general and the perceived satisfaction of the child in particular.

*Results:* The results show that families having a child with a disability reported higher levels of resilience but lower levels of stress and family satisfaction. Moreover, differences were observed depending on the type of disability, with those affected by intellectual disability showing higher levels of stress and lower levels of resilience.

*Conclusion:* The study results show the importance of resilience in dealing with adverse situations that may produce stress. This is an important aspect that must be considered in work and interventions with families of children with disabilities.

**Keywords:** Disability, family, stress, resilience, satisfaction.

## INTRODUCTION

A family may be defined as an organized group of interdependent individuals in constant interaction, subject to rules and dynamics that link the members and the outside world [1-4]. As a group, they deal with a host of circumstances that shape family life, including marriage, pregnancy, birth, schooling, adolescence, etc. Families must adapt to ever-changing circumstances, frequently leading to stress within the family. Each family member must attempt to cope with these circumstances, drawing on cognitive and behavioral resources to deal with new situations [5].

The birth of a child can be a highly stressful situation for a family, involving major changes, not only in the family structure but also in the taking on of new roles by parents. This situation is made significantly worse when a disability presents an extra burden when the child is born or as it develops. Stress arises not only from the birth and raising of the child but also feelings of failure to live up to family expectations for the child, in addition to worry, disappointment, and frustration [6]. These feelings generally fade thanks to

the internal and/or external resources available to the family.

Families confronted with a child's disability often go through a series of stages that are common to all [7, 8]: a period of initial shock, fear, and frustration, followed by an adaptation stage. This also impacts different aspects of family life [9]:

- Impact on family dynamics. The dynamics of the family are forced to change. These may be positive, enhancing family cohesion, or negative, with growing tensions arising within the family because of these changes.
- Impact on social matters. The burden imposed by caring for a child with a disability and an overprotective attitude can lead to the family's social isolation, taking refuge exclusively within itself.
- Impact on work. The principal caregiver may have to give up work, partially or entirely, to care for the child's needs. There is also the difficulty faced by those with a disability when wishing to enter the labor market.
- Impact on caregiver's health. One of the parents generally takes on the role of principal caregiver.

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This can involve a great deal of physical and/or psychological strain, which can impact the caregiver's health.

Parental stress generally arises when families lack sufficient resources to deal with the needs of raising their child; furthermore, the relationship between parents and the disabled child may be poor [10]. It is possible to differentiate three dimensions closely linked to the demands of this new parental role: the child's personal characteristics, the personal characteristics of the parent, and the characteristics of the interaction between parent and child [11-14]. The feeling of competence on the part of parents in dealing with challenges tends to strengthen the bonds of parent and child, aiding their socio-emotional development [15].

Stressful situations and challenging circumstances often lead to a more robust family structure and interrelationships. Hence, the capacity to deal with stress is closely associated with the notion of resilience. Fletcher and Sarkar [16] found two variables directly linked to resilience: adversity and positive adaptation. Many studies, for example, by Seperak [17], evaluate the influence of resilience in reducing feelings of parental overload in caring for and raising a child with an autism spectrum disorder.

Adversity is understood as the negative events that interfere with daily life and impact a person's ability to adapt [18, 19]. Dealing with adversity can take place on different levels, such as resilience facing day-to-day challenges, taking each day as it comes, in cases of stress from work, school, etc. There is also resilience against occasional difficulties relating to one-off situations triggering stress, such as the birth of a child with a disability, the loss of a loved one, or similar events [20].

It must be kept in mind that each person reacts emotionally differently, depending on their character and experience and that emotions are determined by each individual's perceptions, attitudes, and beliefs [21]. Thus, depending on the degree of adversity, different people have a different capacity to deal with challenges and setbacks, in other words, different resilience profiles. And so, some individuals are more vulnerable to adversity than others who may be unperturbed by such situations, while others may actively confront them. This last is termed a resilient person, that is, an individual who has the capacity to deal with such situations and improve their quality of life despite the troubles they face.

However, resilience should not be considered stable or constant. It can vary in response to stressors at different moments. Some people may have a substantial capacity to adapt at a given time to a given situation while having more difficulty at other moments, depending on specific circumstances of the moment, the environment in which they find themselves, or other factors [22]. It must be understood that individuals with a resilient personality are not those who experience stressful situations but rather those with the ability to deal with stress and overcome it [23].

Although it is impossible for families to have the same degree of resilience under all circumstances, Grotberg [24] proposes a series of shared family characteristics likely to encourage it. These include good communication and dialogue with others, optimism, and a high degree of self-confidence. However, family resilience depends not only on the family's strengths as a unit but also on the sum of the individual personalities of family members [25].

Therefore, there is a crucial connection between stress (adversity) and resilience (coping), and these two concepts must be joined by a third: satisfaction. Greater family satisfaction can generate a more positive dynamic that benefits the whole family, creating a more stable and positive environment [26]. This implies a type of environment favors resilience and coping, as well as the contrary; low family satisfaction leads to feelings of sadness, depression, frustration, etc. [27].

According to Quezada, Zavala, and Lenti [28], family satisfaction should be understood as both shared feelings and the individual feelings of each family member. These emerge through interaction among family members and prove positive and beneficial.

This study aims to analyze stress, resilience, and satisfaction within families of children with disabilities. It considered both the type of disability suffered (intellectual, physical, autism spectrum disorder, or multiple disabilities) and offers a comparison with families of children without disabilities.

## **METHOD**

### **Design**

This present study adopted a quantitative, non-experimental, descriptive, correlational, and inferential approach, attempting to describe reality by comparing

the dimensions of stress, resilience, and satisfaction of families of children with and without disabilities, and according to the form of disability suffered.

### Participants

The sample was selected using a non-probabilistic, convenient method. The total population consisted of 299 family members. Of these, 178 were from families of children with disabilities and 121 from families of children without any disability.

Several forms of disability were evaluated in the study: physical disability (n = 69), autistic spectrum disorder (n = 29), mental disability (n = 46) and multiple disabilities (n = 34).

### Instruments

This research explores the dimensions of stress, resilience, and satisfaction, using a number of variables to offer an in-depth view of these dimensions. A description of these dimensions and the instruments used to measure them are provided below.

Three variables will be considered to study stress: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child. *Parental distress* refers to the sensations of unease or upsets parents feel about themselves, arising from intrinsic factors and linked to their role as parents. Examples of items are: “*I feel trapped by parenting responsibilities*” or “*Having a child with a disability has caused more problems than expected in my relationship with my spouse*”. *Parent-Child Dysfunctional Interaction* refers to the degree of fulfillment of parents' expectations for the parent-child relationship. Examples of items are: “*I expected to have closer feelings for my child*” or “*My child smiles at me much less than expected*”. Finally, a *Difficult Child* refers to parents' perception of difficulty or ease in caring for their child in terms of the child's behavior, needs, character, etc. Items here include: “*My child with disability reacts strongly when something upsets them*” or “*My child with a disability makes more demands on me than most children*”.

The *Parental Stress Index – Short Form* or PSI-FS [11] was used to study stress. This tool measures parental stress within families. It consists of 36 items, grouped into three variables Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child, with twelve items for each. These assess parental competence, the behavior of the child, and situational aspects of the parenting role [13]. Responses are on a

Likert scale of 1 to 5, where 1 is “*disagree strongly*”, and 5 is “*agree strongly*”.

The *Saavedra-Villalta Resilience Scale* or SV-RES [29] was used to study resilience, consisting of 60 items covering 12 variables. *Identity* refers to opinions emerging from cultural values that constitute a stable personal identity. An example of this item is: “*I am secure in my beliefs and principles*”. *Autonomy* refers to people's views of themselves and what they bring to their socio-cultural surroundings. An example is: “*I am sure of the context in which I live*”. *Satisfaction* refers to judgments and interpretations people make, for example: “*I am a positive model for others*”. *Pragmatism* refers to ideas a person has about the way of interpreting performed actions, for example: “*I take action when faced with problems*”. *Links* refer to people's opinions about the importance of their social networks and socializing, for example: “*I have reliable personal relationships*”. *The network* is a term that refers to a person's views of their close social surroundings as their main emotional support, for instance: “*I have somebody to resort to if I have problems*”. *Models* refer to a person's convictions that social networks are important in overcoming difficult situations, for example: “*I have people who counsel and advise me*”. *Goals* refer to a person's views on the value of context in approaching problematic situations, for example: “*I have short-term objectives*”. *Affectivity* refers to a person's opinion of their own possibilities and their relationship with their surroundings, for example: “*I can get over the difficulties facing me in life*”. *Self-Efficacy* refers to a person's belief in their possibilities for success in the face of difficult circumstances, for instance: “*I can look for help when I need it*”. *Learning* refers to a person's view of a difficult situation as an opportunity to learn, for example: “*I can learn from my successes and failures*”. *Generativity* refers to a person's view of seeking help to resolve problems, for example: “*I can strive to achieve my aims*”. Responses were on a Likert scale from 1 to 5, where 1 was “*strongly agree*”, and 5 was “*strongly disagree*”.

Finally, the dimension of satisfaction was also evaluated. The notion of family satisfaction was initially assessed with the statement: “*My level of satisfaction with my family circumstances is:...*”. Secondly, the perception of family members of their children's satisfaction was evaluated with the declaration: “*I believe my child's level of satisfaction with family*

circumstances is: "...". In both cases, responses were on a five-point Likert scale, 1 being "not at all satisfied" and 5 "very satisfied".

### Procedure

The first step in the study was to gather a sample. This was one of the greatest difficulties and was more complicated than finding collaborators. For families of children with disabilities, contact was made through family associations, mainstream schools offering special education programs, and schools dedicated exclusively to special education. For families of children without disabilities, contact was made through mainstream schools. Both groups of families were offered the possibility to answer the questionnaires on paper or electronically. Thus, each school and family association could decide the best way for families to participate according to their preferences and habitual communication channels.

The study used a self-report format where families complete for the questionnaires themselves. The questionnaires include a general introduction presenting the objectives of the study. At the beginning of each section, there are a series of instructions on how to complete the questionnaire as well as contact details in the case of any doubts.

### Data Analysis

The first stage was to carry out a descriptive and correlational analysis of the variables. Spearman's rank correlation coefficient (*rho*) was used for correlation analysis, as the variables did not fulfill criteria for normality of sample distribution, checked with the Kolmogorov-Smirnov test. Then, the reliability of the instruments was analyzed using Cronbach's *alpha*.

Various analyses were carried out of differences in means using non-parametric testing. The first comparison was between families of children with disabilities and families of children without disabilities using the Mann-Whitney *U* test. To calculate the effect size, the Probability of Superiority (PS) statistic was used, analyzed according to the recommendations of Grissom [30] based on the equivalence of *d* values with the *PS* used for non-parametric testing. A second comparison was made of the sub-samples of families of children with disabilities according to the types of disability. For this, the Kruskal-Wallis H test was used. When significant differences were found, further testing of the groups was conducted using the Mann-Whitney

*U* test. All the statistical analyses were performed using the SPSS 25.0 package.

## RESULTS

### Characteristics of those who Completed the Questionnaire

For families of children with disabilities, a significant majority, 80.9%, of the questionnaires were completed by mothers ( $n = 248$ ) rather than fathers ( $n = 45$ ), while mothers completed 86% in families of children without disabilities. Several questionnaires were completed by siblings ( $n = 2$ ) and from others, primarily guardians ( $n = 4$ ).

The mean age of families of children with disabilities was 47.15, with a mode of 50. In the case of families of children without disabilities, the mean age was 42.17, with a mode of 37.

Regarding education, there were significant differences between the two groups. A higher percentage of families of children without disabilities had a university education while families with a disability had secondary (36.5%) and primary (11.8%) education. There were no cases of families of children without disability that reported no education, while a small percentage (3.4%) of families of children with a disability had no educational background.

In families of children with disabilities, mothers were the main caregivers. In fact, 23.6% reported having to give up working entirely, while 37.1% reported reducing their work to some extent. Only 39.3% were able to avoid giving up working. In contrast, in families of children without disability, no one reported giving up work entirely, although 39.7% reported having reduced their working hours part and 60.3% had not.

When asked about the type of help they had, either domestic or in childcare, the majority of families of children without disabilities reported having domestic help (62.8%) and help with childcare (54.5%). Of families of children with disabilities, 38.8% had domestic help, and 44.9% had some form of childcare.

### Descriptive and Correlational Results

Table 1 shows the descriptive and correlational results of the entire sample for the three dimensions: satisfaction, stress, and resilience. Notable, the highest scores were for satisfaction, followed by stress.

Table 1: Mean, Standard Deviation, Cronbach's Alpha and Correlation Coefficients for the variables Satisfaction, Stress and Resilience

	$\bar{X}$	S.D.	$\alpha$	PD	DI	DC	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	FS	CS
PD	3.32	1.08	0.92	1																
DI	3.63	1.13	0.91	0.698**	1															
DC	3.45	1.06	0.91	0.679**	0.809**	1														
R1	2.39	1.29	.95	-0.488**	-0.496**	-0.469**	1													
R2	2.44	1.31	0.94	-0.544**	-0.546**	-0.513**	0.895**	1												
R3	2.50	1.33	0.92	-0.487**	-0.472**	-0.476**	0.860**	0.888**	1											
R4	2.54	1.20	0.89	-0.419**	-0.508**	-0.472**	0.826**	0.815**	0.809**	1										
R5	2.39	1.41	0.95	-0.528**	-0.582**	-0.536**	0.833**	0.872**	0.885**	0.816**	1									
R6	2.36	1.35	0.95	-0.525**	-0.550**	-0.503**	0.822**	0.868**	0.849**	0.783**	0.873**	1								
R7	2.38	1.34	0.95	-0.507**	-0.580**	-0.492**	0.816**	0.850**	0.828**	0.815**	0.848**	0.911**	1							
R8	2.42	1.31	0.95	-0.528**	-0.570**	-0.514**	0.836**	0.892**	0.842**	0.824**	0.879**	0.893**	0.912**	1						
R9	2.36	1.37	0.96	-0.497**	-0.527**	-0.491**	0.815**	0.861**	0.821**	0.815**	0.853**	0.856**	0.876**	0.868**	1					
R10	2.32	1.49	0.98	-0.514**	-0.541**	-0.494**	0.811**	0.833**	0.831**	0.802**	0.848**	0.854**	0.858**	0.858**	0.920**	1				
R11	2.40	1.48	0.97	-0.436**	-0.518**	-0.494**	0.809**	0.792**	0.784**	0.807**	0.809**	0.812**	0.812**	0.823**	0.865**	0.913**	1			
R12	2.41	1.42	0.97	-0.494**	-0.535**	-0.511**	0.829**	0.834**	0.798**	0.827**	0.831**	0.828**	0.819**	0.861**	0.885**	0.893**	0.911**	1		
FS	3.81	1.12		0.377**	0.356**	0.317**	-0.269**	-0.312**	-0.282**	-0.252**	-0.299**	-0.285**	-0.314**	-0.332**	-0.274**	-0.249**	-0.227**	-0.241**	1	
CS	4.31	0.900		0.156**	0.164**	0.161**	-0.141*	-0.147*	-0.143*	-0.143*	-0.135*	-0.103	-0.113	-0.161**	-0.143*	-0.134*	-0.128*	-0.127*	0.522	1

Note: PD = Parental distress; DI = Parent-Child Dysfunctional Interaction; DC = Difficult Child; R1 = Identity; R2 = Autonomy; R3 = Satisfaction; R4 = Pragmatism; R5 = Links; R6 = Networks; R7 = Models; R8 = Goals; R9 = Affectivity; R10 = Self-efficacy; R11 = Learning; R12 = Generativity; FS = Family Satisfaction; CS = Perceived Child Satisfaction.  
\* p < 0.05; \*\* p < 0.01.

**Table 2: Inferential Analysis of Variables for Satisfaction in Families of Children with and without Disabilities**

	Disability	n	Median	Average Range	<i>U</i>	<i>p</i>	PS
Family Satisfaction	No	121	4.00	125.80	6565	0.000	0.308
	Yes	176	4.00	182.74			
Perceived Child Satisfaction	No	121	5.00	155.64	9880	0.243	0.463
	Yes	176	5.00	155.34			

There was a significant positive correlation between satisfaction and stress, with a greater correlation with family satisfaction than perceived child satisfaction. In contrast, the dimension resilience largely showed significant negative correlations with the dimensions of satisfaction and stress.

### Inferential Results

Tables 2 and 3 show the results of an inferential analysis of both family satisfaction and perceived child satisfaction. A comparison is made of families of children with and without disabilities and among various types of disability. Table 2 shows statistically significant differences in family satisfaction between the groups, with a very small effect size. Families of

children without disabilities have higher levels of the family situation than those with disabilities. There was, however, no statistically significant difference in perceived child satisfaction between the two groups.

Among families of children with disabilities, Table 3 shows the differences depending on the type of disability. The results show no statistically significant differences in family satisfaction or perceived child satisfaction.

Tables 4 and 5 show the results of a descriptive and inferential analysis of the dimension stress. As shown in Table 4, there are statistically significant differences in the three variables for stress between families of children with and without disabilities. Notably, the

**Table 3: Inferential Analysis of Variables for Satisfaction by Type of Disability**

		n	Median	Average Range	$\chi^2$	<i>p</i>
Family Satisfaction	PHD	69	3.50	89.16	1.23	0.745
	ASD	29	4.00	82.55		
	MD	46	4.00	94.07		
	MH	32	3.50	84.47		
Perceived Child Satisfaction	PHD	69	5.00	82.00	6.96	0.073
	ASD	29	4.00	77.41		
	MD	46	5.00	101.35		
	MH	32	5.00	94.09		

Note: PHD = Physical Disability; ASD = Autism Spectrum Disorder; MD = Mental Disability; MH = Multiple Disability.

**Table 4: Inferential Analysis of Variables for Stress in Families of Children with and without Disabilities**

	Disability	N	Median	Average Range	<i>U</i>	<i>p</i>	PS
Parental distress	No	121	4.00	177.92	6544	0.000	0.316
	Yes	171	3.00	124.27			
Parent-Child Dysfunctional Interaction	No	121	4.58	196.63	4401	0.000	0.211
	Yes	172	3.25	112.09			
Difficult Child	No	121	4.00	177.07	6767	0.000	0.325
	Yes	172	3.29	125.85			

**Table 5: Inferential Analysis of Variables for Stress by Type of Disability**

	Type	n	Median	Average Range	X <sup>2</sup>	p	Significant Differences between Groups
Parental Distress	PHD	67	3.16	91.69	6.247	.100	
	ASD	28	2.87	83.79			
	MD	46	3.12	91.79			
	MH	30	2.58	66.47			
Parent-Child Dysfunctional Interaction	PHD	68	3.95	96.65	15.164	0.003	MD > MH** PHD > MH**
	ASD	28	2.91	78.68			
	MD	45	3.58	95.63			
	MH	31	2.50	58.05			
Difficult Child	PHD	68	3.58	95.82	13.536	0.004	MD > MH** PHD > MH**
	ASD	28	2.87	75.66			
	MD	45	3.58	96.56			
	MH	31	2.50	61.24			

Note: PHD = Physical Disability; ASD = Autism Spectrum Disorder; MD = Mental Disability; MH = Multiple disability.

\*\* p < 0.01.

highest scores were among families of children without disabilities in all three variables: *Parental Distress*, *Parent-Child Dysfunctional Interaction*, and *Difficult Child*. The Probability of Superiority shows a very small effect size for Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child.

For families of children with disabilities, Table 5 shows the results of the analysis of the three variables for stress, aiming to identify differences depending on the type of disability. The results show statistically significant differences in the variables "Parent-Child Dysfunctional Interaction" and "Difficult Child". The highest scores were found in the group of families of children with a mental disability, while the lowest scores were for families whose children suffered from multiple disabilities. The results show significant differences between the group with physical disabilities and mental disabilities compared to those with multiple disabilities, with the highest scores occurring in the former two.

There are twelve variables within the resilience dimension: Identity, Autonomy, Satisfaction, Pragmatism, Links, Networks, Models, Goals, Affectivity, Self-efficacy, Learning, and Generativity. Families of children with disabilities scored highest for all variables. Table 6 shows statistically significant differences between families of children with disabilities and those without, although the effect size is very small.

Table 7 shows the results for the twelve variables of resilience for families of children with disabilities, considering the type of disability. In this instance, there are statistically significant differences in all variables. The highest scores for all variables were for families of children with multiple disabilities, with the highest scores for the variable "Self-efficacy". In contrast, the lowest scores were for families of children with a mental disability. Notably, the variables Self-efficacy and Networks show the lowest scores.

## CONCLUSIONS

The purpose of this study was to analyze stress, resilience, and satisfaction among families of children with disabilities, aiming to raise awareness of these families' situations and determine how the type of disability affects these variables. The study was divided into two parts: first, the variables were analyzed by comparing families of children with a disability and those without. Second, the study evaluated the differences in these variables according to the type of disability among families of children with disabilities.

The study found significant differences between the two groups of families in all three dimensions of satisfaction, stress, and resilience regarding the first point. With respect to satisfaction, it was observed that parents of children with disabilities had less family satisfaction, lower levels of stress, and higher levels of resilience. There was a negative correlation between stress and resilience, as families of children with

**Table 6: Mean and Inferential Analysis of Variables for Resilience in Families of Children with and without Disabilities**

	Disability	n	Median	Average Range	<i>U</i>	<i>p</i>	<i>PS</i>
Identity	No	121	1.766	107.90	5674.5	0.000	0.287
	Yes	163	2.66	168.19			
Autonomy	No	121	1.60	110.26	5961	0.000	0.283
	Yes	174	2.80	174.24			
Satisfaction	No	121	1.75	115.08	6543.5	0.000	0.314
	Yes	172	3.00	169.46			
Pragmatism	No	121	1.80	109.19	5831	0.000	0.275
	Yes	175	2.80	175.68			
Links	No	121	1.25	109.44	5861	0.000	0.281
	Yes	172	2.75	173.42			
Networks	No	121	1.20	105.57	5393.5	0.000	0.256
	Yes	174	2.80	177.50			
Models	No	121	1.20	101.15	4858	0.000	0.228
	Yes	176	2.80	181.90			
Goals	No	121	1.50	104.29	5237.5	0.000	0.250
	Yes	173	3.00	177.73			
Affectivity	No	121	1.20	108.08	5697	0.000	0.270
	Yes	174	2.90	175.76			
Self-Efficacy	No	121	1.20	108.63	5763.5	0.000	0.272
	Yes	175	2.80	176.07			
Learning	No	121	1.20	112.38	6216.5	0.000	0.293
	Yes	175	3.00	173.48			
Generativity	No	121	1.20	106.98	5563.5	0.000	0.264
	Yes	174	2.80	176.53			

**Table 7: Mean and Inferential Analysis of Variables for Resilience by Type of Disability**

	Type of Disability	n	Median	Average Range	$\chi^2$	<i>p</i>	Significant Differences between Groups
Identity	PHD	65	2.50	78.91	16.52	0.001	MH > PHD** MH > MD***
	ASD	27	3.16	86.57			
	MD	44	2.00	65.60			
	MH	27	4.16	111.59			
Autonomy	PHD	67	2.20	79.99	24.57	0.000	MH > ASD* MH > MD*** MH > PHD***
	ASD	29	3.00	87.21			
	MD	45	2.00	71.33			
	MH	33	4.20	125.05			
Satisfaction	PHD	68	2.50	80.27	21.83	0.000	MH > ASD* MH > MD*** MH > PHD***
	ASD	29	3.25	90.50			
	MD	45	2.00	69.64			
	MH	30	4.25	122.03			



(Table 7). Continued.

	Type of Disability	n	Median	Average Range	$\chi^2$	p	Significant Differences between Groups
Pragmatism	PHD	68	2.60	83.14	18.42	0.000	MH > MD*** MH > PHD***
	ASD	29	3.40	93.43			
	MD	45	2.00	69.81			
	MH	33	4.00	118.05			
Links	PHD	68	2.12	77.75	19.98	0.000	MH > ASD* MH > MD*** MH > PHD***
	ASD	29	3.75	90.59			
	MD	45	2.00	73.93			
	MH	30	4.25	121.23			
Networks	PHD	69	2.40	76.98	21.54	0.000	MH > ASD* MH > MD*** MH > PHD***
	ASD	29	3.00	94.14			
	MD	45	1.80	75.08			
	MH	31	4.20	122.74			
Models	PHD	69	2.40	77.39	22.43	0.000	MH > ASD* MH > MD*** MH > PHD***
	ASD	29	3.60	94.29			
	MD	45	2.20	75.86			
	MH	33	3.80	123.88			
Goals	PHD	68	2.58	77.29	17.45	0.001	MH > MD*** MH > PHD***
	ASD	29	3.50	95.71			
	MD	45	2.33	75.12			
	MH	31	3.83	117.40			
Affectivity	PHD	68	2.30	78.00	24.90	0.000	MH > ASD* MH > MD*** MH > PHD***
	ASD	29	3.00	93.14			
	MD	45	2.00	71.70			
	MH	32	4.20	124.80			
Self-Efficacy	PHD	69	2.00	78.89	28.62	0.000	ASD > MD* MH > ASD** MH > MD*** MH > PHD***
	ASD	29	3.00	95.02			
	MD	45	1.80	69.42			
	MH	32	4.60	127.41			
Learning	PHD	69	2.00	77.11	26.92	0.000	ASD > MD* MH > ASD* MH > MD*** MH > PHD***
	ASD	29	3.20	98.05			
	MD	45	2.00	71.59			
	MH	32	4.30	125.45			
Generativity	PHD	69	2.80	80.96	21.60	0.000	ASD > MD* MH > ASD* MH > MD*** MH > PHD***
	ASD	28	3.70	92.68			
	MD	45	2.00	70.11			
	MH	32	4.40	121.52			

Note: PHD = Physical Disability; ASD = Autism Spectrum Disorder; MD = Mental Disability; MH = Multiple Disability.  
\* p < 0.05; \*\* p < 0.01; \*\*\* p < 0.001.

disabilities showed lower scores for stress and higher scores for resilience.

For the second part, analyzing the variables according to the type of disability, the study found no differences in the variables Satisfaction and Parental Distress but did find differences for Parent-Child

Dysfunctional Interaction and Difficult Child and in the variable resilience. These findings are in line with the point noted above, establishing a relationship between stress and resilience; families with the lowest scores for stress and families of children with multiple disabilities also scored the highest for resilience.

## DISCUSSION

The results of both parts of this study are in line with the findings of previous research by Fletcher and Sarkar [16]. These authors found a strong relationship between the variables stress and resilience, associating these with the concepts of adversity and adaptation. Moreover, research by DiCorcia and Tronick [32] points to a link between stress and resilience, suggesting that day-to-day resilience regulates daily stressors. Similarly, the authors Byun and Jung [32] found that high levels of stress are related to low levels of resilience. An analysis was also made of the resources which tend to mitigate stress, such as belonging to associations of families in similar circumstances, which helps decrease the feelings of perceived overload and increase family resilience [33].

This is not the case for satisfaction. Research by Sobrino [26] shows that greater family satisfaction tends to generate a more upbeat dynamic where problems are addressed more positively. However, findings show lower satisfaction levels among families of children with disabilities, while these families also show a higher capacity to cope with stress.

Families of children with disabilities face many more challenges and difficulties than families of children without disabilities. They must adapt their lifestyle to new and changing circumstances, with additional tasks and responsibilities in their role as caregivers [34].

This would appear to explain why these families have higher levels of resilience, which enables them to cope with stressful situations that arise in daily life. As noted by Brooks and Goldstein [23], being resilient does not mean never experiencing stress but rather having the ability to face and overcome these situations.

Resilience, which may be associated with specific psychological traits, enables individuals and families to manage symptoms of stress [35] effectively.

Comparing families dealing with different types of disabilities, it was found that mental disability was the greatest cause of stress. This may be due to the higher visibility of this disability and the challenges of social inclusion and employability. Hopes and fears about the future of a child with a disability may cause tremendous stress within a family. By contrast, families of children with multiple disabilities, which may be assumed to be the most challenging situation, reported the lowest

stress levels. This may be due to lower expectations given this type of disability's difficulties.

Moreover, stress was highest among families of children without disabilities. Given the current family circumstances in which both parents normally work, achieving a good work-life balance can be difficult, leading to higher stress levels. Apart from work, families generally show a strong commitment and often exceed expectations for their children's upbringing, leading to a considerable emotional overload.

Another point of interest in this study is satisfaction. While no significant differences were found between the groups in perceived child satisfaction, there were differences in family satisfaction. The group showing the lowest satisfaction levels was that of families of children with disabilities. This may be due to two causes. First, the family's hopes for the child may not have been fulfilled; second, the mother is the primary caregiver in most families. This imposes a hefty workload, often combined with the need to give up paid work, either in part or entirely, leading to personal frustration.

For families of children with or without disabilities, expectations may lead to increased stress. Thus, an in-depth study of family expectations of children would offer more profound insight into these aspects.

Finally, given the findings of the study, there is clearly a need to provide differentiated types of assistance for families of children with disabilities to help deal with the overload of demands, the lack of resources to cope with these needs, and the possible family health problems arising from this situation [37]. Hence, from a learning point of view, the study results offer a better understanding of families facing these challenges, underlining the importance of offering support to deal with disabilities and improving feelings of family satisfaction. This will undoubtedly lead to a more optimistic view of the difficulties they face over time.

The present study has certain limitations. These include the limited number of families per type of disability included in the sample. Ideally, future research should increase the sample size to provide more generalizable results. It would also be instructive to expand on the results through interviews with families, which would offer a more in-depth view of the predictive factors for the studied variables. Another limitation of this study was non-probabilistic,

convenience sampling due to the difficulty of reaching these families. This type of sampling limits the ability to generalize the results.

Future studies should expand the sample to determine if the effect size continues to be small or if there is an increase in the significance.

With regard to families of children with disabilities, families learn from the experience of overcoming obstacles over time [36], and it would be fruitful to conduct further research into stress and resilience throughout the various stages of the disabled child's education. This could help identify the point at which a family becomes better able to cope with their circumstances on a day-to-day basis.

### ETHICAL APPROVAL AND CONSENT FOR PARTICIPATION

This research project was approved by the Ethics Committee of the International Doctoral School of the Spanish Open University (UNED). All participants were adults and agreed to complete the questionnaire and provided their written consent to use their data for this project.

### CONFLICT OF INTEREST

The authors declare they have no conflict of interests affecting this research, the authorship, or the publication of this article.

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

### ABBREVIATIONS

PHD	=	Physical Disability
ASD	=	Autism Spectrum Disorder
MD	=	Mental Disability
MH	=	Multiple disabilities
PD	=	Parental distress
DI	=	Parent-Child Dysfunctional Interaction
DC	=	Difficult Child
R1	=	Identity
R2	=	Autonomy

R3	=	Satisfaction
R4	=	Pragmatism
R5	=	Links
R6	=	Networks
R7	=	Models
R8	=	Goals
R9	=	Affectivity
R10	=	Self-efficacy
R11	=	Learning
R12	=	Generativity
FS	=	Family satisfaction
CS	=	Perceived child satisfaction

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