

Predicting Parenting Self-Efficacy from Parental Mindfulness and Perceived Social Support: The Moderating Role of Parenting Stress

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ABSTRACT

Objective: This study aimed to predict parenting self-efficacy from parental mindfulness and perceived social support among parents in Colombia and to examine the moderating role of parenting stress in these relationships.

Methods and Materials: This quantitative cross-sectional predictive-correlational study was conducted with 412 parents residing in Bogotá, Medellín, Cali, and Barranquilla, Colombia. Participants were recruited through educational institutions, parent associations, community organizations, and online parent networks using convenience and snowball sampling. Data were collected using the Parenting Sense of Competence Scale, Interpersonal Mindfulness in Parenting Scale, Multidimensional Scale of Perceived Social Support, Parenting Stress Index–Short Form, and a sociodemographic questionnaire. Pearson correlation coefficients were calculated to examine bivariate associations among the principal variables. Hierarchical multiple regression was used to assess the predictive effects of parental mindfulness, perceived social support, and parenting stress on parenting self-efficacy after controlling for relevant demographic characteristics. Moderation analyses were conducted using interaction terms, simple-slope analysis, and the Johnson-Neyman procedure.

Findings: Parenting self-efficacy was positively correlated with parental mindfulness, $r = .58, p < .001$, and perceived social support, $r = .46, p < .001$, and negatively correlated with parenting stress, $r = -.52, p < .001$. In the adjusted regression model, parental mindfulness, $\beta = .46, p < .001$, and perceived social support, $\beta = .27, p < .001$, positively predicted parenting self-efficacy, whereas parenting stress negatively predicted it, $\beta = -.29, p < .001$. The full moderation model explained 49.1% of the variance in parenting self-efficacy, $R^2 = .491, p < .001$. Parenting stress significantly moderated both the parental mindfulness–self-efficacy relationship, $B = -0.0043, p = .002$, and the perceived social support–self-efficacy relationship, $B = -0.0032, p = .009$. Simple-slope analyses showed that both positive associations weakened as parenting stress increased.

Conclusion: Parental mindfulness and perceived social support are important positive predictors of parenting self-efficacy, while parenting stress both directly reduces self-efficacy and attenuates the beneficial effects of these psychological and interpersonal resources.

Keywords: Parenting self-efficacy; parental mindfulness; perceived social support; parenting stress; moderation; parents; Colombia

1. Introduction

Parenting is a multidimensional developmental task that requires adults to respond continuously to children's emotional, behavioral, educational, and social needs while simultaneously regulating their own emotions and managing broader family demands. The quality of parenting is therefore shaped not only by parents' knowledge or intentions but also by their beliefs about their own competence, their psychological resources, the support available in their interpersonal environment, and the stressors to which they are exposed. Among these factors, parenting self-efficacy has emerged as a particularly important construct because it reflects parents' confidence in their ability to perform parenting tasks successfully, solve child-rearing problems, influence their children's development, and respond effectively to daily challenges. Self-efficacy beliefs are closely connected to persistence, emotional regulation, problem-solving, and adaptive functioning, making them highly relevant to the quality and sustainability of parenting behavior. Research on family well-being increasingly emphasizes parental self-efficacy as an important resource through which parents can maintain constructive relationships and cope more effectively with family demands (Mariana & Sabin, 2026). More broadly, studies of perceived emotional self-efficacy indicate that beliefs regarding one's ability to manage emotional and interpersonal demands are closely related to psychological adjustment and life satisfaction, reinforcing the importance of efficacy-related beliefs across family and developmental contexts (Lin & Paat, 2024).

Parenting self-efficacy is not a fixed personal characteristic. Rather, it is influenced by parents' experiences, emotional states, relationships, and perceptions of the resources available to them. Parents who believe that they are capable of understanding and responding appropriately to their children may be more willing to remain engaged during difficult interactions, experiment with adaptive parenting strategies, and interpret setbacks as manageable rather than as evidence of parental inadequacy. Conversely, persistent uncertainty regarding parenting competence may contribute to avoidance, frustration, inconsistent discipline, and increased vulnerability to psychological distress. This issue becomes particularly important in families experiencing substantial caregiving demands. For example, research involving mothers who are breast cancer survivors has demonstrated the relevance of psychological resources such as self-compassion to

parenting efficacy and distress, suggesting that parents' internal emotional resources are meaningfully connected with how capable they feel in their caregiving role (Kuswanto et al., 2024). Similarly, research examining parents of children with and without hearing loss has identified parental mindfulness, psychological flexibility, and self-compassion as important mechanisms associated with parental mental health and self-efficacy (Jiao et al., 2025). These findings support the view that parenting self-efficacy should be examined within a broader system of psychological and interpersonal resources rather than as an isolated cognitive belief.

One psychological resource that may be particularly relevant to parenting self-efficacy is parental mindfulness. Mindfulness generally involves purposeful, nonjudgmental awareness of present-moment experiences, whereas mindful parenting applies these principles specifically to interactions between parents and children. Mindful parenting is commonly reflected in attentive listening, emotional awareness, nonjudgmental acceptance of oneself and one's child, self-regulation during parent-child interactions, and compassionate engagement with parenting experiences. Such capacities may allow parents to notice their own emotional reactions without responding automatically, interpret children's behavior with greater contextual sensitivity, and select responses that are consistent with long-term parenting goals. Emerging evidence indicates that mindful parenting is related to adaptive functioning across a range of family contexts. Research with caregivers of children with neurodevelopmental disorders has highlighted the potential value of mindful parenting for improving caregiver functioning and the quality of parent-child interactions (Muratori et al., 2026). Mindfulness-based psychoeducational approaches have likewise been developed to improve the well-being of parents and caregivers of children with autism, reflecting growing recognition of mindfulness as an accessible parental resource (Ma et al., 2026).

The relevance of mindful parenting may extend beyond immediate emotional regulation. By helping parents remain psychologically present during difficult interactions, mindfulness may strengthen perceptions of competence because parents gain repeated experiences of responding deliberately rather than impulsively. In this way, mindful parenting may create conditions in which parents interpret themselves as more capable, flexible, and effective. Direct evidence also supports an association between mindful parenting and parenting self-efficacy. In mothers of toddlers,

mindful parenting has been linked with parenting self-efficacy and marital satisfaction within the broader context of family resilience (Pudjiati et al., 2024). Research focusing on mindful mothering has further shown that structured mindfulness-based interventions can produce improvements in mothers facing histories of adversity, suggesting that mindful awareness can be intentionally strengthened as a parenting resource (Cho & Shin, 2025). Similarly, mindfulness-based cognitive therapy has been examined as a means of improving parental mental health and child behavior among families of children with autism spectrum disorder, demonstrating the potential of mindfulness-oriented approaches to influence both parent and child outcomes (Papadopoulos & Maniadaki, 2025).

Mindfulness may also influence parenting indirectly through broader emotional and relational processes. For instance, mindful parenting has been associated with adolescents' mindfulness through parental emotional stability and core self-evaluation, suggesting that the benefits of mindful parenting may operate across interconnected psychological pathways within the family system (Hai, 2026). More generally, evidence examining mindfulness as a moderating psychological resource suggests that mindfulness can alter the strength of associations between stressful or socially challenging experiences and psychological health (Douceirain & Benkirane, 2026). This moderating potential is theoretically important for parenting research because parental mindfulness may not function uniformly under all conditions. The extent to which mindful awareness supports a parent's sense of competence may depend on the level of stress confronting the parent, the interpersonal environment, and the availability of external resources.

A second major resource relevant to parenting self-efficacy is perceived social support. Perceived social support refers to an individual's belief that emotional, informational, instrumental, or relational assistance is available from significant others, family members, friends, or other meaningful social relationships. Importantly, perceived support reflects not merely the objective size of a social network but the individual's subjective judgment that supportive resources are accessible, reliable, and responsive when needed. Emotional support may help individuals regulate distress, make meaning of difficult experiences, and feel valued and understood, while instrumental and informational support can provide direct assistance in addressing practical challenges (Ye, 2024). In parenting, such support may reduce the extent to which child-rearing

demands are experienced as solitary responsibilities and may provide opportunities for reassurance, advice, shared problem-solving, and temporary relief from caregiving demands.

The potential importance of social support for self-efficacy is supported by evidence outside and within family contexts. A cross-sectional study of university students identified self-efficacy, mindfulness, and perceived social support as interrelated psychological resources associated with maintenance of mental health, demonstrating that these resources may operate together rather than independently (Villegas-Frei et al., 2024). Family-level research similarly suggests that social support and mindfulness are closely connected with well-being and loneliness among family members, highlighting their dyadic and relational nature (Akyil et al., 2026). In migrant families, social support may become even more consequential because parenting occurs alongside acculturative and contextual stressors. Research with migrant mothers has shown that mindful parenting and social support are involved in pathways linking maternal stress with children's social functioning (Jang & Lee, 2026). These findings suggest that perceived support may reinforce parents' confidence by decreasing isolation, facilitating coping, and providing validation of parenting decisions.

The importance of relational resources is also evident in intervention and psychoeducational research. Parent learning groups that integrate psychoeducation, mentalization, and peer support can provide parents with both conceptual understanding and a social context in which difficult caregiving experiences are normalized and shared (Chelouche-Dwek & Fonagy, 2026). Such approaches may be especially important for parents facing complex child behavioral or neurodevelopmental difficulties. A systematic review of socio-emotional well-being among parents of children with neurodevelopmental disorders similarly underscores the significance of psychosocial resources in protecting parental functioning under demanding caregiving conditions (Álvarez-Fernández & Rodríguez, 2026). At a broader level, compassion-oriented approaches to childhood-onset disability care emphasize the interpersonal quality of support and its relevance to the experiences of children, caregivers, and families (Patsakos et al., 2024). These perspectives collectively suggest that parenting competence develops within social relationships and that perceived availability of supportive others may be one pathway through which parents maintain confidence in their ability to respond effectively to family demands.

Despite these potential protective resources, parenting frequently occurs under conditions of considerable stress. Parenting stress refers to distress arising when the demands associated with caregiving are perceived to exceed the psychological, relational, or practical resources available to the parent. It may emerge from parental characteristics, difficult parent-child interactions, child behavioral or emotional difficulties, financial pressures, work-family conflict, limited social resources, or cumulative family adversity. Parenting stress is important because prolonged stress can alter cognitive appraisals, increase emotional reactivity, reduce patience, interfere with reflective decision-making, and diminish the perceived effectiveness of coping strategies. It may therefore have a direct negative association with parenting self-efficacy: parents experiencing persistent strain may interpret daily difficulties as evidence that they are ineffective or incapable, even when they possess meaningful psychological and interpersonal resources.

Recent family research supports the central role of stress in parenting processes. Maternal stress has been linked with parental burnout, while coparenting and mindful parenting have been identified as mechanisms that partially explain this relationship (Taştekin et al., 2025). Similarly, prenatal psychological flexibility and the secure-base function of couple relationships have been shown to contribute to postpartum parenting, emphasizing that effective parenting emerges from an interaction between internal psychological capacities and relational resources (Sparpana & Brock, 2025). These findings are consistent with broader frameworks emphasizing that maternal and parental mental health is shaped at multiple levels, from individual psychological processes to family, community, and structural conditions (Leiferman et al., 2025). Consequently, parenting stress should not be viewed merely as another predictor of parenting outcomes; it may also change how effectively beneficial resources such as mindfulness and social support are translated into parental confidence.

This possibility provides a strong rationale for examining parenting stress as a moderator. A moderating effect would mean that the relationship between parental mindfulness and parenting self-efficacy, or between perceived social support and parenting self-efficacy, differs according to the amount of parenting stress experienced. Under relatively low stress, mindful awareness may readily support self-regulation and adaptive decision-making, allowing parents to experience themselves as competent and effective. Under very high stress, however, cognitive and emotional resources may

become depleted, reducing the extent to which mindfulness can be translated into a strong sense of parenting competence. A similar process may apply to social support. When stress is manageable, available support may strengthen confidence, facilitate problem-solving, and reinforce positive perceptions of parental ability. When parenting demands become intense or chronic, the same level of perceived support may be insufficient to offset the subjective burden, thereby weakening its positive association with parenting self-efficacy.

Such a moderation framework is also consistent with research showing that psychosocial interventions and psychological resources often operate within broader contextual systems. School- and community-based mental health programs increasingly emphasize resilience, participation, and social-emotional competencies rather than isolated symptom reduction (Jiang et al., 2025). Research on social and emotional competencies has likewise highlighted the importance of emotional schemas and the capacity to understand and regulate affective experiences in interpersonal settings (Jennings et al., 2024). Reviews of flourishing further demonstrate that well-being is shaped by interacting personal, relational, and environmental resources rather than by any single factor (Faizah et al., 2024). Even digital mental health interventions increasingly adopt blended or multi-component approaches that recognize the need to combine individual psychological work with contextual support structures (Labrenz et al., 2025). Systematic evidence on digital interventions for young people similarly shows that socioemotional outcomes are influenced by the quality and structure of intervention environments, reinforcing the broader principle that psychological resources function within systems of support and stress (Opie et al., 2024).

Within this broader literature, an important empirical gap remains. Many studies have examined mindfulness, social support, stress, or self-efficacy separately, while others have investigated them in specialized populations, including parents of children with neurodevelopmental conditions, mothers with adverse childhood experiences, families managing chronic illness or disability, migrant mothers, or perinatal populations. These studies have made important contributions but provide limited evidence regarding how mindfulness and social support jointly predict parenting self-efficacy in community samples of parents and, more specifically, whether parenting stress changes the strength of these relationships. This distinction is important because identifying significant direct effects alone does not explain

the conditions under which protective resources are most strongly associated with parenting competence. A parent may possess high levels of mindful awareness or perceive substantial interpersonal support and yet derive less confidence from those resources when parenting demands are particularly intense.

The need for an integrated model is particularly relevant in diverse sociocultural settings such as Colombia, where parenting experiences are embedded within family-centered social networks, socioeconomic inequalities, changing family structures, and considerable variation in access to formal and informal support. Family support may represent a meaningful source of resilience, but its influence may differ according to parents' exposure to stress and their ability to regulate their own responses during challenging parent-child interactions. Examining parental mindfulness and perceived social support simultaneously therefore allows for the assessment of both an intrapersonal resource and an interpersonal resource, while positioning parenting stress as the contextual psychological condition that may strengthen or weaken their relationships with parenting self-efficacy. Such a model is more consistent with contemporary perspectives that conceptualize family well-being as emerging from dynamic interactions among psychological capacities, relational processes, and environmental demands.

Clarifying these relationships also has practical implications. If parental mindfulness and perceived social support independently predict parenting self-efficacy, interventions could seek to strengthen both parents' moment-to-moment self-regulatory capacities and their access to supportive relationships. If parenting stress significantly moderates these associations, however, programs focused exclusively on mindfulness or social support may be insufficient for highly stressed parents unless they also address the sources and consequences of parenting burden. This distinction could help guide the development of more targeted parent education, family support, and preventive mental health initiatives. It could also contribute to identifying parents for whom psychological and relational resources are most likely to translate into stronger parenting confidence and those for whom direct stress-reduction strategies may be necessary before such resources can exert their full protective effects.

Accordingly, the aim of the present study was to predict parenting self-efficacy from parental mindfulness and perceived social support among parents in Colombia and to

examine whether parenting stress moderates these relationships.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quantitative, cross-sectional, predictive-correlational design to investigate the extent to which parental mindfulness and perceived social support predicted parenting self-efficacy and to determine whether parenting stress moderated these relationships. The study population consisted of mothers and fathers residing in Colombia who had at least one child between 3 and 17 years of age. A total of 412 parents participated in the study. Participants were recruited from Bogotá, Medellín, Cali, and Barranquilla through public and private educational institutions, parent associations, community organizations, and online parent networks. A non-probability convenience sampling procedure supplemented by snowball recruitment was used to obtain participants from different socioeconomic and educational backgrounds. Eligibility criteria required participants to be at least 18 years of age, to be the biological, adoptive, or legally recognized parent or primary caregiver of at least one child aged 3–17 years, to have lived with the target child for at least the previous six months, to be currently residing in Colombia, to be able to read and understand Spanish, and to provide informed consent. When participants had more than one eligible child, they were instructed to answer all parenting-related items with reference to one target child, defined as the child whose birthday was closest to the date on which the questionnaire was completed. This procedure was adopted to ensure consistency in participants' responses and to prevent respondents from averaging their experiences across several children.

The required sample size was considered adequate for multiple regression and moderation analysis involving the principal predictor variables, the moderator, their interaction terms, and relevant sociodemographic covariates. The selected sample of 412 also provided sufficient statistical power for detecting small-to-moderate interaction effects while allowing for the assessment of model assumptions and potentially incomplete observations. Data were collected using a self-administered questionnaire in Spanish. Recruitment materials briefly described the purpose of the research as an investigation of parenting experiences, psychological resources, and social relationships without emphasizing the hypothesized direction of associations

among the variables. After accessing the survey, participants were presented with an information sheet explaining the study objectives, voluntary nature of participation, confidentiality of responses, approximate requirements for questionnaire completion, and their right to discontinue participation at any point without penalty. Only respondents who provided electronic informed consent proceeded to the questionnaires. No personally identifying information was included in the analytical dataset. Participation was voluntary, and the study procedures were conducted in accordance with internationally accepted ethical principles for research involving human participants. Approval for the research protocol was obtained from the relevant institutional research ethics committee before data collection commenced.

2.2. Measures

Parenting self-efficacy, the dependent variable of the study, was assessed using the Parenting Sense of Competence Scale. The instrument evaluates parents' perceived competence in performing the parenting role and encompasses perceptions of efficacy and satisfaction with parenting. For the objectives of the present study, particular emphasis was placed on the efficacy component, which represents the parent's perceived capability, problem-solving ability, knowledge, and confidence in managing parenting responsibilities. Participants responded to statements concerning their competence in handling child-rearing situations using the response format specified for the scale. Items requiring reverse scoring were recoded before the total parenting self-efficacy score was calculated so that higher scores consistently represented stronger perceived parenting efficacy. The parenting self-efficacy score was treated as a continuous outcome variable in the subsequent analyses. Internal consistency was examined in the current Colombian sample using both Cronbach's alpha and McDonald's omega, with coefficients of .70 or greater considered indicative of acceptable reliability.

Parental mindfulness was assessed using the Interpersonal Mindfulness in Parenting Scale. The measure was selected because it assesses mindfulness specifically within parent-child interactions rather than general dispositional mindfulness. The scale captures central components of mindful parenting, including attentive listening during interactions with the child, present-centered awareness of emotions, nonjudgmental acceptance of the parent and child, self-regulation in parenting interactions,

and compassionate responses within the parent-child relationship. Participants indicated how frequently or accurately each statement characterized their usual interactions with the target child using a five-point Likert-type response format ranging from low to high endorsement. Negatively phrased items were reverse-scored according to the scoring procedure of the instrument, and item responses were combined to obtain an overall parental mindfulness score. Higher scores indicated greater mindful awareness, acceptance, emotional awareness, and behavioral self-regulation in parenting interactions. A Spanish-language version of the instrument was used to ensure linguistic appropriateness for the Colombian participants.

Perceived social support was measured using the Multidimensional Scale of Perceived Social Support. The instrument contains 12 items designed to assess the extent to which individuals perceive that emotional and practical support is available to them from three principal interpersonal sources: family, friends, and a significant other. Each dimension is represented by four items. Respondents rated their agreement with each statement using a seven-point Likert-type scale ranging from 1, representing very strongly disagree, to 7, representing very strongly agree. Scores were calculated for the three sources of support as well as for overall perceived social support. Because the primary research model concerned the general protective function of social resources in parental functioning, the overall score was used as the principal predictor in the moderation analyses. Higher scores represented greater perceived availability and adequacy of social support. The Spanish-language form of the instrument was administered, and internal consistency was re-evaluated in the present sample rather than being inferred solely from reliability coefficients reported in previous populations.

Parenting stress, which constituted the moderating variable, was assessed using the Parenting Stress Index–Short Form. This 36-item self-report instrument evaluates stress specifically associated with the parenting role and parent-child relationship. It comprises the dimensions of Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child. The Parental Distress dimension assesses distress experienced by the parent in relation to the demands and restrictions associated with parenting; the Parent-Child Dysfunctional Interaction dimension evaluates the extent to which the relationship with the child is experienced as failing to meet parental expectations or as insufficiently reinforcing; and the Difficult Child dimension assesses parental perceptions of behavioral and

temperamental characteristics of the child that increase the difficulty of caregiving. Participants rated the items according to the instrument's Likert-type response format, and the relevant items were reverse-scored where required. Dimension scores and an overall parenting stress score were calculated, with higher scores indicating greater parenting-related stress. The total parenting stress score was used as the moderator in the primary statistical models because the research question concerned the overall degree to which parenting-related strain altered the predictive relationships between parental psychological and interpersonal resources and parenting self-efficacy.

A sociodemographic questionnaire was also administered to characterize the study sample and identify variables that could plausibly confound the relationships under investigation. Information was collected regarding the parent's age, gender, marital or partnership status, educational attainment, employment status, household socioeconomic level, number of children, relationship to the target child, age and gender of the target child, and family structure. These variables were initially examined descriptively and in relation to parenting self-efficacy. Variables demonstrating meaningful theoretical or empirical associations with the dependent variable were considered for inclusion as covariates in the adjusted regression models. The questionnaires were presented in the same general sequence to all participants, while individual items within instrument sections were administered according to their established scoring formats. Before the primary statistical analyses, the internal consistency of each principal scale was evaluated using Cronbach's alpha and McDonald's omega.

2.3. Data Analysis

Data were analyzed using IBM SPSS Statistics, with moderation analyses conducted using the PROCESS macro for SPSS. Prior to hypothesis testing, the dataset was screened for incomplete responses, data-entry inconsistencies, response patterns indicative of invalid completion, and univariate and multivariate outliers. The pattern and extent of missing data were examined before scale scores were calculated. Descriptive statistics, including frequency, percentage, mean, standard deviation, minimum, maximum, skewness, and kurtosis, were calculated as appropriate to the measurement level of each variable. The distributional characteristics of parenting self-efficacy, parental mindfulness, perceived social support, and parenting stress were examined using histograms, Q-Q plots,

skewness and kurtosis indices, and residual diagnostics. The assumptions underlying multiple linear regression were evaluated, including linearity, independence of residuals, homoscedasticity, approximate normality of residuals, absence of influential observations, and absence of problematic multicollinearity. Variance inflation factor and tolerance statistics were inspected to assess multicollinearity among the predictors. Internal consistency of the principal instruments was assessed using Cronbach's alpha and McDonald's omega.

Pearson product-moment correlation coefficients were calculated to examine zero-order associations among parenting self-efficacy, parental mindfulness, perceived social support, and parenting stress. The predictive contribution of parental mindfulness and perceived social support to parenting self-efficacy was subsequently examined using multiple linear regression. Parenting self-efficacy was specified as the criterion variable, while parental mindfulness and perceived social support were entered as the principal predictor variables. Parenting stress was additionally entered as a predictor because estimation of a moderation model requires inclusion of the moderator's main effect together with the relevant interaction terms. Sociodemographic characteristics identified as theoretically relevant or significantly associated with parenting self-efficacy during preliminary analyses were included as covariates in the adjusted model to reduce the possibility that the primary relationships were attributable to demographic differences.

The moderating role of parenting stress was examined by estimating interaction effects between parenting stress and each principal predictor. Before generating the interaction terms, continuous predictor and moderator variables were mean-centered to improve interpretability of the regression coefficients and reduce nonessential multicollinearity between main effects and product terms. Two interaction terms were subsequently calculated: parental mindfulness $\times$ parenting stress and perceived social support $\times$ parenting stress. The complete moderation model therefore included the main effects of parental mindfulness, perceived social support, and parenting stress, together with both interaction terms and the selected covariates. A statistically significant coefficient for the parental mindfulness $\times$ parenting stress interaction was interpreted as evidence that the association between parental mindfulness and parenting self-efficacy varied according to the level of parenting stress. Similarly, a statistically significant perceived social support $\times$ parenting stress interaction indicated that the predictive relationship

between perceived social support and parenting self-efficacy was conditional on parenting stress.

Significant interaction effects were further investigated using simple-slope analysis. Conditional effects of parental mindfulness and perceived social support on parenting self-efficacy were estimated at low, moderate, and high levels of parenting stress, operationalized as one standard deviation below the mean, the mean, and one standard deviation above the mean, respectively. The Johnson-Neyman procedure was additionally used when appropriate to identify the specific range of parenting stress values across which the conditional association between each predictor and parenting self-efficacy was statistically significant. This approach provided a more precise interpretation of moderation than reliance exclusively on arbitrary low, medium, and high moderator values. Regression coefficients were reported together with standard errors, *t* statistics, 95% confidence intervals, and probability values. Model explanatory power was evaluated using R^2 and adjusted R^2 , and the incremental variance explained by the interaction terms was assessed using change in R^2 . Where appropriate, heteroscedasticity-consistent standard errors and bootstrap confidence intervals based on 5,000 resamples were used to provide more robust estimates of conditional and interaction effects. All statistical tests were two-tailed, and the level of statistical significance was set at $p < .05$.

3. Findings and Results

A total of 412 parents who met the eligibility criteria were included in the final analysis. The participants ranged in age

from 22 to 58 years, with a mean age of 38.64 years ($SD = 7.21$). Of the total sample, 278 participants (67.5%) were women and 134 (32.5%) were men. Regarding place of residence, 176 participants (42.7%) were recruited from Bogotá, 92 (22.3%) from Medellín, 84 (20.4%) from Cali, and 60 (14.6%) from Barranquilla. With respect to marital or partnership status, 324 participants (78.6%) were married or cohabiting with a partner, 42 (10.2%) were single, 40 (9.7%) were divorced or separated, and 6 (1.5%) were widowed. In terms of educational attainment, 78 participants (18.9%) had completed secondary education or less, 96 (23.3%) had technical or technological education, 151 (36.7%) held an undergraduate university degree, and 87 (21.1%) had postgraduate education. Regarding employment status, 209 participants (50.7%) were employed full-time, 112 (27.2%) were employed part-time or self-employed, 49 (11.9%) identified primarily as homemakers, 28 (6.8%) were unemployed at the time of data collection, and 14 (3.4%) were students or reported another employment status. Concerning family composition, 168 parents (40.8%) had one child, 171 (41.5%) had two children, and 73 (17.7%) had three or more children. The target children ranged in age from 3 to 17 years, with a mean age of 9.42 years ($SD = 4.02$); 211 target children (51.2%) were boys and 201 (48.8%) were girls. Preliminary comparisons indicated that parenting self-efficacy did not differ substantially according to participant gender or target-child gender, whereas modest associations were observed with parental education and parental age. Parent age, gender, educational attainment, and target-child age were therefore retained as covariates in the adjusted regression analyses.

Table 1

Descriptive Statistics and Internal Consistency of the Main Study Variables

Variable	Possible Range	Observed Range	Mean	SD	Skewness	Kurtosis	Cronbach's α	McDonald's ω
Parenting self-efficacy	7–42	17–42	34.82	5.91	-0.48	-0.21	.88	.89
Parental mindfulness	29–145	51–126	88.64	12.37	-0.17	0.09	.91	.92
Perceived social support	12–84	26–84	62.15	11.44	-0.52	-0.08	.93	.93
Parenting stress	36–180	44–139	82.37	18.52	0.39	-0.15	.92	.92

As shown in Table 1, participants generally reported relatively high parenting self-efficacy and perceived social support, moderate-to-high levels of parental mindfulness, and moderate levels of parenting stress. The mean parenting self-efficacy score was 34.82 ($SD = 5.91$), indicating that most participants perceived themselves as reasonably capable of managing the demands associated with their parenting role. Parental mindfulness had a mean of 88.64

($SD = 12.37$), while perceived social support had a mean of 62.15 ($SD = 11.44$). Parenting stress had a mean score of 82.37 ($SD = 18.52$), with greater dispersion than the other principal variables, suggesting meaningful individual differences in the degree of stress experienced in the parenting role. Examination of skewness and kurtosis indicated no serious deviations from univariate normality. Skewness values ranged from -0.52 to 0.39, while kurtosis

values ranged from -0.21 to 0.09, remaining well within conventional criteria for approximately normal distributions. Visual inspection of histograms and Q-Q plots similarly showed no substantial distributional abnormalities. Reliability coefficients were high for all four measures. Cronbach's alpha ranged from .88 for parenting self-efficacy

to .93 for perceived social support, while McDonald's omega ranged from .89 to .93. Thus, all instruments demonstrated satisfactory to excellent internal consistency in the present Colombian sample and were considered sufficiently reliable for subsequent correlational and regression analyses.

Table 2

Pearson Correlations Among Parenting Self-Efficacy, Parental Mindfulness, Perceived Social Support, and Parenting Stress

Variable	1	2	3	4
1. Parenting self-efficacy	1			
2. Parental mindfulness	.58***	1		
3. Perceived social support	.46***	.34***	1	
4. Parenting stress	-.52***	-.41***	-.36***	1

The bivariate correlations presented in Table 2 showed statistically significant relationships among all principal study variables. Parenting self-efficacy was positively and moderately-to-strongly correlated with parental mindfulness, $r = .58$, $p < .001$, indicating that parents who reported greater attention, emotional awareness, nonjudgmental acceptance, and self-regulation in their interactions with their children also tended to perceive themselves as more competent and effective in the parenting role. Parenting self-efficacy was also positively associated with perceived social support, $r = .46$, $p < .001$. Thus, parents who perceived greater availability of emotional and instrumental support from family members, friends, and significant others generally reported greater confidence in their parenting abilities. In contrast, parenting stress was significantly and negatively correlated with parenting self-efficacy, $r = -.52$, $p < .001$, demonstrating that parents

experiencing greater stress associated with parenting responsibilities tended to report lower levels of parenting efficacy. Parental mindfulness was negatively associated with parenting stress, $r = -.41$, $p < .001$, and perceived social support was similarly negatively correlated with parenting stress, $r = -.36$, $p < .001$. Parental mindfulness and perceived social support were positively related to one another, $r = .34$, $p < .001$. The magnitudes of these correlations were below levels generally considered indicative of problematic predictor redundancy, providing preliminary evidence that parental mindfulness, perceived social support, and parenting stress represented related but distinguishable constructs. Consistent with this finding, subsequent collinearity diagnostics showed tolerance values greater than .60 and variance inflation factor values below 2.00 for all primary predictors and interaction terms.

Table 3

Hierarchical Multiple Regression Predicting Parenting Self-Efficacy

Model and Predictor	B	SE B	β	t	p	95% CI for B
Model 1: Sociodemographic covariates						
Parent age	0.12	0.04	.15	3.01	.003	[0.04, 0.20]
Parent gender	0.46	0.49	.04	0.94	.349	[-0.50, 1.42]
Educational attainment	0.61	0.21	.14	2.90	.004	[0.20, 1.02]
Target-child age	-0.14	0.07	-.10	-2.01	.045	[-0.28, -0.00]
Model 2: Main effects						
Parent age	0.07	0.03	.09	2.21	.028	[0.01, 0.13]
Parent gender	0.31	0.38	.03	0.82	.414	[-0.44, 1.06]
Educational attainment	0.37	0.16	.08	2.31	.021	[0.06, 0.68]
Target-child age	-0.07	0.05	-.05	-1.40	.163	[-0.17, 0.03]
Parental mindfulness	0.22	0.02	.46	9.71	<.001	[0.18, 0.26]
Perceived social support	0.14	0.02	.27	6.18	<.001	[0.10, 0.19]
Parenting stress	-0.09	0.02	-.29	-6.36	<.001	[-0.12, -0.06]
Model 3: Interaction model						

Parent age	0.06	0.03	.08	2.04	.042	[0.00, 0.12]
Parent gender	0.28	0.37	.02	0.76	.450	[-0.45, 1.01]
Educational attainment	0.34	0.16	.08	2.13	.034	[0.03, 0.65]
Target-child age	-0.06	0.05	-.04	-1.20	.231	[-0.16, 0.04]
Parental mindfulness	0.25	0.02	.52	10.43	<.001	[0.20, 0.30]
Perceived social support	0.16	0.02	.31	6.69	<.001	[0.11, 0.21]
Parenting stress	-0.08	0.01	-.26	-5.72	<.001	[-0.11, -0.05]
Parental mindfulness × Parenting stress	-0.0043	0.0014	-.14	-3.09	.002	[-0.0070, -0.0016]
Perceived social support × Parenting stress	-0.0032	0.0012	-.11	-2.63	.009	[-0.0056, -0.0008]
Model Summary	R ²	Adjusted R ²	ΔR ²	F	p	
Model 1	.081	.072	.081	8.97	<.001	
Model 2	.456	.447	.375	48.38	<.001	
Model 3	.491	.480	.035	43.09	<.001	

The hierarchical regression results in Table 3 demonstrated that the variables included in the study accounted for a substantial proportion of individual differences in parenting self-efficacy. In Model 1, the four sociodemographic covariates jointly explained 8.1% of the variance in parenting self-efficacy, $R^2 = .081$, adjusted $R^2 = .072$, $F(4, 407) = 8.97$, $p < .001$. Greater parental age, $B = 0.12$, $\beta = .15$, $p = .003$, and higher educational attainment, $B = 0.61$, $\beta = .14$, $p = .004$, were associated with greater parenting self-efficacy, whereas target-child age showed a small negative association, $B = -0.14$, $\beta = -.10$, $p = .045$. Parent gender was not a significant predictor. When parental mindfulness, perceived social support, and parenting stress were entered in Model 2, the proportion of explained variance increased substantially to 45.6%, $R^2 = .456$, adjusted $R^2 = .447$, $F(7, 404) = 48.38$, $p < .001$. The addition of these psychological and interpersonal variables accounted for an additional 37.5% of the variance in parenting self-efficacy, $\Delta R^2 = .375$. Parental mindfulness was the strongest positive predictor, $B = 0.22$, $\beta = .46$, $t = 9.71$, $p < .001$, followed by perceived social support, $B = 0.14$, $\beta = .27$, $t = 6.18$, $p < .001$. Parenting stress independently predicted lower parenting self-efficacy, $B = -0.09$, $\beta = -.29$, $t = -6.36$, $p < .001$. These effects remained statistically significant after adjustment for the sociodemographic characteristics.

In Model 3, the two interaction terms were added to directly evaluate the hypothesized moderating role of parenting stress. The complete model explained 49.1% of the variance in parenting self-efficacy, $R^2 = .491$, adjusted $R^2 = .480$, $F(9, 402) = 43.09$, $p < .001$. Addition of the interactions produced a statistically significant 3.5% increase in explained variance, $\Delta R^2 = .035$. Both interaction effects were significant. The parental mindfulness × parenting stress interaction negatively predicted parenting self-efficacy, $B = -0.0043$, $\beta = -.14$, $t = -3.09$, $p = .002$, 95% CI [-0.0070, -0.0016]. The perceived social support × parenting stress interaction was also negative and statistically significant, $B = -0.0032$, $\beta = -.11$, $t = -2.63$, $p = .009$, 95% CI [-0.0056, -0.0008]. Because neither confidence interval included zero, both interaction effects provided evidence of moderation. The negative signs of the interaction coefficients indicated that the positive relationships of both parental mindfulness and perceived social support with parenting self-efficacy became weaker as parenting stress increased. Nevertheless, the positive main effects of parental mindfulness and social support remained significant in the full model, suggesting that both represented meaningful resources for parenting self-efficacy even after differences in parenting stress and demographic characteristics were taken into account.

Table 4

Conditional Effects of Parental Mindfulness and Perceived Social Support on Parenting Self-Efficacy at Different Levels of Parenting Stress

Predictor	Level of Parenting Stress	Moderator Value	B	SE	t	p	95% CI
Parental mindfulness	Low (-1 SD)	63.85	0.33	0.03	10.59	<.001	[0.27, 0.39]
Parental mindfulness	Mean	82.37	0.25	0.02	10.43	<.001	[0.20, 0.30]
Parental mindfulness	High (+1 SD)	100.89	0.17	0.03	5.86	<.001	[0.11, 0.23]
Perceived social support	Low (-1 SD)	63.85	0.22	0.03	7.21	<.001	[0.16, 0.28]
Perceived social support	Mean	82.37	0.16	0.02	6.69	<.001	[0.11, 0.21]
Perceived social support	High (+1 SD)	100.89	0.10	0.03	3.40	<.001	[0.04, 0.16]

The conditional-effect analysis presented in Table 4 clarified the nature of the two statistically significant interactions. At low parenting stress, defined as one standard deviation below the mean, the positive relationship between parental mindfulness and parenting self-efficacy was particularly strong, $B = 0.33$, $SE = 0.03$, $t = 10.59$, $p < .001$, 95% CI [0.27, 0.39]. At the mean level of parenting stress, parental mindfulness continued to significantly predict parenting self-efficacy, $B = 0.25$, $SE = 0.02$, $t = 10.43$, $p < .001$, 95% CI [0.20, 0.30]. At high parenting stress, corresponding to one standard deviation above the mean, the association remained statistically significant but was appreciably weaker, $B = 0.17$, $SE = 0.03$, $t = 5.86$, $p < .001$, 95% CI [0.11, 0.23]. A comparable pattern was observed for perceived social support. At low parenting stress, perceived social support had a relatively strong positive conditional effect on parenting self-efficacy, $B = 0.22$, $SE = 0.03$, $t = 7.21$, $p < .001$, 95% CI [0.16, 0.28]. This effect declined to $B = 0.16$, $SE = 0.02$, $t = 6.69$, $p < .001$, 95% CI [0.11, 0.21], at the mean level of parenting stress and to $B = 0.10$, $SE = 0.03$, $t = 3.40$, $p < .001$, 95% CI [0.04, 0.16], under conditions of high parenting stress. Therefore, greater parental mindfulness and perceived social support were associated with higher parenting self-efficacy at all three examined levels of parenting stress, but the magnitude of these beneficial relationships progressively diminished as parenting stress increased. The moderation results consequently supported a buffering-depletion interpretation

in which high levels of parenting-related strain did not completely eliminate the advantages associated with mindfulness or social support but reduced the extent to which these resources translated into greater perceived parenting competence.

The Johnson-Neyman analysis further supported this interpretation. The conditional association between parental mindfulness and parenting self-efficacy remained positive and statistically significant across the entire observed range of parenting stress represented in the analytical sample. However, the slope became progressively shallower as parenting stress increased. The conditional relationship between perceived social support and parenting self-efficacy similarly remained positive throughout most of the observed parenting-stress distribution and did not become negative at any observed moderator value. At the extreme upper end of parenting stress, its magnitude approached a comparatively small effect, demonstrating that social resources were less strongly associated with perceived parenting capability among parents experiencing the greatest levels of parenting burden. These findings therefore indicated moderation in the magnitude rather than the direction of the two predictor-outcome relationships. In substantive terms, mindfulness and perceived social support were most strongly associated with parenting self-efficacy when parenting stress was relatively low, while severe parenting stress appeared to constrain the extent to which these resources were reflected in parents' judgments of their own effectiveness.

Figure 1

Moderating Effect of Parenting Stress on the Relationships of Parental Mindfulness and Perceived Social Support with Parenting Self-Efficacy

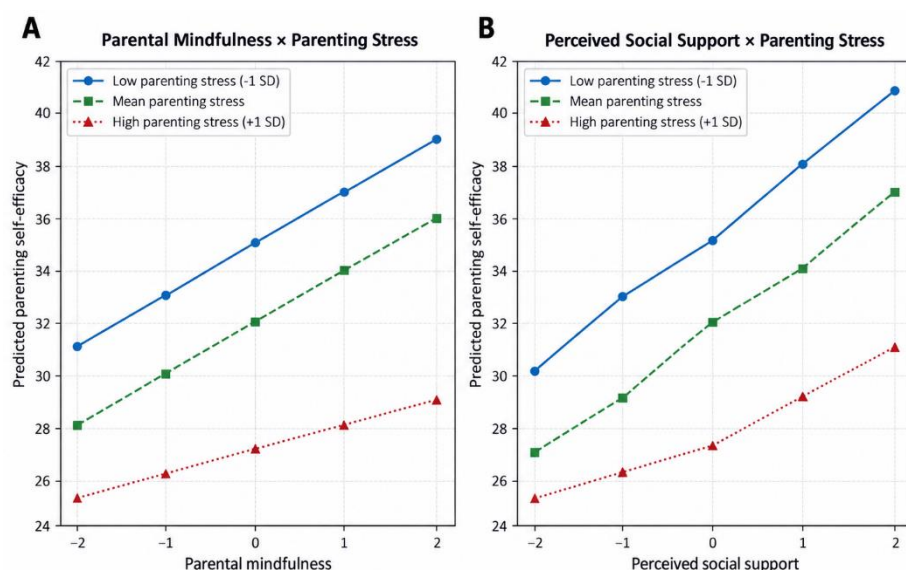


Figure 1 illustrates the conditional patterns identified in the moderation analyses. Predicted parenting self-efficacy increased with greater parental mindfulness at low, mean, and high levels of parenting stress; however, the slope was steepest among parents experiencing low parenting stress and progressively flatter among those reporting mean and high parenting stress. The same pattern was evident for perceived social support. Parents perceiving greater social support generally reported greater parenting self-efficacy, but this positive gradient was considerably stronger under conditions of low parenting stress than under conditions of high parenting stress. Across comparable levels of parental mindfulness and perceived social support, parents with high parenting stress also tended to have lower predicted parenting self-efficacy than those with average or low parenting stress. The graphical pattern therefore corresponded closely to the negative interaction coefficients obtained in the regression analysis and showed that parenting stress systematically attenuated, rather than reversed, the beneficial associations of parental mindfulness and perceived social support with perceived parenting competence. Taken together, the correlation, regression, interaction, simple-slope, and Johnson-Neyman analyses provided convergent support for the proposed predictive model: parental mindfulness and perceived social support were significant positive predictors of parenting self-efficacy, parenting stress was a significant negative predictor, and parenting stress significantly moderated both positive relationships such that the associations became weaker as the level of parenting stress increased.

4. Discussion

The present study examined the extent to which parental mindfulness and perceived social support predicted parenting self-efficacy among parents in Colombia and investigated whether parenting stress moderated these relationships. The findings provided support for the proposed conceptual model. Parenting self-efficacy was positively associated with both parental mindfulness and perceived social support and negatively associated with parenting stress. In the multivariable regression model, parental mindfulness emerged as the strongest positive predictor of parenting self-efficacy, followed by perceived social support, while parenting stress remained a significant negative predictor after adjustment for relevant sociodemographic characteristics. Importantly, parenting stress significantly moderated both the relationship between

parental mindfulness and parenting self-efficacy and the relationship between perceived social support and parenting self-efficacy. Simple-slope analyses showed that both parental mindfulness and perceived social support remained positively associated with parenting self-efficacy at low, average, and high levels of parenting stress, but the magnitude of these associations decreased as parenting stress increased. Thus, parenting stress did not reverse the beneficial relationships of mindfulness and social support with parental efficacy; rather, it attenuated them.

The finding that parental mindfulness was positively associated with parenting self-efficacy is consistent with the theoretical proposition that mindful awareness can strengthen parents' confidence by improving attentional control, emotional regulation, acceptance, and responsiveness during parent-child interactions. Parents who are better able to remain present during challenging interactions may be less likely to react automatically to frustration and more likely to evaluate parenting difficulties as manageable. Such repeated experiences of regulated and intentional responding can reinforce perceptions of competence and control. This interpretation is consistent with research showing that mindful parenting is an important resource for caregivers facing demanding family circumstances. Mindful parenting interventions have been used with caregivers of children with neurodevelopmental disorders and have demonstrated relevance for improving caregiver functioning and parent-child processes (Muratori et al., 2026). Similarly, mindfulness-based psychoeducation has been developed specifically to improve the well-being of parents and caregivers of children with autism, reflecting the increasing recognition that mindful awareness can strengthen adaptive parental functioning (Ma et al., 2026). The present findings extend this literature by suggesting that parental mindfulness is also strongly associated with perceived parenting competence in a broader community sample.

The magnitude of the relationship between parental mindfulness and parenting self-efficacy also aligns with evidence showing that mindfulness-related processes are linked to parental psychological functioning and efficacy beliefs. Research examining parents of children with and without hearing loss has shown that mindfulness, psychological flexibility, and self-compassion are associated with parental mental health and self-efficacy (Jiao et al., 2025). Likewise, prior research involving mothers of toddlers has directly linked mindful parenting with parenting self-efficacy and family resilience (Pudjiati et al., 2024).

These findings support the idea that mindfulness is not merely a state of calmness or reduced distress but a functional parenting resource that may alter how parents interpret and respond to everyday caregiving demands. When parents are attentive to their children's cues, aware of their own emotional responses, and able to adopt a nonjudgmental stance, they may experience greater mastery over parenting situations. Such mastery experiences are especially relevant to the development and maintenance of self-efficacy beliefs.

The present results are further supported by intervention studies showing that mindfulness-based approaches can improve parental functioning. A randomized controlled trial of a mindful mothering intervention among mothers with adverse childhood experiences showed the usefulness of mindfulness-oriented parenting support in a population likely to face heightened emotional vulnerability (Cho & Shin, 2025). Similarly, mindfulness-based cognitive therapy has been associated with improvements in parental mental health and child behavior among families of children with autism spectrum disorder (Papadopoulos & Maniadaki, 2025). These studies are important because they suggest that mindfulness is not simply correlated with better parenting outcomes but may be modifiable through intervention. The current findings therefore have practical relevance: if parental mindfulness contributes to greater parenting self-efficacy, mindfulness-based parenting interventions may help parents strengthen their confidence by increasing their ability to respond deliberately and flexibly to difficult family situations.

The positive relationship between perceived social support and parenting self-efficacy was also consistent with expectations. Parents who perceived greater support from family, friends, and significant others reported greater confidence in their parenting abilities. This association can be understood through several mechanisms. Social support may provide emotional reassurance, practical assistance, informational guidance, and opportunities for shared problem-solving. These resources can reduce feelings of isolation and help parents interpret difficulties as manageable challenges rather than personal failures. Emotional support in particular can reinforce an individual's sense of being understood, valued, and capable, thereby contributing to more adaptive self-appraisals (Ye, 2024). In the parenting context, support from significant others may also provide direct feedback and validation of parenting decisions, which may strengthen confidence in one's ability to care for and guide children effectively.

The present finding is consistent with research showing that perceived social support functions alongside self-efficacy and mindfulness as a broader psychological resource. In university populations, self-efficacy, mindfulness, and perceived social support have been identified as resources associated with better mental health, illustrating that these constructs may operate synergistically rather than independently (Villegas-Frei et al., 2024). Family-level evidence similarly indicates that mindfulness, social support, loneliness, and well-being are interrelated within close relationships (Akyıl et al., 2026). The present results extend this pattern to parenting self-efficacy and support the view that parents' perceptions of competence are partly embedded within their relational environment. Parenting may be experienced as more manageable when individuals believe that support is available if needed, even when that support is not continuously used.

The relevance of social support is also apparent in populations facing elevated contextual demands. Among migrant mothers, social support has been identified as an important contextual factor in models linking maternal acculturative stress, mindful parenting, and children's social functioning (Jang & Lee, 2026). Parent-focused group interventions that combine psychoeducation, mentalization, and peer support likewise highlight the value of relational resources for parents facing child behavioral and neurodevelopmental difficulties (Chelouche-Dwek & Fonagy, 2026). In addition, systematic evidence concerning parents of children with neurodevelopmental disorders emphasizes the importance of socio-emotional resources in sustaining parental well-being under conditions of intensive caregiving (Álvarez-Fernández & Rodríguez, 2026). These studies align with the present finding that perceived social support independently contributes to parenting self-efficacy even after parental mindfulness and parenting stress are statistically controlled.

The negative association between parenting stress and parenting self-efficacy also represents an important finding. Parents experiencing higher levels of stress reported lower confidence in their parenting competence, and this association remained significant in the multivariable model. Parenting stress may undermine efficacy beliefs by increasing emotional exhaustion, narrowing attentional resources, heightening negative interpretation of child behavior, and reducing the parent's perceived ability to influence difficult situations. Repeated experiences of strain can also weaken the sense of control that underlies self-efficacy. Previous research has shown that parental stress is

meaningfully related to maladaptive parenting outcomes, including parental burnout, while mindful parenting and coparenting can partially explain these relationships (Taştekin et al., 2025). More broadly, parental and maternal well-being are increasingly understood within multilevel frameworks in which individual psychological functioning interacts with relationship quality, social support, and broader contextual demands (Leiferman et al., 2025). The current results are therefore consistent with the view that parenting stress is not merely an unpleasant emotional state but a central factor shaping how capable parents perceive themselves to be.

The moderating effect of parenting stress provides a more nuanced contribution. Although both parental mindfulness and perceived social support were associated with higher parenting self-efficacy across all examined levels of stress, their beneficial relationships were strongest when parenting stress was low and became weaker as stress increased. This finding suggests that substantial parenting strain may interfere with the conversion of psychological and interpersonal resources into a strong subjective sense of competence. A parent may possess mindful awareness and perceive meaningful support from others, yet when the demands of caregiving become sufficiently intense, these resources may have less influence on how effective the parent feels. This interpretation is compatible with research showing that mindfulness can function as a moderator or conditioning factor in associations between stressful experiences and psychological health (Doucerein & Benkirane, 2026). It also aligns with evidence that adaptive parenting is shaped by interactions among internal capacities and relational resources rather than by any single protective factor.

The attenuation of the mindfulness–self-efficacy relationship under high stress may reflect resource depletion. Mindfulness may ordinarily support effective parenting by increasing awareness, reducing reactivity, and enhancing behavioral flexibility. Under high levels of parenting stress, however, persistent emotional activation and cognitive overload may make these capacities more difficult to access consistently. This possibility is consistent with evidence that maternal stress and mindful parenting are closely connected in models of parental burnout (Taştekin et al., 2025). It is also compatible with findings linking mindful parenting with emotional stability and core self-evaluation, suggesting that mindfulness operates partly through broader self-regulatory and self-evaluative mechanisms (Hai, 2026). If high stress destabilizes these mechanisms, the positive effect of

mindfulness on perceived parenting competence may be reduced even when mindfulness remains beneficial overall.

A similar process may explain why the relationship between perceived social support and parenting self-efficacy weakened at higher levels of parenting stress. Social support can reduce isolation and facilitate coping, but its protective influence may be insufficient when caregiving demands become severe or chronic. Under lower stress, reassurance, advice, practical assistance, and emotional validation may be readily incorporated into a stronger sense of competence. Under greater stress, parents may perceive that available support does not fully match the intensity or complexity of their needs. This interpretation is compatible with evidence that family well-being depends on the combined effects of relationship quality, psychological resources, and perceived support (Mariana & Sabin, 2026). It is also consistent with research showing that psychological flexibility and secure relational bases jointly contribute to adaptive parenting across the transition to parenthood (Sparpana & Brock, 2025). Thus, social support may remain beneficial under high stress, but its capacity to strengthen parenting self-efficacy may be constrained.

The results also fit broader systems-oriented perspectives on resilience and psychological functioning. Contemporary mental health research increasingly emphasizes that adaptive outcomes depend on the interplay of individual competencies, interpersonal resources, and environmental conditions. School- and youth-based programs, for example, often combine resilience-building, social-emotional competencies, and relational support rather than targeting a single psychological process (Jiang et al., 2025). Similarly, research on emotional schemas underscores the importance of recognizing, interpreting, and regulating emotions within interpersonal relationships (Jennings et al., 2024). Reviews of flourishing also emphasize that well-being reflects the coordinated influence of personal and contextual resources (Faizah et al., 2024). The present moderation findings are consistent with this framework because they demonstrate that parental mindfulness and social support cannot be fully understood without considering the level of stress within which they operate.

The findings may also be interpreted in light of research on compassion and psychological flexibility. Compassion-oriented approaches to childhood disability care emphasize that supportive and responsive relationships can influence both caregivers' and children's experiences of difficult circumstances (Patsakos et al., 2024). Likewise, parental psychological flexibility has been implicated in adaptive

family functioning and self-efficacy (Jiao et al., 2025). These constructs overlap conceptually with mindful parenting because they involve openness to difficult internal experiences, reduced automatic reactivity, and continued engagement with valued behavior. The present results suggest that such internal capacities may support self-efficacy most effectively when parents are not overwhelmed by excessive stress. This does not imply that mindfulness becomes unimportant under severe stress; rather, it suggests that mindfulness-based resources may need to be supplemented by direct efforts to reduce environmental and caregiving burdens.

The broader intervention literature provides further support for this interpretation. Digital and blended mental health interventions increasingly recognize that complex psychosocial difficulties require multimodal strategies rather than isolated symptom-focused techniques (Labrenz et al., 2025). Systematic evidence regarding digital mental health interventions for young people similarly suggests that socio-emotional outcomes depend on the quality, context, and integration of intervention components (Opie et al., 2024). In the same way, efforts to increase parenting self-efficacy may be more effective when they simultaneously strengthen parental mindfulness, increase access to meaningful social support, and reduce the intensity of parenting stress. The present findings therefore argue against an overly individualistic interpretation in which parents are expected to regulate themselves successfully regardless of the demands placed upon them.

The explained variance in the final model also indicates that parenting self-efficacy is meaningfully associated with the combination of psychological, interpersonal, and stress-related factors examined in this study. The full model accounted for approximately half of the variance in parenting self-efficacy, suggesting that parental mindfulness, perceived social support, parenting stress, their interaction effects, and selected demographic characteristics together provide substantial explanatory value. Nevertheless, the remaining unexplained variance indicates that other factors are likely important, including coparenting quality, child temperament, parental mental health, socioeconomic strain, previous parenting experiences, relationship satisfaction, and family resilience. This interpretation is consistent with research showing that parenting and family well-being emerge from interconnected psychological and relational processes (Mariana & Sabin, 2026; Sparpana & Brock, 2025). It also

reinforces the value of multidimensional models that move beyond single predictors.

5. Conclusion

Overall, the present findings support an integrated understanding of parenting self-efficacy in which parental mindfulness and perceived social support operate as protective resources, while parenting stress functions both as a direct risk factor and as a condition that weakens the effectiveness of those resources. This pattern is consistent with the broader literature demonstrating the importance of mindfulness, social support, emotional regulation, psychological flexibility, and relationship-based resources for parental and family well-being (Akyıl et al., 2026; Jiao et al., 2025; Muratori et al., 2026). The findings additionally extend previous research by showing that parenting stress modifies the strength of the associations between these protective resources and parenting self-efficacy. Accordingly, parents may benefit most when internal psychological resources, interpersonal support, and stress reduction are addressed simultaneously rather than independently.

6. Limitations & Suggestions

A limitation of the present study is its cross-sectional design, which prevents causal conclusions regarding the direction of relationships among parental mindfulness, perceived social support, parenting stress, and parenting self-efficacy. Although the proposed model positioned mindfulness and social support as predictors and parenting stress as a moderator, reciprocal relationships are plausible. For example, parents with stronger self-efficacy may experience less stress, may engage more effectively with supportive relationships, and may be more capable of maintaining mindful awareness during difficult interactions. The use of self-report measures also introduces the possibility of shared-method variance, social desirability, and subjective response bias. In addition, the use of non-probability recruitment from several large Colombian cities may limit the generalizability of the findings to parents living in rural areas, Indigenous communities, highly disadvantaged settings, or other regions of Colombia. The sample also included parents of children across a relatively wide age range, and parenting demands may differ substantially between early childhood, middle childhood, and adolescence. Finally, although several demographic characteristics were controlled statistically, potentially

important factors such as parental depression, anxiety, couple conflict, child behavioral problems, household income instability, and the objective availability of caregiving assistance were not included.

Future studies should use longitudinal designs to examine whether parental mindfulness and perceived social support prospectively predict changes in parenting self-efficacy and whether changes in parenting stress alter these associations over time. Experimental and intervention research would be particularly valuable for determining whether increases in mindful parenting or social support lead to subsequent improvements in parenting self-efficacy and whether these effects depend on reductions in parenting stress. Future studies should also recruit nationally representative and more socioeconomically diverse Colombian samples and examine whether the proposed relationships differ according to geographic region, urban versus rural residence, family structure, socioeconomic position, parental gender, and developmental stage of the child. Dyadic designs including both caregivers could clarify whether one parent's mindfulness, stress, or support influences the other parent's self-efficacy. Further research should also consider more complex models incorporating coparenting, relationship satisfaction, parental psychological flexibility, self-compassion, child temperament, and child behavioral difficulties. Multilevel and longitudinal moderation models may additionally determine whether parenting stress operates as a stable contextual condition, a fluctuating daily state, or both.

In practice, parent-support programs should consider addressing parenting self-efficacy through an integrated approach rather than focusing solely on skills training. Mindfulness-based components may help parents become more attentive, less reactive, and more deliberate in their responses to children, while social-support interventions can strengthen access to emotional reassurance, practical assistance, peer exchange, and shared problem-solving. At the same time, the moderation findings indicate that highly stressed parents may require direct stress-reduction strategies before they can fully benefit from mindfulness or social support. Services should therefore assess parenting stress routinely and identify concrete sources of burden, including caregiving overload, financial strain, lack of respite, family conflict, or child behavioral difficulties. Parent groups, community-based family programs, digital support platforms, and primary care or school-linked services could combine mindfulness training, parenting education, peer support, and stress-management

components. Such an approach may be particularly useful for parents who possess psychological and social resources but remain unable to translate those resources into a strong sense of parenting competence because of sustained or excessive parenting demands.

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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

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

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