

Predicting Family Functioning from Parental Stress and Coparenting Quality: The Mediating Role of Family Communication

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ABSTRACT

Objective: This study aimed to predict family functioning from parental stress and coparenting quality and to examine the mediating role of family communication in these relationships among Canadian parents.

Methods and Materials: This cross-sectional correlational study was conducted with 386 parents residing in Canada who had at least one child younger than 18 years and were actively involved in the child's care. Participants completed the Parenting Stress Index–Short Form, the Coparenting Relationship Scale, the Family Communication Scale, and the General Functioning subscale of the McMaster Family Assessment Device. Data were analyzed using Pearson correlation coefficients, hierarchical multiple regression, and mediation analysis with PROCESS Model 4. Indirect effects were evaluated using 5,000 bias-corrected bootstrap resamples, and statistical significance was set at $p < .05$.

Findings: Parental stress was negatively associated with family communication ($\beta = -.43, p < .001$) and family functioning ($\beta = -.22, p < .001$), whereas coparenting quality was positively associated with family communication ($\beta = .49, p < .001$) and family functioning ($\beta = .26, p < .001$). Family communication significantly predicted family functioning ($\beta = .48, p < .001$). The final regression model explained 68% of the variance in family functioning. Mediation analysis showed that family communication significantly mediated the association between parental stress and family functioning ($B = -0.058, 95\% \text{ CI } [-0.076, -0.042]$) and the association between coparenting quality and family functioning ($B = 1.47, 95\% \text{ CI } [1.15, 1.81]$). Because both direct effects remained significant after inclusion of the mediator, the mediating effects were partial.

Conclusion: Family communication appears to be a central relational mechanism through which parental stress and coparenting quality are associated with overall family functioning, suggesting that interventions targeting both parental stress reduction and constructive family communication may strengthen family functioning.

Keywords: parental stress; coparenting quality; family communication; family functioning; mediation; parents

1. Introduction

Family functioning is a multidimensional construct that reflects the extent to which family members are able to

organize their relationships, fulfill family roles, communicate effectively, respond to emotional needs, solve problems, and maintain supportive and adaptive patterns of interaction. Healthy family functioning depends not only on

the characteristics of individual family members but also on the quality of the relational processes that connect parents, children, and other caregivers within the family system. Contemporary family research increasingly conceptualizes the family as an interconnected system in which stress experienced by one member can influence other members, and in which processes such as coparenting, communication, emotional regulation, and mutual support can either amplify or attenuate the effects of stress. Accordingly, understanding family functioning requires attention to the processes through which parental experiences become embedded in everyday family interactions. Recent studies have emphasized that parenting stress and the quality of coparenting relationships are particularly important determinants of relational and developmental outcomes within families (Martin et al., 2025; Wang, 2026; Zhang et al., 2026). At the same time, family communication may represent a central mechanism through which these parental experiences are translated into broader patterns of family functioning.

Parental stress refers to the psychological burden that emerges when the perceived demands of parenting exceed the emotional, cognitive, interpersonal, or material resources available to the parent. Although some degree of stress is inherent in raising children, chronic or elevated parental stress can interfere with emotional availability, consistency, problem-solving, and constructive parent-child interaction. Parenting stress is particularly consequential because it may influence not only an individual's psychological well-being but also the quality of relationships across the family system. Research has shown that parental stress is associated with difficulties in coparenting, increased interparental strain, emotional dysregulation, and less adaptive parenting behavior (Azzi et al., 2023; Finkelstein & Brock, 2025; Taştekin et al., 2025). Longitudinal evidence has also suggested that stress and coparenting may influence one another over time, indicating that the association is potentially reciprocal rather than unidirectional (Azzi et al., 2023). This reciprocal process is important because strained coparenting may exacerbate the psychological demands of parenting, whereas supportive coparenting may distribute responsibilities more equitably and provide parents with emotional and practical resources that reduce perceived stress.

The significance of parental stress is also evident across diverse family contexts. For example, research examining parents of adolescents has demonstrated that mothers' and fathers' parenting stress can be associated with children's

emotional outcomes partly through interparental coparenting conflict (Ren et al., 2022). Similarly, studies of postpartum families have found that parenting stress is associated with difficulties in emotion regulation during parenting, with coparenting quality acting as an important relational pathway (Finkelstein & Brock, 2025). Research involving mothers and grandmothers has further demonstrated that parenting stress may operate across caregiving generations and become associated with depressive symptoms through the quality of the coparenting relationship (Qiao et al., 2025). These findings underscore that parenting stress should not be regarded solely as an intrapersonal experience. Rather, it is embedded within family relationships and may shape the patterns of interaction through which the family responds to daily demands.

Coparenting quality represents another central component of family functioning. Coparenting refers to the ways in which two or more adults coordinate, support, negotiate, and share responsibility for raising a child. High-quality coparenting typically involves cooperation, mutual respect, agreement regarding childrearing, support for the other caregiver's parental role, equitable participation in responsibilities, and limited undermining or destructive conflict. Conversely, poor coparenting may be characterized by disagreement, competition, criticism, triangulation, inconsistent parenting expectations, and exposure of children to interparental conflict. Importantly, coparenting is conceptually distinct from the broader romantic or marital relationship because it specifically concerns the parental alliance surrounding the care and development of children. Studies have shown that coparenting has meaningful implications across biological-parent, divorced, stepfamily, intergenerational, and other family arrangements (Afifi et al., 2022; Xu et al., 2024). This broader perspective is particularly relevant in contemporary family research because caregiving relationships are increasingly diverse and cannot be adequately understood through traditional marital frameworks alone.

The quality of coparenting has been associated with several dimensions of individual and family adjustment. Stronger coparenting can buffer the adverse effects of psychological distress and improve parental psychological flexibility (Yu & Xiao, 2021). In families with young children, parents' psychological distress may affect coparenting partly through couple satisfaction, demonstrating that multiple relational subsystems can interact in shaping the parenting alliance (Güre et al., 2024). Other evidence indicates that psychological flexibility and

mutually responsive interparental orientation may reduce postpartum parenting stress and difficulties in coparenting (Martin et al., 2025). Attachment insecurity has likewise been linked with the quality of coparenting relationships, while couple-based preventive interventions may improve coparenting processes among new parents (Lee & Feinberg, 2025). Taken together, these findings suggest that coparenting functions as both an outcome of parental psychological and relational characteristics and as a mechanism through which those characteristics influence broader family processes.

The importance of coparenting also extends to children's psychosocial and physical development. Recent longitudinal and dyadic research has demonstrated associations among mother-child and father-child interactions, coparenting quality, and child cardiometabolic health, suggesting that relational processes within the family may have implications beyond psychological adjustment (Aytuglu et al., 2026). Coparenting has also been associated with children's social skills, with parenting stress operating within complex dyadic pathways linking family relationships to child outcomes (Zhang et al., 2026). In addition, coparenting has been implicated in the association between parental emotional dysregulation and perceptions of children's problem behaviors, highlighting reciprocal influences between parents and children (Li et al., 2025). The relevance of coparenting to child adjustment has also been demonstrated under conditions of economic pressure, where mindful parenting and coparenting independently mediated associations between financial strain and children's outcomes (Lam & Chung, 2025). These findings support a family-systems perspective in which coparenting quality is not an isolated dyadic characteristic but part of a broader network of processes that shape family adaptation.

Contextual stressors may further alter the quality of coparenting and family functioning. Financial strain, food insecurity, depressive symptoms, relationship instability, and social disadvantage can place substantial pressure on parents' ability to coordinate effectively. For example, social integration has been found to buffer the adverse effects of financial distress on coparenting, illustrating how external support systems can protect parental relationships during periods of economic stress (Stanford et al., 2022). Among rural low-income mothers, coparent communication and teamwork have been associated with food insecurity and depressive symptoms, demonstrating the close interdependence of material hardship, psychological well-being, and coparenting processes (Greder et al., 2025). The

family stress model similarly proposes that socioeconomic stressors can undermine family relationships and parenting practices through psychological distress, thereby affecting child and family outcomes (Ruggiero et al., 2024). Research applying vulnerability-stress-adaptation perspectives has also shown that stress and adaptive relational processes contribute to the risk of relationship dissolution among unmarried parents (Duncan et al., 2024). Together, these findings indicate that family functioning is shaped through ongoing interactions between contextual pressures and relational resources.

The effects of stress and coparenting are also evident in families experiencing unique structural or identity-related challenges. Parenting stress and couple relationship quality among transgender and nonbinary parents may be influenced by discrepancies in childcare labor and experiences related to gender identity, emphasizing the importance of considering diversity in the distribution and interpretation of parenting responsibilities (Fang & Spadaro, 2026). Families experiencing divorce and separation may face additional challenges in maintaining effective coparenting communication because the parenting alliance must continue despite changes in the couple relationship. Qualitative evidence from divorced and separated Caribbean coparents shows that communication after relationship dissolution involves complex processes of negotiation, boundary management, conflict reduction, and adaptation (Boodram & Thomas, 2025). Similarly, incarcerated coparenting relationships can be complicated by structural barriers, although paternal resilience may reduce some of the negative effects of incarceration-related barriers on parent-child relationships (McLeod et al., 2025). These examples reinforce the principle that coparenting quality is highly consequential across diverse family forms and social circumstances.

Another important family process is parental involvement. Greater involvement by both mothers and fathers has been associated with adolescent outcomes partly through parent-adolescent and couple relationship processes (Zhang et al., 2024). Father involvement, in particular, may reduce maternal stress through more effective coparenting, suggesting that the distribution of caregiving responsibilities can influence parental psychological well-being through relational pathways (d'Orsi et al., 2023). These findings are consistent with the view that family functioning emerges through coordinated contributions from multiple caregivers rather than from the behavior of a single parent. They also indicate that the quality of interactions surrounding

parenting responsibilities may be as important as the absolute amount of parental involvement.

Family communication is likely to be one of the most important mechanisms connecting parental stress and coparenting quality with overall family functioning. Effective family communication includes clarity, openness, emotional expressiveness, responsive listening, respectful exchange, and the ability to discuss disagreements and solve problems collaboratively. Communication is not merely a channel for conveying information; it is a core regulatory process through which family members coordinate expectations, express support, negotiate roles, and respond to conflict. When communication is open and constructive, family members may be better able to manage stress and maintain cohesion. Conversely, when communication becomes hostile, avoidant, inconsistent, or unclear, stress can become amplified and family relationships may deteriorate.

The connection between coparenting and communication has received growing empirical support. In families with adolescents, coparenting has been shown to influence academic engagement partly through parent-child communication, indicating that communication can function as an intermediary between the parental alliance and child outcomes (Ren et al., 2024). Coparenting communication and teamwork have similarly been identified as important correlates of parental well-being among socioeconomically vulnerable families (Greder et al., 2025). More broadly, communication may facilitate the coordination and mutual responsiveness required for effective coparenting, while poor communication may increase misunderstanding and conflict. This process may be particularly important under conditions of elevated parenting stress, because highly stressed parents may have reduced emotional resources for calm discussion, collaborative problem-solving, and sensitive responses to other family members.

The mediating role of family communication is theoretically plausible because both parental stress and coparenting quality are likely to influence how family members interact with one another on a daily basis. Stress may lead parents to become more irritable, withdrawn, inconsistent, or less responsive, thereby reducing the quality of communication throughout the family. In contrast, supportive coparenting may encourage consistent messages, shared decision-making, mutual validation, and constructive management of disagreements. These communication patterns may then shape broader family functioning by influencing cohesion, role organization, emotional

responsiveness, and problem-solving. Thus, communication may represent a proximal family-level pathway through which parental stress and coparenting quality exert their effects.

This conceptualization is also consistent with research on psychological processes that support adaptive family relationships. Parents' mentalizing capacity, reflective functioning, and psychological flexibility may facilitate more constructive responses to stress and improve the quality of coparenting (Palma et al., 2026; Palma et al., 2023; Yu & Xiao, 2021). Parental mental health and reflective functioning have been associated with coparenting and children's social-emotional development, indicating that parents' ability to understand internal states may influence family relationships at multiple levels (Palma et al., 2023). More recent evidence suggests that depression, anxiety, mentalizing capacity, and coparenting remain closely interconnected among parents of school-aged children (Palma et al., 2026). These findings imply that adaptive family functioning depends not only on external behaviors but also on parents' capacity to interpret emotions, regulate distress, and communicate effectively in relationships.

Interparental processes may also act as protective mechanisms under major stress. Research conducted in the context of the COVID-19 pandemic has shown that adaptive interparental processes can mitigate the risk of psychological aggression during periods of heightened environmental stress (Woodward et al., 2026). Similarly, family service systems increasingly recognize that strengthening coparenting requires interventions focused on parental involvement, capacity building, and reconciliation rather than solely on individual parenting skills (Kekkonen et al., 2026). These approaches are compatible with the assumption that improving family functioning requires attention to interactional mechanisms that allow families to manage stress collaboratively.

The importance of examining communication as a mediator is further supported by evidence that parenting stress and coparenting appear to operate in interconnected pathways rather than independently. For example, parental burnout has been linked with maternal stress through both coparenting and mindful parenting (Taştekin et al., 2025). Parenting stress has also been examined as a mediator linking coparenting with adolescent behavior problems, demonstrating that the causal direction among these constructs may vary depending on the theoretical model and developmental context (Wang, 2026). Other studies have found that coparenting mediates associations between

parenting stress and emotion regulation during parenting (Finkelstein & Brock, 2025), whereas parenting stress and coparenting conflict may jointly explain links with adolescent depressive symptoms (Ren et al., 2022). Such findings suggest that family processes are transactional and different relational mechanisms may serve as mediators depending on the outcome under investigation.

Despite the growing literature on parenting stress and coparenting, several gaps remain. Much prior research has focused primarily on child outcomes, parental mental health, couple satisfaction, or isolated dimensions of parenting rather than on global family functioning as the principal outcome. In addition, studies frequently examine either parental stress or coparenting quality separately, even though both are likely to exert simultaneous and potentially overlapping influences within the family system. Research has also tended to emphasize specific developmental periods, such as infancy, early childhood, or adolescence, which may limit understanding of broader family-level processes across households with children of different ages. Furthermore, although communication has been studied as a predictor or mediator in particular parent–child pathways, fewer studies have examined general family communication as the mechanism through which both parental stress and coparenting quality may jointly predict overall family functioning.

These gaps are important because family functioning represents a higher-order outcome that captures the collective organization and health of family relationships rather than the adjustment of one individual member. Examining parental stress and coparenting simultaneously may clarify their unique contributions, while testing family communication as a mediator may identify a modifiable relational mechanism that links parental experiences to broader family outcomes. Such knowledge has practical implications for family interventions, particularly because communication and coparenting are potentially responsive to psychoeducation, couple-based programs, family therapy, and preventive services. Evidence that interventions can improve coparenting among new parents and that family services can deliberately support coparenting capacity reinforces the potential clinical relevance of these processes (Kekkonen et al., 2026; Lee & Feinberg, 2025). Similarly, understanding family communication as a mechanism may help practitioners determine whether reducing parental stress alone is sufficient or whether interventions should also directly target relational interaction patterns.

Accordingly, integrating parental stress, coparenting quality, family communication, and overall family functioning within a single explanatory model can provide a more comprehensive account of how family systems adapt to parenting demands. Such an approach is consistent with empirical evidence showing that stress, psychological resources, coparenting, parent–child relationships, and broader family outcomes are interconnected across multiple levels of the family system (Aytuglu et al., 2026; Li et al., 2025; Xu et al., 2024). It also recognizes that supportive coparenting may act as a relational resource, whereas parenting stress may operate as a relational risk, with family communication serving as a mechanism capable of transmitting both positive and negative influences throughout the family.

Therefore, the aim of the present study was to predict family functioning from parental stress and coparenting quality and to examine the mediating role of family communication in these relationships among Canadian parents.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quantitative, cross-sectional, correlational research design to examine the predictive relationships among parental stress, coparenting quality, family communication, and family functioning and to determine whether family communication mediated the associations of parental stress and coparenting quality with family functioning. The study population consisted of parents residing in Canada who were living with at least one child or adolescent under the age of 18 years and who were actively involved in the child's daily care and family life. A total of 386 parents participated in the study. Participants were recruited from several Canadian provinces, including Ontario, British Columbia, Alberta, Quebec, and Manitoba, to provide greater socioeconomic and geographic diversity within the sample. Recruitment was conducted through community parenting organizations, family service agencies, childcare and school-related parent networks, and online announcements distributed through Canadian parent communities. A convenience sampling strategy supplemented by targeted recruitment was used to ensure the inclusion of parents from different family structures and socioeconomic backgrounds. To be eligible for participation, respondents were required to be at least 18 years of age, currently reside in Canada, be the biological,

adoptive, or legal parent of at least one child younger than 18 years, live with the target child for at least half of the time, and be sufficiently proficient in English to understand and complete the study questionnaires. In families with more than one child, parents were instructed to answer child-related questions with reference to the child whose most recent birthday had occurred. Parents who were not currently involved in the child's routine care, those whose children were permanently living outside the household, and respondents who submitted substantially incomplete questionnaires were excluded from the analysis. Participation was voluntary, and respondents were informed of the objectives and procedures of the study before providing informed consent. No personally identifying information was required in the analytical dataset, and participants were informed that they could discontinue participation at any stage without penalty. Data were collected through a secure online questionnaire. Before completing the principal measures, participants provided demographic information including age, gender, marital status, educational attainment, employment status, household income, number of children, age of the target child, and family structure. The questionnaire was designed so that all primary measures were administered under standardized instructions and in the same order for all participants. The study was conducted in accordance with accepted ethical principles for research involving human participants, including voluntary participation, informed consent, confidentiality, and secure management of research data.

2.2. Measures

Parental stress was assessed using the **Parenting Stress Index–Short Form (PSI-SF)**, a widely used self-report instrument developed to evaluate stress associated with the parenting role. The PSI-SF consists of 36 items organized into three domains: Parental Distress, Parent–Child Dysfunctional Interaction, and Difficult Child. Participants indicate the extent to which they agree with each statement using a five-point response scale. Scores are summed to obtain domain scores and a total parenting stress score, with higher values representing greater levels of parenting-related stress. The measure assesses both distress arising from personal demands associated with parenthood and stress associated with parent–child interactions and perceptions of the child's behavioral characteristics. For the purposes of the present study, the total score was used as the principal

indicator of parental stress because the conceptual model focused on the overall burden of parenting-related stress rather than on individual stress dimensions. Internal consistency was assessed in the current sample using Cronbach's alpha and composite reliability coefficients before inclusion of the parental stress score in the mediation model.

Coparenting quality was measured using the **Coparenting Relationship Scale (CRS)**. The CRS evaluates the extent to which parents perceive their relationship with the other parent or parenting partner as supportive, coordinated, and constructive in relation to child-rearing responsibilities. The instrument encompasses important dimensions of the coparenting relationship, including coparenting agreement, coparenting closeness, endorsement of the partner's parenting, division of parenting labor, exposure of the child to interparental conflict, coparenting support, and coparenting undermining. Items are rated using Likert-type response options reflecting the frequency or degree to which each statement characterizes the respondent's coparenting relationship. Negatively worded indicators are reverse-scored as appropriate so that higher overall scores indicate a more supportive, cooperative, and higher-quality coparenting relationship. The total coparenting quality score was used in the primary analysis because the study sought to determine the overall contribution of constructive coparenting to family functioning and family communication. Only respondents who identified a current spouse, partner, or other parent with whom they shared meaningful responsibility for parenting the target child completed the coparenting measure. Reliability of the scale was examined in the study sample before hypothesis testing.

Family communication, which constituted the mediating variable in the hypothesized model, was assessed using the **Family Communication Scale (FCS)** associated with the FACES IV framework. The FCS is a 10-item self-report measure developed to assess the quality of communication occurring among members of a family system. The scale addresses central features of effective family communication, including clarity of communication, attentive listening, openness in discussing concerns, emotional expression, respectful exchange of ideas, and the ability of family members to discuss and resolve interpersonal difficulties. Participants rate each statement on a five-point Likert-type scale ranging from low to high agreement with descriptions of their family's communication patterns. Item scores are summed to produce a total family

communication score, with higher scores indicating more open, clear, supportive, and effective communication among family members. Family communication was conceptualized as a relational mechanism through which parental stress and coparenting quality could influence the broader functioning of the family. Accordingly, the total FCS score was entered as the mediator in the statistical model.

Family functioning, the principal dependent variable, was measured using the **General Functioning subscale of the McMaster Family Assessment Device (FAD-GF)**. The General Functioning subscale contains 12 items designed to provide an overall assessment of the health and effectiveness of family functioning. The items capture fundamental characteristics of well-functioning and poorly functioning families, including mutual support, emotional responsiveness, acceptance of family members, communication of feelings, problem-solving, and the capacity to manage family difficulties. Responses are provided on a four-point Likert-type scale ranging from strongly agree to strongly disagree. Positively and negatively worded items are scored in accordance with the instrument's scoring procedure. Because conventional FAD scoring assigns higher scores to poorer family functioning, scores were reverse-oriented for the primary analyses in this study so that higher values consistently represented **better family functioning**, thereby facilitating interpretation of correlations and mediation coefficients across the study variables. Internal consistency of the family functioning measure was evaluated in the Canadian sample before the principal analyses. A demographic questionnaire developed for the study was also administered to characterize the sample and identify potentially relevant covariates. The demographic form included parental age, gender, educational level, employment status, marital status, household income, number of children, target child's age and gender, and family structure.

2.3. Data Analysis

Data analysis was conducted using IBM SPSS Statistics together with the PROCESS macro for mediation analysis. Prior to hypothesis testing, the dataset was screened for incomplete responses, invalid response patterns, coding errors, and influential observations. Cases with substantial missing data on the principal study measures were excluded from the analytical dataset, whereas the extent and pattern of any remaining missing values were examined before

statistical analysis. Descriptive statistics, including frequency, percentage, mean, standard deviation, minimum, maximum, skewness, and kurtosis, were calculated as appropriate to summarize demographic characteristics and the distributions of parental stress, coparenting quality, family communication, and family functioning. Internal consistency of the multi-item measures was evaluated using Cronbach's alpha, with coefficients of .70 or greater considered indicative of acceptable reliability. The assumptions underlying the parametric analyses were assessed before testing the principal model. Normality was evaluated using skewness and kurtosis indices together with inspection of the variable distributions. Linearity and homoscedasticity were examined through residual and scatterplot diagnostics, and potentially influential observations were evaluated using standardized residuals and Cook's distance. Multicollinearity among the predictors was assessed using tolerance and variance inflation factor values, with variance inflation factors below 5.00 interpreted as indicating the absence of problematic multicollinearity.

Pearson product-moment correlation coefficients were first calculated to determine the magnitude and direction of the bivariate relationships among parental stress, coparenting quality, family communication, and family functioning. Hierarchical multiple regression analyses were subsequently used to evaluate the predictive contributions of parental stress and coparenting quality to family functioning and to examine whether family communication accounted for additional variance in family functioning after the principal predictors had been entered into the model. The mediation hypotheses were tested using a parallel multiple-predictor mediation framework implemented through PROCESS Model 4, in which parental stress and coparenting quality were entered simultaneously as predictor variables, family communication was specified as the mediator, and family functioning was entered as the outcome variable. This specification permitted estimation of the association between each predictor and family communication, the relationship between family communication and family functioning while controlling for both predictors, the direct effects of parental stress and coparenting quality on family functioning, and the indirect effect of each predictor on family functioning through family communication. Relevant demographic variables were included as covariates when preliminary analyses indicated a meaningful association with the outcome or mediator, thereby reducing the possibility that the hypothesized relationships were attributable to demographic differences

within the sample. Indirect effects were evaluated using 5,000 bias-corrected bootstrap resamples, and mediation was considered statistically supported when the 95% bootstrap confidence interval for an indirect effect did not include zero. Both unstandardized and standardized regression coefficients were examined to facilitate statistical interpretation and comparison of effect sizes. The proportion of variance explained in family communication and family functioning was assessed using the coefficient of determination (R^2), and changes in explained variance were considered when evaluating the incremental contribution of the study variables. All statistical tests were two-tailed, and a significance level of $p < .05$ was adopted for the inferential analyses.

3. Findings and Results

A total of 386 Canadian parents were included in the final statistical analyses. The participants had a mean age of 38.46 years ($SD = 6.71$), with ages ranging from 23 to 56 years. Of the total sample, 238 participants (61.7%) were women, 141 (36.5%) were men, and 7 (1.8%) identified as nonbinary or preferred not to report their gender. Regarding geographical distribution, 154 participants (39.9%) resided in Ontario, 79 (20.5%) in British Columbia, 66 (17.1%) in Alberta, 52 (13.5%) in Quebec, and 35 (9.1%) in Manitoba. Most

participants were married or cohabiting with their parenting partner ($n = 331$, 85.8%), whereas 55 participants (14.2%) were separated or divorced but continued to share meaningful parenting responsibilities with the other parent. In terms of educational attainment, 39 participants (10.1%) had completed secondary education or less, 107 (27.7%) held a college or technical qualification, 147 (38.1%) held a bachelor's degree, and 93 (24.1%) had completed graduate-level education. Full-time employment was reported by 259 participants (67.1%), 54 (14.0%) were employed part-time, 45 (11.7%) were on parental leave or primarily engaged in unpaid caregiving or homemaking, and 28 (7.3%) were unemployed, studying, or reported another employment status. Participants had an average of 1.92 children ($SD = 0.84$), and the mean age of the target child about whom they completed the parenting measures was 9.24 years ($SD = 4.39$). The demographic screening analyses indicated that household income and number of children had small but statistically significant associations with family functioning, whereas parental age and target-child age demonstrated comparatively weak relationships. Consequently, demographic variables were initially examined as covariates in the hierarchical regression analyses, allowing the unique explanatory contributions of parental stress, coparenting quality, and family communication to be evaluated beyond basic family characteristics.

Table 1

Descriptive Statistics, Distributional Characteristics, and Internal Consistency of the Main Study Variables

Variable	Possible Range	Observed Range	Mean	SD	Skewness	Kurtosis	Cronbach's α
Parental stress	36–180	44–151	84.37	22.61	0.42	-0.31	.94
Coparenting quality	1–7	2.08–6.83	4.92	1.01	-0.26	-0.48	.93
Family communication	10–50	16–50	36.82	7.14	-0.38	-0.17	.92
Family functioning	12–48	17–48	36.71	6.31	-0.34	-0.29	.90

As shown in Table 1, the participants reported a mean parental stress score of 84.37 ($SD = 22.61$), indicating considerable variation in the degree of parenting-related stress within the sample. Coparenting quality had a mean score of 4.92 ($SD = 1.01$) on the scale metric, suggesting that, on average, participants perceived their relationships with their coparenting partners as moderately supportive to relatively positive. The mean family communication score was 36.82 ($SD = 7.14$), while the mean family functioning score was 36.71 ($SD = 6.31$). The observed ranges demonstrated sufficient dispersion across all four constructs and indicated an absence of substantial restriction of range. Examination of the distributional characteristics also

supported the suitability of the variables for parametric statistical analyses. Absolute skewness values ranged from 0.26 to 0.42, while absolute kurtosis values ranged from 0.17 to 0.48, all of which were well within conventional criteria for approximate normality. Inspection of standardized residuals and graphical diagnostics did not reveal meaningful departures from linearity or homoscedasticity. Furthermore, all four measures demonstrated excellent internal consistency in the present sample. Cronbach's α coefficients ranged from .90 for family functioning to .94 for parental stress, indicating that the instruments reliably assessed their respective constructs and that measurement

unreliability was unlikely to substantially attenuate the observed associations among the study variables.

Table 2

Pearson Correlations Among Parental Stress, Coparenting Quality, Family Communication, and Family Functioning

Variable	1	2	3	4
1. Parental stress	1.00			
2. Coparenting quality	-.47***	1.00		
3. Family communication	-.61***	.66***	1.00	
4. Family functioning	-.59***	.64***	.73***	1.00

The bivariate correlation analysis presented in Table 2 demonstrated that all principal study variables were significantly associated in the theoretically expected directions. Parental stress was moderately and negatively related to coparenting quality, $r = -.47$, $p < .001$, indicating that parents experiencing greater parenting-related stress tended to describe the relationship with their coparenting partner as less supportive and coordinated. Parental stress also demonstrated a strong negative relationship with family communication, $r = -.61$, $p < .001$, and a substantial negative relationship with family functioning, $r = -.59$, $p < .001$. Thus, increased parenting stress was associated with lower levels of open and effective communication among family members as well as poorer overall family functioning. In contrast, coparenting quality was positively and strongly associated with family communication, $r = .66$, $p < .001$, and

family functioning, $r = .64$, $p < .001$. Parents who perceived greater agreement, support, coordination, and mutual endorsement within their coparenting relationships therefore tended to report more effective communication and healthier overall family functioning. The strongest bivariate relationship was observed between family communication and family functioning, $r = .73$, $p < .001$. This result indicated that families characterized by greater openness, clarity, respectful exchange, emotional expression, and effective discussion of problems also tended to demonstrate substantially healthier overall functioning. Although several correlations were relatively strong, none reached a magnitude suggestive of redundancy between constructs. Examination of variance inflation factors in the multivariate analyses further demonstrated that multicollinearity was not problematic, with all VIF values remaining below 2.50.

Table 3

Hierarchical Multiple Regression Analysis Predicting Family Functioning

Predictor	B	SE B	β	t	p
Step 1: Demographic variables					
Parent age	0.05	0.04	.05	1.30	.193
Target-child age	-0.09	0.05	-.06	-1.80	.073
Number of children	-0.65	0.28	-.09	-2.32	.021
Household income	0.78	0.18	.17	4.33	<.001
Step 2: Parental and coparenting variables					
Parent age	0.02	0.03	.02	0.67	.505
Target-child age	-0.04	0.04	-.03	-1.00	.318
Number of children	-0.29	0.24	-.04	-1.21	.228
Household income	0.31	0.18	.07	1.72	.086
Parental stress	-0.10	0.01	-.35	-9.09	<.001
Coparenting quality	2.38	0.24	.38	9.92	<.001
Step 3: Family communication added					
Parent age	0.01	0.03	.01	0.33	.742
Target-child age	-0.03	0.03	-.02	-1.00	.319
Number of children	-0.19	0.23	-.03	-0.83	.407
Household income	0.21	0.16	.05	1.33	.185
Parental stress	-0.061	0.010	-.22	-6.10	<.001
Coparenting quality	1.63	0.22	.26	7.41	<.001
Family communication	0.424	0.035	.48	12.11	<.001

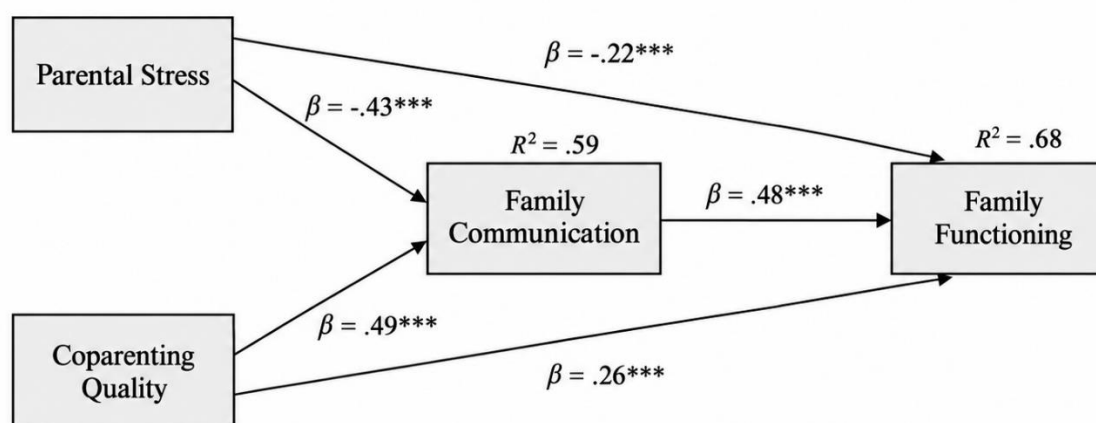
Note. Step 1: $R^2 = .07$, adjusted $R^2 = .06$, $F(4, 381) = 7.17$, $p < .001$. Step 2: $R^2 = .56$, adjusted $R^2 = .55$, $\Delta R^2 = .49$, $\Delta F(2, 379) = 211.05$, $p < .001$. Step 3: $R^2 = .68$, adjusted $R^2 = .67$, $\Delta R^2 = .12$, $\Delta F(1, 378) = 146.65$, $p < .001$.

Table 3 presents the hierarchical multiple regression analysis conducted to determine whether parental stress, coparenting quality, and family communication predicted family functioning beyond relevant demographic characteristics. In the first step, parent age, target-child age, number of children, and household income collectively explained 7% of the variance in family functioning, $R^2 = .07$, $F(4, 381) = 7.17$, $p < .001$. Within this block, household income was positively associated with family functioning, $\beta = .17$, $p < .001$, whereas number of children demonstrated a small negative association, $\beta = -.09$, $p = .021$. Parent age and target-child age did not independently predict family functioning. In the second step, parental stress and coparenting quality were entered simultaneously. Their inclusion substantially improved the explanatory power of the model, producing an additional 49% of explained variance and increasing the total R^2 to .56, $\Delta R^2 = .49$, $p < .001$. Higher parental stress independently predicted poorer family functioning, $\beta = -.35$, $p < .001$, whereas higher coparenting quality independently predicted better family functioning, $\beta = .38$, $p < .001$. Notably, after these family-process variables were included, the initially significant effects of number of children and household income were

substantially attenuated and no longer statistically significant, suggesting that proximal relational processes accounted for considerably more variation in family functioning than the demographic characteristics examined. In the third and final step, family communication was added to the regression equation. Family communication emerged as the strongest independent predictor of family functioning, $B = 0.424$, $SE = 0.035$, $\beta = .48$, $t = 12.11$, $p < .001$, and explained an additional 12% of variance beyond the effects of parental stress, coparenting quality, and the demographic variables. The final model accounted for 68% of the total variance in family functioning, $R^2 = .68$, adjusted $R^2 = .67$, representing substantial explanatory power. Importantly, the standardized coefficient for parental stress decreased from $\beta = -.35$ before family communication was included to $\beta = -.22$ after its inclusion, while the coefficient for coparenting quality decreased from $\beta = .38$ to $\beta = .26$. Both direct effects nevertheless remained statistically significant. This attenuation provided preliminary evidence that family communication could partially account for the relationships of parental stress and coparenting quality with family functioning and supported formal testing of the hypothesized mediation model.

Figure 1

Mediating Role of Family Communication in the Relationships of Parental Stress and Coparenting Quality with Family Functioning



The pattern illustrated in Figure 1 summarizes the final mediation model. Parental stress had a significant negative association with family communication and retained a smaller but statistically significant negative direct association with family functioning after family

communication was introduced into the model. Coparenting quality displayed the opposite pattern, exerting a significant positive effect on family communication and a remaining positive direct effect on family functioning. Family communication had the strongest standardized direct

association with family functioning in the final model, $\beta = .48, p < .001$. The simultaneous significance of the direct and bootstrapped indirect pathways demonstrated that family communication functioned as a partial mediator for both predictors. More specifically, elevated parental stress was associated with less effective communication, which was subsequently related to poorer family functioning, whereas stronger coparenting quality was associated with more

constructive family communication and, through this pathway, healthier family functioning. The model therefore supported the central hypothesis that communication within the family represents an important relational mechanism linking parents' experiences of stress and the quality of the coparenting relationship with broader patterns of family functioning.

Table 4

Direct, Indirect, and Total Effects in the Mediation Model Predicting Family Functioning

Effect	B	SE / Boot SE	Standardized Effect	95% CI	p
Parental stress → Family communication (a_1)	-0.136	0.013	-.43	[-0.161, -0.110]	<.001
Coparenting quality → Family communication (a_2)	3.46	0.28	.49	[2.91, 4.01]	<.001
Family communication → Family functioning (b)	0.424	0.035	.48	[0.355, 0.493]	<.001
Parental stress → Family functioning, direct effect (c'_1)	-0.061	0.010	-.22	[-0.081, -0.042]	<.001
Coparenting quality → Family functioning, direct effect (c'_2)	1.63	0.22	.26	[1.19, 2.06]	<.001
Parental stress → Family communication → Family functioning	-0.058	0.009	-.21	[-0.076, -0.042]	—
Coparenting quality → Family communication → Family functioning	1.47	0.17	.24	[1.15, 1.81]	—
Parental stress → Family functioning, total effect	-0.119	0.011	-.43	[-0.141, -0.097]	<.001
Coparenting quality → Family functioning, total effect	3.10	0.24	.50	[2.63, 3.57]	<.001

As presented in Table 4, all hypothesized structural paths were statistically significant. Emotional intimacy significantly and positively predicted dyadic coping ($\beta = .29, p < .001$), demonstrating that greater emotional closeness between spouses was associated with more adaptive responses to stress at the dyadic level. Perceived partner responsiveness exerted an even stronger positive effect on dyadic coping ($\beta = .48, p < .001$), indicating that perceptions of being understood, valued, and cared for by one's spouse were strongly related to collaborative stress management and mutual support within the relationship. Both emotional intimacy and perceived partner responsiveness also demonstrated significant direct negative effects on marital burnout. Emotional intimacy predicted lower marital burnout ($\beta = -.23, p < .001$), while perceived partner responsiveness similarly predicted reduced marital burnout ($\beta = -.27, p < .001$). Dyadic coping exerted the strongest direct effect on marital burnout among the variables in the model ($\beta = -.46, p < .001$), indicating that participants who reported more effective joint coping experienced substantially lower levels of physical, emotional, and psychological marital exhaustion. Marital duration was included as a control variable and had a small but statistically significant inverse association with marital burnout ($\beta = -.08, p = .035$), suggesting slightly lower burnout among participants in longer marriages after accounting for the principal psychosocial predictors. Overall, the path

coefficients supported the proposed predictive model and indicated that emotional intimacy and perceived partner responsiveness were associated with marital burnout both directly and through their relationship with dyadic coping.

4. Discussion

The present study examined the extent to which parental stress and coparenting quality predicted family functioning and tested whether family communication mediated these relationships among Canadian parents. The findings supported the proposed conceptual model. Parental stress was significantly and negatively associated with family functioning, whereas coparenting quality was significantly and positively associated with family functioning. Both predictors were also significantly related to family communication: greater parental stress was associated with poorer family communication, while higher coparenting quality was associated with more effective family communication. Family communication, in turn, was strongly and positively associated with family functioning and emerged as the strongest independent predictor in the final regression model. The mediation analysis further demonstrated that family communication partially mediated both the negative relationship between parental stress and family functioning and the positive relationship between coparenting quality and family functioning. Importantly, the

direct effects of parental stress and coparenting quality remained statistically significant after family communication was included in the model, indicating that communication explained a meaningful but not exhaustive portion of these relationships.

The negative association between parental stress and family functioning is consistent with a broad body of research showing that elevated parenting stress can interfere with adaptive family processes. Parenting stress can tax emotional, cognitive, and interpersonal resources that parents would otherwise use to remain patient, responsive, organized, and collaborative within the family. When parents experience persistent stress, they may become more irritable, less emotionally available, more reactive during disagreements, or less capable of coordinating family responsibilities effectively. The present findings are therefore in line with evidence demonstrating that parenting stress is associated with difficulties in coparenting and broader relational adjustment (Azzi et al., 2023; Finkelstein & Brock, 2025; Taştekin et al., 2025). They are also compatible with research showing that parenting stress is implicated in child and adolescent adjustment through family-level mechanisms, including coparenting conflict (Ren et al., 2022). These findings reinforce the interpretation of parental stress not merely as an individual psychological state but as a relational risk factor capable of influencing the overall organization and functioning of the family.

The observed relationship between parental stress and family communication provides further insight into how stress may become translated into broader family difficulties. In the present study, higher parental stress was strongly associated with less effective family communication. This relationship is theoretically plausible because stress may reduce parents' capacity for reflective responding, attentive listening, emotional regulation, and constructive problem-solving. Under conditions of sustained pressure, parents may be more likely to communicate in a critical, avoidant, inconsistent, or emotionally reactive manner, which can contribute to misunderstanding and relational tension. The findings align with previous research indicating that psychological distress and parenting-related stress are closely intertwined with coparenting processes and relational functioning (Güre et al., 2024; Palma et al., 2026; Yu & Xiao, 2021). Research on parental reflective functioning and mentalizing also suggests that the ability to understand and regulate emotional experiences may support healthier interactions within the family (Palma et al., 2026; Palma et al., 2023). Consequently, the negative pathway

from parental stress to family communication observed in the present study may reflect a depletion of the emotional and regulatory resources required for clear, open, and supportive exchanges among family members.

The significant positive association between coparenting quality and family functioning also corresponded with previous research. Coparenting quality reflects the extent to which caregivers support one another, coordinate parenting responsibilities, endorse each other's parental roles, manage differences constructively, and avoid undermining one another. These characteristics are likely to contribute directly to family stability because they promote consistency, predictability, mutual support, and cooperative problem-solving. The present findings are consistent with research demonstrating that coparenting plays a meaningful role across a wide variety of family structures, including intact families, divorced families, stepfamilies, intergenerational caregiving arrangements, and families experiencing specialized caregiving demands (Afifi et al., 2022; Xu et al., 2024). The findings also correspond with evidence that supportive coparenting is associated with better parental and child outcomes, whereas problematic coparenting is associated with emotional, behavioral, and relational difficulties (Li et al., 2025; Wang, 2026; Zhang et al., 2026).

The positive effect of coparenting quality on family communication was particularly important. In the present study, parents who reported more supportive and coordinated coparenting also reported better communication within the family. This relationship may reflect the fact that effective coparenting requires many of the same interactional competencies that characterize healthy family communication, including open discussion, negotiation, mutual validation, respectful disagreement, and shared decision-making. When caregivers trust one another and approach parenting as a collaborative enterprise, they may communicate more consistently both with one another and with their children. This interpretation is supported by evidence that coparenting communication and teamwork are associated with parental adjustment and family well-being (Greder et al., 2025). It is also consistent with research showing that parent-child communication can mediate the association between coparenting and child outcomes (Ren et al., 2024). The present results extend this line of evidence by suggesting that the communicative consequences of coparenting may be relevant not only for specific child outcomes but also for the overall functioning of the family system.

The finding that family communication was the strongest independent predictor of family functioning is also theoretically meaningful. Communication is a central organizing process in family systems because it enables family members to coordinate roles, express needs, solve problems, regulate conflict, convey support, and negotiate changing demands. Effective communication can therefore influence multiple domains of family functioning simultaneously. The strong relationship identified in this study suggests that the quality of everyday communication may be one of the most proximal indicators of whether the family is functioning adaptively. Prior research has similarly highlighted communication as an important relational mechanism within coparenting and parent–child pathways (Boodram & Thomas, 2025; Greder et al., 2025; Ren et al., 2024). In separated and divorced families, for example, the capacity to maintain workable communication has been identified as central to effective coparenting despite changes in the intimate relationship (Boodram & Thomas, 2025). Such findings are consistent with the present results and suggest that communication may function as a cross-cutting family process that integrates multiple relational subsystems.

The partial mediation of the relationship between parental stress and family functioning by family communication was one of the central findings of this study. The indirect pathway indicated that higher parental stress was related to poorer family communication, which in turn was associated with poorer family functioning. This result supports the view that part of the detrimental effect of parenting stress may occur because stress disrupts communication processes that are essential for family coordination and emotional connection. Previous studies provide converging evidence for relational mediation processes involving parenting stress. Coparenting quality has been found to mediate associations between postpartum parenting stress and parental emotion-regulation experiences (Finkelstein & Brock, 2025), while coparenting conflict has been shown to mediate relationships between parenting stress and adolescent depressive symptoms (Ren et al., 2022). Similarly, maternal stress has been associated with parental burnout through coparenting and mindful parenting processes (Taştekin et al., 2025). Although the mediating variable in the present study was family communication rather than coparenting or mindful parenting, the broader pattern is consistent: parenting stress appears to influence family outcomes partly through relational processes rather than exclusively through direct effects.

The persistence of a significant direct effect of parental stress after accounting for family communication indicates, however, that communication is only one mechanism through which stress influences family functioning. Parenting stress may also affect family functioning through parental emotion regulation, consistency of discipline, psychological availability, couple satisfaction, role overload, or parent–child relationship quality. Studies examining father involvement and maternal stress, for example, suggest that the distribution of parenting responsibilities and the quality of coparenting can alter the effects of stress within the family (d’Orsi et al., 2023). Other work has shown that psychological flexibility can reduce the impact of distress on parenting and coparenting processes (Martin et al., 2025; Yu & Xiao, 2021). Therefore, the remaining direct association observed in the present study is consistent with the multidimensional nature of family functioning and suggests that stress affects family systems through several overlapping pathways.

Family communication also partially mediated the relationship between coparenting quality and family functioning. Higher coparenting quality was associated with better family communication, which subsequently predicted healthier family functioning. This pathway suggests that one reason supportive coparenting is beneficial is that it creates a relational climate that promotes clearer, more respectful, and more coordinated communication. When caregivers present a cooperative parental alliance, communication within the broader family may become more predictable and emotionally secure. Children may receive more consistent messages, disagreements may be resolved with less hostility, and family members may feel more comfortable expressing needs and concerns. This interpretation is supported by findings demonstrating that coparenting processes are associated with parent–child communication and developmental outcomes (Ren et al., 2024; Zhang et al., 2024). It also aligns with evidence that coparenting contributes to child adjustment through broader family relational pathways (Aytuglu et al., 2026; Lam & Chung, 2025).

The direct effect of coparenting quality remained significant even after family communication was included, again indicating partial rather than complete mediation. This finding suggests that coparenting may promote family functioning through additional mechanisms beyond communication. Supportive coparenting can reduce conflict, improve consistency of parenting practices, distribute caregiving responsibilities more effectively, enhance

parental confidence, and provide emotional support to caregivers. Research has shown that discrepancies in childcare labor can influence parenting stress and couple relationship quality (Fang & Spadaro, 2026), while social and economic stressors can undermine coparenting unless protective relational resources are available (Ruggiero et al., 2024; Stanford et al., 2022). Similarly, coparenting has been associated with couple satisfaction and psychological distress in dyadic family models (Güre et al., 2024). These findings indicate that the beneficial effects of coparenting are likely to be distributed across several family subsystems.

The reduction in the effects of demographic characteristics after the family-process variables were entered into the regression model is also noteworthy. Household income and number of children initially showed small associations with family functioning, but these effects became nonsignificant after parental stress, coparenting quality, and family communication were considered. This pattern suggests that proximal relational processes may explain more variance in family functioning than structural characteristics alone. This does not imply that socioeconomic or demographic factors are unimportant. Rather, their influence may be transmitted partly through stress and relational functioning. Prior research has shown that financial pressure can affect parenting and child outcomes through family processes (Lam & Chung, 2025; Ruggiero et al., 2024; Stanford et al., 2022). Likewise, food insecurity and economic strain have been associated with depressive symptoms and coparenting communication (Greder et al., 2025). The present findings are therefore compatible with family stress perspectives suggesting that contextual adversity often operates through psychological and relational mechanisms.

The results also have implications for understanding family resilience. Families are exposed to a wide range of stressors, but the consequences of those stressors depend partly on the quality of internal relational resources. Research conducted during the COVID-19 pandemic showed that adaptive interparental processes could mitigate risks for psychological aggression under heightened stress conditions (Woodward et al., 2026). Similarly, coparenting support has been conceptualized as a potentially modifiable relational resource that can be strengthened through family services and preventive interventions (Kekkonen et al., 2026; Lee & Feinberg, 2025). The present findings extend this resilience-oriented perspective by identifying family communication as a mechanism through which relational

resources and relational risks may influence overall family functioning.

The results are also consistent with transactional and family-systems perspectives emphasizing reciprocal influences among family members and subsystems. Parenting stress can affect coparenting, but coparenting can also influence parenting stress (Azzi et al., 2023; Wang, 2026). Child behavior can affect parental emotional regulation and coparenting just as parental relationships affect child adjustment (Li et al., 2025). Similarly, intergenerational caregiving arrangements can influence both parental and child outcomes through complex coparenting processes (Xu et al., 2024). These reciprocal patterns suggest that the pathways identified in the present study should not be interpreted as rigidly unidirectional causal sequences. Rather, they represent statistically supported relational pathways within an interconnected family system.

The present findings further support the growing emphasis on relational processes in family research and intervention. Parents' mentalizing capacities, reflective functioning, attachment security, psychological flexibility, and mutually responsive orientation have all been linked to healthier parenting and coparenting processes (Lee & Feinberg, 2025; Martin et al., 2025; Palma et al., 2026; Palma et al., 2023). These psychological resources may contribute to family functioning partly because they support more adaptive communication under stress. Similarly, research involving incarcerated fathers and separated coparents demonstrates that communication and relational resilience remain important even under substantial structural barriers (Boodram & Thomas, 2025; McLeod et al., 2025). Thus, the mediating role of family communication observed in the present study may reflect a broader principle: relational resources become protective when they are translated into everyday interactional behaviors.

5. Conclusion

Taken together, the findings support a model in which parental stress functions primarily as a relational risk, coparenting quality functions as a relational resource, and family communication serves as an important mechanism linking both to overall family functioning. The relatively strong explanatory power of the final model indicates that these variables together capture a substantial portion of variation in family functioning. The findings are consistent with previous evidence connecting coparenting with

children's social skills, academic engagement, emotional adjustment, and physical health (Aytuglu et al., 2026; Ren et al., 2024; Zhanget al., 2026), while extending this literature by positioning overall family functioning as the principal outcome and family communication as the mediating process.

6. Limitations & Suggestions

Several limitations should be considered when interpreting these findings. First, the cross-sectional design prevents definitive conclusions regarding temporal or causal direction. Although the mediation model was theoretically grounded, it is possible that poorer family functioning contributes to parental stress or that communication and coparenting influence each other reciprocally. Second, all primary variables were assessed using parent self-report measures, which may have increased shared-method variance and introduced social desirability or perceptual bias. Third, although the sample included parents from several Canadian provinces, the use of convenience and targeted recruitment limits the extent to which the findings can be generalized to all Canadian families, particularly families with limited internet access, highly marginalized families, or households with different cultural and linguistic backgrounds. Fourth, the study focused on overall construct scores and therefore did not distinguish among specific dimensions of parenting stress, coparenting communication, or family functioning. Finally, although several demographic variables were examined, other potentially influential factors such as relationship duration, child disability, parental mental health history, cultural background, and exposure to major life events were not modeled in detail.

Future research should test the proposed relationships using longitudinal, dyadic, and multi-informant designs. Repeated measurement across different developmental stages would help clarify whether parenting stress precedes deterioration in communication and family functioning or whether reciprocal feedback processes are more prominent. Studies should also collect data from both coparents and, when developmentally appropriate, from children and adolescents to reduce reliance on a single reporter and permit actor-partner analyses. Future investigations could examine whether specific communication dimensions, such as emotional openness, conflict management, problem-solving or listening quality, are particularly important mediators. It would also be useful to compare biological-parent,

stepfamily, separated, intergenerational, same-gender-parent, and culturally diverse family structures. Additional research should test moderated mediation models to determine whether the strength of the indirect effects varies according to socioeconomic adversity, child age, number of children, parental gender, relationship status, or family cultural context. Finally, intervention and experimental studies are needed to determine whether deliberately improving family communication can reduce the adverse effects of parenting stress and amplify the benefits of supportive coparenting.

From a practical perspective, the findings suggest that family assessment and intervention should address parental stress, coparenting quality, and family communication simultaneously rather than treating them as isolated concerns. Family therapists, psychologists, counselors, parenting educators, and community service providers may benefit from screening for elevated parenting stress while also assessing how caregivers coordinate responsibilities and communicate with one another and with their children. Interventions could incorporate stress-management strategies, emotional regulation skills, collaborative problem-solving, coparenting negotiation, respectful conflict management, and structured family communication exercises. Programs should also help coparents establish clearer expectations regarding parenting roles, reduce undermining behavior, and develop consistent approaches to childrearing. Because family communication emerged as a particularly strong correlate of family functioning, strengthening open, supportive, and solution-focused communication may represent an important intervention target even when broader contextual stressors cannot be immediately changed. Such an integrated approach may increase the capacity of families to manage parenting demands, maintain cooperative relationships, and sustain healthier overall family functioning.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors have equally contributed to the research process and the development of the manuscript.

Declaration

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