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MODERATING ROLE OF RESILIENCE ON PERCEIVED STIGMATIZATION AS A PREDICTOR OF BURNOUT AMONG PARENTS OF SPECIAL NEEDS CHILDRENIN ENUGU, ENUGU STATE, NIGERIA

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ABSTRACT

The study investigated the moderating role of Resilience on Perceived Stigmatization as a predictor of Burnout among Parents with special needs children. A total of 274 participants drawn from Parents of Special need Children in Enugu comprising of 114 males and 160 females with the age range of 27 years to 64 years, with a mean age of 41.90 and standard deviation of 10.21were used for the study. Mix sampling technique was adopted in the study whereby systematic sampling technique was used to select the schools that will participate in the study (Assemblies of God Vocational and Skill Centre = 60, Calvary Foundation Institute of Technology = 43, St Joseph Institute Technical College = 74, and Special Education Centre = 97) while convenient sampling technique (participants who were willing to participate in the study) was used to select the participants for the study. Parental Burnout Assessment (PBA), Brief Resilience Scale (BRS) and The ***Perceived Public Stigma Scale (PPSSS)*** *were use in the study. Correlation design was adopted while Hierarchical Multiple Regression statistics result revealed that perceived stigma significantly predicted burnout (β = .70, t = 16.60, p<.01) and resilience significantly predicted burnout (β = -1.00, t = -17.79 p<.01). Finally, the result shows that interaction between resilience and perceived stigmatization is significantly negative (t = -3.46, P < .01; LLCI, ULCI = -.20, -.06). The outcome of the study not only contributed to academic discourse but empirically showed that higher perceived stigma increases burnout while higher resilience reduces burnout, and resilience weakens the negative impact of stigma on burnout.*

Key Words: *Resilience. Stigmatization, Burnout, Special Needs*

INTRODUCTION

Having a special needs child, including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) or other mental health challenges, can have a significant influence on a parent's mental health and well-being. In addition to having to deal with complex health systems and fight for their children's rights and interests, many parents also cope with major behavioural issues and mix caregiving with other duties. We all know that raising a child with special needs can be tough, stressful and at times, isolated. Studies have indicated that parents of such children report higher levels of chronic stress and hopelessness compared to parents of children who develop normally (Masulani-Mwale et al., 2018). Research has also found that more than 40% of parents of a child with a handicap endure extreme psychological agony (Goudie et al., 2014; Oti-Boadi et al., 2020). The daily job of observing their child's behaviour and the need to be always on guard might add to the distress at times. This emotional pressure (Vilaseca et al., 2014) is likely to affect mothers, who are generally the main carers. Mothers, who are usually the main carers, tend to assume this emotional burden (Vilaseca et al., 2014). In comparison to parents of other disabled children, parents of autistic children are particularly vulnerable to emotional load due to the specificity and frequency of behavioural challenges and severity of autism symptoms (Al-Farsi et al., 2016; Dieleman et al., 2018).

Parents of special needs children may encounter social shame and stigma beside personal and family concerns. Stigma means prejudice or discrimination against persons who are different. This might cause marginalisation, negative attitudes, sympathy and even aggressiveness (Scior et al, 2016; Ali, 2013). Parents and their children may be excluded from social activities, be viewed as insufficient carers or refused access to school, health care or services in the community (Duran & Ergün, 2017; Ye et al., 2021). Stigma may harm the parent's confidence, self-esteem and sense of competence, resulting in shame or guilt (Duran & Ergün, 2017; Ye et al., 2021).

The ramifications of stigma and chronic stress are broad. Parents of children with special needs are more likely to suffer from emotional tiredness, depersonalisation, low self-worth or burnout (Dey et al., 2020; Roskam & Mikolajczak, 2023). Burnout can take a toll on a parent's mental health and their ability to care for their child, creating a vicious cycle that is difficult to break (Bannister, 2024; Wolfe, 2020). A lot of parents have great stamina to overcome such challenges. Resilience refers to the ability to adapt and thrive despite mental health challenges (Masten, 2014; Rutter, 2012; Southwick et al., 2014). Resilience is not static; it is a talent that may be developed over time. These include personal traits, such as optimism, self-efficacy and problem-solving skills, and external supports such as social networks (Heiman, 2002; Mohan, 2021). Resilience is the ability to be well. Parents who get help, can solve problems and can reframe their experience in a positive way are better equipped to manage with stress. In contrast, maladaptive responses such as avoidance or self-blame impair resilience (Heiman, 2002). For many parents, faith and religiosity bring solace, hope, and connection (Heiman, 2002).

Additional options such as respite care, support groups or educational or therapeutic programmes can increase resilience by providing practical help, emotional support and opportunity to share experiences (Heiman, 2002). But access to these instruments is limited by financial constraints, lack of insurance and extensive waiting lists, which reduce resilience. Hence, parents of children with special needs suffer from stress, fatigue, and stigma. However, resilience encourages parents to adapt, cope and even flourish in adversity. "Access to social support, coping skills and resources can lead to better mental health outcomes for parents and children." We have to continue the fight to eradicate stigma, develop support networks and remove barriers to care for special needs families.

Statement of the Problem

Mainly, parents are accountable for the fair care and development of their children, for being their mentors, educators and guardians. Parenthood is a time of tremendous growth and new challenges for everyone. For parents of children with special needs, these demands are increased by issues unique to their children's development. These parents confront more financial, emotional and physical strains and research shows they are more likely to experience parental burnout, typically caused by behavioural problems in their children (Benson & Karlof, 2009; Lestari et al., 2021). This can have serious implications, such as family instability, and in extreme situations, suicide thoughts.

On top of these obstacles, parents typically suffer societal stigmatisation, which further threatens their mental health and well-being. Resilience is seen as an important protective characteristic, but little research has been done on the moderating effect of resilience on the relationship between stigma and parental burnout in this population. The present study attempts to fill this gap by investigating the function of resilience in buffering the impact of perceived stigmatisation on burnout among parents of children with special needs. Thus, the study answered these pertinent questions:

1. Will perceived stigmatization predict burnout among parents of children with special needs in Enugu, Enugu State, Nigeria?
2. Will resilience predict burnout among parents of children with special needs in Enugu, Enugu State, Nigeria?
3. Will there be an interaction of resilience on perceived stigmatization as a predictor of burnout among parents of children with special needs in Enugu, Enugu State, Nigeria?

THEORETICAL REVIEW

According to the Conservation of Resources Theory of Burnout (Hobfoll, 1988), burnout happens when emotional energy, social support, and financial stability are lost or threatened. Many settings emphasis resource depletion as a cause of stress and burnout, making this theory

applicable. The approach has been criticised for oversimplifying burnout by focusing solely on resource loss and ignoring other factors like personality and coping skills. It doesn't explain how to reload or avoid fatigue before running out. The Multidimensional Theory of Burnout (Maslach, 1982) defines burnout as emotional weariness, depersonalisation, and low personal achievement. The model provides a clear, scientific framework for burnout research, particularly in workplace and care situations. Intervention design has commonly used this paradigm. However, it is a professional setting and not useful to smaller families or groups. It rarely considers organisational and societal factors that cause burnout.

The 1963 Goffman Theory of Stigma discusses stigma and its effects. People who are 'different' are vulnerable to marginalisation, stereotyping, and identity shifts. Stigma's psychological effects on self-esteem and identity are central to this hypothesis. Goffman's method is mostly descriptive, hence helpful answers are rare. Digital stigmas may not be captured by it. Stigma is internalisation of beliefs, prejudices, and discrimination thru social learning and cognition (Corrigan et al., 2009; Social Cognitive Model of Stigma). This method addresses the cognitive and social processes that cause stigmatising ideas, allowing for tailored stigma reduction interventions. Its focus on individual cognitive qualities can overlook structural or cultural difficulties. Their complexity makes them difficult to test and manage. The Psychological Resilience Theory (Werner, 1998) posits that many personal traits and supportive ties contribute to a healthy reaction to adversity. The notion emphasises resilience as a dynamic and learnable process, social support, and inner qualities. It may reduce chronic or acute pain, but it has been criticised for imposing resilience demands on individuals without addressing institutional constraints.

Finally, Family Resilience Theory (Walsh, 1996) emphasises family strengths and adaptive processes to overcome adversity. The concept's holistic understanding of family belief systems, communication patterns, and organisational structures as resilience-boosting is valuable. However, it doesn't always separate family members and doesn't always solve families' external structural concerns.

Empirical Review

Perceived Stigmatization and Burnout

Research suggests that parents of children with special needs are faced with high levels of social stigma and stress and women especially are vulnerable to emotional distress, social isolation and discrimination (Agyekum, 2018; Duran & Ergun, 2018; Rauf et al., 2017). These parents experience more parental stress than parents of children who develop ordinarily. This is especially true for parents of children with autism or parents of girls with special needs who are more susceptible to stigma and behavioural problems. These pressures can greatly affect family relationships and general life happiness, sometimes resulting in moms giving up their personal and professional goals (Bilge et al., 2014; Hall & Graff, 2012). Parental stress and exhaustion are closely associated with stigma and behavioural issues, and stigma management strategies (e.g., hiding or advocacy) do not completely alleviate these burdens (Kinnear et al., 2016; Niedbalski, 2021).

Resilience and Burnout

Resilience and social support reduce special needs parenting stress and burnout. Literature review social support and resilience may reduce stress. Multiple studies show that resilience may not prevent burnout (Dimala et al., 2024; Roskam, 2023; Cheng, 2024). Resilient families are better equipped to adapt and adjust mentally to chronic diseases or disabilities (Kılıç et al., 2021; Cici & Özdemir, 2024). Resilience reduces burnout and improves mental health, especially when parents utilise problem-focused coping approaches (Dabrowska & Pisula, 2010; Plopa, 2019). Resilience affects burnout characteristics such as emotional weariness, depersonalisation, and

personal accomplishment (Maslach & Jackson, 1981; Arrogant & Aparício-Zaldivar, 2017; Duarte et al., 2020). Resilience's effects on burnout traits are unclear. Meditation and exercise may reduce burnout and promote resilience (Belcher, 2021). Finally, resilience and social support are the best ways to prevent special needs parents from its consequences and exhaustion.

Resilience, Stigmatization and Burnout

Mental special needs families are vulnerable. Flexibility and social support help kids recover. Resilience is how people and families handle stress (Ong et al., 2018; Eyuboglu, 2019). Resilient families reduce the stress of raising a special needs child with positive coping skills (Windle et al., 2011; Kina, 2019). The Risk-Resilience Model (Wallander et al., 1989) lists human traits, stress management, and socio-ecological elements including social support as resilience components. We discuss whether resilience is a personality characteristic or a controllable process. New research shows that intervention can build resilience. Several research have revealed resilience to mediate and modify the relationship between family discord and psychological consequences (Fossati, 2019; Havnen, 2020). It needs societal backing. Lack of social support stress and family/social pressure stress and mental health issues can be mitigated by strong social networks.

However, stigma can reduce its protective effect. Resilience may reduce stigma and fatigue. In addition, emotional support from loved ones can boost resilience (Rometsch et al., 2024). Stigma, exclusion, and bias weaken support and resilience. Research shows that social support, optimism, and resilience improve well-being and reduce stress and anxiety among autism parents. Due to resource and resilience constraints, single and low-income mothers are more likely to burn out. This diagnosis may cause parental tiredness and require tailored treatment (Yaw & Amponsah, 2020). Special needs and resilient families benefit from psychological stress, burnout prevention, and social support. Stigma and discrimination prevention might help such families.

Hypotheses

These hypotheses were tested in the study:

1. Perceived stigmatization will significantly predict burnout among parents of children with special needs in Enugu, Enugu State, Nigeria.
2. Resilience will significantly predict burnout among parents of children with special needs in Enugu, Enugu State, Nigeria.
3. Resilience will significantly moderate perceived stigmatization as a predictor of burnout among parents of children with special needs in Enugu, Enugu State, Nigeria.

METHOD

Participants

A total of 274 participants drawn from Parents of Special need Children in Enugu comprised of 114 males and 160 females with the age range of 27 years to 64 years, with a mean age of 41.90 and standard deviation of 10.21. Mix sampling technique was adopted in the study whereby systematic sampling technique was used to select the schools that will participate in the study (Assemblies of God Vocational and Skill Centre = 60, Calvary Foundation Institute of Technology = 43, St Joseph Institute Technical College = 74, and Special Education Centre = 97) while convenient sampling technique (participants who were willing to participate in the study) was used to select the participants for the study. The total number of participants was determined using Yamane (1967) sample size formula.

Instruments

Parental Burnout Inventory (Roskam et al., 2017)

A frequently used standardised technique for detecting parental burnout is Roskam et al. (2018)'s Parental Burnout Assessment (PBA). The PBA has 23 elements organised into four dimensions: emotional tiredness, contrast with the past, feeling fed up, and emotional detachment. Each question is scored on a 7-point Likert scale from “never” to “every day,” allowing for detailed ratings of parent burnout symptoms. In research and clinical settings involving vulnerable populations like parents of children with special needs, the PBA is increasingly used as a unidimensional scale (Suárez et al., 2022; Zbrodska et al., 2023). This method decreases respondent stress, streamlines assessment, and corresponds with holistic therapeutic strategies that focus on parental well-being rather than burnout.

PBA scores, which can reach 138 points, indicate parental burnout intensity. A score of 53 or higher suggests burnout risk, whereas 86 or higher confirms a clinical diagnosis. Factorial invariance across languages and genders makes the PBA suited for diverse and specialised populations (Roskam et al., 2018). The PBA's global score has great reliability, with Cronbach's alpha values frequently above 0.95 (Zbrodska et al., 2023). A sample from Mother Louisa School of the Special Need in Enugu was used to re-establish the PBA's dependability, yielding a Cronbach's alpha of.88.

Brief Resilience Scale (BRS; Smith, et al., 2008)

The Brief Resilience Scale (BRS), developed by Smith et al. (2008), is a 6-item tool designed to assess an individual’s ability to bounce back from stress and adversity. A 5-point Likert scale ranges from Strongly Disagree (1) to Strongly Agree (5). BRS examples are “I tend to bounce back quickly after hard times”, “It is hard for me to snap back when something bad happens” and “I usually come thru difficult times with little trouble”. More resilient respondents have higher mean BRS scores. BRS is one-factor. To eliminate social desirability response bias, Items 2, 4, and 6 are reversed scored (Cronbach, 1950). Over four samples, Smith et al. (2008) reported Cronbach's alpha from .80 to.91. With the translation/back-translation process (Brislin, 1970), Stalikas & Kyriazos (2017) translated BRS into Greek. In a study of Nigerian adults' BRS psychometric qualities, SAlisu and Hashim (2018) found a Cronbach Alpha of .86. In a study on resilience as a mediator in organisational studies, Abiola, & Udofia (2020) reported a Cronbach's alpha of.85 for the BRS, whereas university students in Nigeria reported.87. With 40 participants from Mother Louisa School of the Special Needs, 7 Kingsway Road GRA Enugu, the researcher re-established the scale's dependability and received a score of.71.

Perceived Public Stigma Scale (PPSSS: Hoge et al., 2004)

The 5-item Perceived Public Stigma Scale (PPSSS) measures how much society stigmatises mental health difficulties, particularly in the context of parenting special needs children. This scale measures how negative cultural attitudes affect parents' self-esteem and well-being. The PPSSS measures judgement, fear of negative evaluation, embarrassment, negative child perceptions, and concealment. The PPSSS is a multidimensional scale that measures stigma in many ways, but its great internal consistency allows it to be scored as a unidimensional scale for simpler analysis. The current investigation uses a unidimensional scale. The PPSSS is usually self-reported. Participants rate propositions on a Likert scale (1 = Strongly Disagree, 5 = Strongly Agree). Parental stigma can be quantified using this format. The 5 items were assessed on a 5-point Likert scale, and the total score ranged from 5 to 25 (higher scores implied greater public stigma).

Independent or structured administration with a practitioner reading the scale is possible. The PPSSS has strong internal consistency, with Cronbach's alpha values between 0.80 and 0.90. The scale has good test-retest reliability and stable correlations. Studies have found.82 test-

retest reliability (Vogel et al., 2009). In Impact of Stigma on Mental Health Carers, Adebayo and Owoidoho (2023) found 0.80 test-retest reliability for the PPSSS. The researcher retested the scale and found a score of .84 with 40 participants from Mother Louisa School of Special Needs, 7 Kingsway Road GRA Enugu.

Procedure

A total number of 300 copies of the research instruments were administered. Two teachers in each selected school were educated and they served as research assistants as regards to the administration and collection of the research instruments. The researcher ensured that participants voluntarily agreed to take part after being fully informed about the study's purpose, procedures, benefits, and their rights. The administrations of the research questionnaires took the form of individual testing during the parents/teachers association meetings that hold on the term visiting day. The research instruments were collected at the point of administration. Out of the number administered 289 copies were collected while only 274 (95%) properly filled were scored and analyzed while the 11 copies (5%) wrongly filled were rejected. The total number of sample size was determined using Yamane (1967) sample size formula.

Design and Statistics

The design for the study was correlation design because the primary objective of the study was to examine the relationship between the study variables (Perceived Stigmatization and Burnout). Hierarchical Multiple Regression was adopted as the statistics for the study; that was because the researcher wanted to know the contribution of the independent variable on the dependent variable.

Also, Moderated Multiple Regression statistics was used to analyze and test the interaction effect for the third hypothesis (SPSS version 27). This is because the researcher wanted to determine whether the relationship between Perceived Stigmatization and Burnout will depends on (is moderated by) the value of resilience.

RESULTS

Table 1: Summary Table of Key Descriptive Statistics for Study VariablesDescriptive Statistics

	N	Range	Minimum	Maximum	Mean	Std. Deviation	Variance
Age	274	37.00	27.00	64.00	41.90	10.21	104.19
Gender	274	1.00	.00	1.00	.58	.49	.24
Educational Level	274	4.00	1.00	5.00	2.97	1.29	1.67
Emploment	274	1.00	1.00	2.00	1.55	.50	.25
Perceived Stigma	274	14.00	8.00	22.00	14.48	4.71	22.20
Resilience	274	21.00	6.00	27.00	18.58	7.37	54.29
Burnout	274	94.00	33.00	127.00	71.85	24.57	603.85
Valid N (Listwise)	274						

From table 1 above, participants obtained a mean of 14.48 and a standard deviation of 4.71 on perceived stigmatization while a mean of 18.58 and a standard deviation of 7.37 was obtained on resilience. Also, a mean of 71.85 and a standard deviation of 24.57 was obtained on burnout.

Table 2: Summary of Hierarchical Multiple Regression Analysis for Variables Predicting burnout (N=274)

	Step 1		Step 2		Step 3	
	B	***T***	**β**	***t***	**β**	***t***
Age	-.27	-3.75**				
Gender	-.15	-2.20*				
Educational level	-.41	-6.67**				
Employment	.17	2.23*				
Perceived Stigma			.70	16.60**		
Resilience					-1.00	-17.79**
R	.49		.79		.90	
R²	.24		.62		.83	
ΔR²	.24		.39		.21	
F	20.69(4,269)		275.56(1,268)		316.48(1,267)	

*Note*p<.05;**p<.01*

Results of the hierarchical multiple regression for the test of the first factors on burnout index is shown in the Table 2 above. The variables were entered in stepwise models. The demographic variable (age) significantly predict burnout (β = -.27, t = -3.75, p<.01). Also, demographic variable (gender) significantly predicted burnout (β = -.15, t = -2.20, p<.05). In additions, educational level (β = -.41, t = -6.67, p<.01) and employment status significantly predicted burnout (β = .17, t = 2.23, p<.05). Hence, the demographic variables (age, gender educational level and employment status) serves as control variables in the study and that is why they are keyed in step 1

In step 2, perceived stigma was entered and it was a significant predictor of burnout (β = .70, t = 16.60, p<.01). The contribution of perceived stigma in explaining the variance in burnout was 39% (ΔR^2 = .39). Therefore, perceived stigma is a significant positive predictor of burnout among parents with special need children.

In step 3, resilience was entered, it was a significant predictor of burnout (β = -1.00, t = -17.79 p<.01). The contribution of resilience in explaining the variance in burnout was 21% (ΔR^2 =

.21). Therefore, resilience is a significant negative predictor of burnout among parents with special need children.

Table 3: Moderated Multiple Regression table on the moderating role of Resilience on Perceived Stigmatization as a predictor of Burnout among Parents with special needs children

Latent Variable: Burnout	R^2	df1(df2)	F	Std Error	T	LLCI	ULCI
Observed Variables							
Model 1	.76	3(270)	292.89				
A- Resilience				.70	-.72	-1.89	.87
B- Perceived Stigmatization				.89	3.38	1.26	4.78
A*B.				.04	**-3.46****	- .20	-.06

*Note*** $p<.01$*

Model 1: Resilience and perceived stigmatization

The result shows that interaction between resilience and perceived stigmatization is significantly negative (t = -3.46, P < .01; LLCI, ULCI = -.20, -.06). It means that the more positive or increase in resilience (the moderating variable), the more negative or decrease is the effect of perceived stigmatization on burnout.

DISCUSSION

This study confirmed that felt stigma predicts burnout among special needs parents. The results showed that stigma increased burnout. This study confirms earlier findings. Amireh (2019) and Mazhar et al., (2020) found that social stigma increases parental stress and burnout. Research indicates that mothers experience higher stress and stigma when raising children with disabilities (Kocabıyık & Fazlıoğlu, 2018; Roskam & Mikolajczak, 2023). When you internalise society's negative views of you, perceived stigma can make you feel ashamed, guilty, and worthless. Parents can be marginalised by negative comments, friend indifference, and media portrayals. Humiliation can cause self-stigmatization, psychological distress, and a cycle of anxiety and fatigue. Burnout is emotional exhaustion, depersonalisation, and decreased productivity (Mazhar et al., 2020). Mental health stigma causes isolation and support system disengagement. Not feeling like part of the community. The shame makes humiliated and unsupported parents feel even worse. The ripple affects children, the neighbourhood, and public health from home. Breaking stigma and providing a caring atmosphere helps minimise special needs parent burnout and improve family and community well-being. Recent research has demonstrated resilience to be a powerful predictor and protective variable of burnout in special needs parents (Carroll et al., 2022). Experimental studies have shown that resilience is a strong predictor of burnout in special needs parents. According to research, parents with high resilience are less likely to have burnout while parents with high burnout are less likely to have resilience.

Research has shown that family resilience is vital to the experiences and perspectives of parents of disabled children. Resilient families can handle special needs challenges (Tali, 2002). A similar study by Brehaut et al. (2004) indicated that resilient and problem-focused parents experienced less stress and improved mental health. Despite resilience, mothers of Down syndrome children had higher burnout rates than mothers of typically functioning children (Dabrowska & Pisula, 2010). Resilience can aid families in managing the challenges of raising children with chronic diseases (Kılıç et al., 2021). Based on Roskam et al., (2023), resilience reduces parenting stress, career burnout, and self-regulation among parents of children with intellectual disabilities. Cici and Ozdemir (2024) found reduced burnout and strong resilience among parents of chronically ill children. Personality does not determine resilience. This flowing ability helps parents adjust, stay joyous, and find purpose in the never-ending hardships of childrearing. Manage stress and recover from hardship to avoid burnout's emotional and

motivational drain. It also teaches emotional management to help parents stay calm during emotional ups and downs. The stable attitude can prevent stress from becoming burnout. Parents feel in control and less helpless when unexpected health or condition situations arise due to the flexibility.

Another aspect of resilience is a positive attitude that helps parents focus on their children's strengths and achievements, giving them a sense of fulfilment as carers. Active and resourceful resilient parents use social networks and professional resources. This helps parents manage their numerous tasks and reduces isolation. Parents of special needs children are protected by resilience, according to research (Cici & Ozdemir, 2024; Kılıç et al., 2021). Resilience helps parents develop adaptive coping, emotional control, flexibility, and optimism, reducing burnout and improving outcomes for parents and children.

Experimentally testing the last study hypothesis, “resilience will significantly moderate perceived stigmatisation as a predictor of burnout among parents of children with special needs”, Results showed resilience and perceived stigmatisation negatively affected burnout. Parental tiredness is less affected by stigmatisation in resilient people. Thus, resilience reduces stigmatisation and exhaustion in this group. Psychological data supports resilience as a mediator and moderator of stress-mental health. Suzuki (2018) found resilience a mediator, while Fossati (2019) and Havnen (2020) discovered it moderates. Pearlin and Bierman (2013) consider resilience a mediating factor that breaks the stress-mental health relationship. Resilience in special needs parents can reduce stigma's detrimental effects on society and fatigue. Resilience and social support reduce the family stress and psychological suffering of parents of disabled children (Rakap & Vural-Batik, 2023; Cheng & Lai, 2023) in several studies. Chen et al. (2016) found that resilience mediated stigma and psychological suffering in schizophrenia family carers. Stigma severity was protective, although resilience may moderate it.

Resilience may cushion stigmatisation thru emotional regulation. Resilient parents can better handle the emotional pain of social stigma and are less likely to burn out. Their mental stability helps them solve challenges and create a healthy home. Resilience encourages support, self-care, and positivity. These activities boost well-being, reduce burnout, and mitigate stigma. Instead of taking on society's stigma, resilient parents focus on their child's skills and attributes and find greater meaning and satisfaction in parenting. Positive lens negates stigmatisation's harmful impacts. Resilience also improves adaptability and flexibility, helping parents cope with the unpredictable, feel in control and purpose, and reduce powerlessness and frustration, which lead to burnout.

Parents that are resilient seek help and resources as needed. They can also avoid stigma by building and maintaining strong support systems that provide emotional, practical, and community help. Meet others with similar experiences to combat cultural stigma and validate and heal. The results show that resilience protects special needs parents from stigma. More resilience reduced stigma and exhaustion. These families need emotional regulation, adaptive coping, and robust support structures to become resilient. These efforts help parents stay healthy and care for their kids.

Implications of the Finding

Parenting a child with special needs is challenging, with added stressors such as perceived stigmatization and risk of burnout. Research shows that perceived stigmatization increases burnout, while resilience both lessens burnout directly and weakens the impact of stigma. These findings have important theoretical, practical, counseling, and clinical implications. Theoretically, the link between stigma and burnout highlights how negative societal attitudes harm parental well-being, supporting psychological models that emphasize the protective effects of social support. Resilience, by contrast, acts as a crucial buffer, helping parents adapt and cope with adversity. Its moderating role suggests that strengthening resilience can reduce the harm caused by stigma.

Practically, these results underscore the need for strong social support systems and community awareness to reduce stigma. Counseling should focus on building coping skills and resilience through therapy, stress management workshops, and support groups. Clinically, assessment should include regular screening for burnout, stigma, and resilience, with interventions prioritizing resilience enhancement through CBT, mindfulness, and group training. Thus, resilience is key in protecting parents of children with special needs from the negative effects of stigma and burnout. Supporting resilience through community, counseling, and targeted intervention can significantly improve parental well-being and caregiving capacity.

Limitations of the Study

The study involved a small sample and therefore the finding may not be generalizable to a broader population. For instance, the sample primarily consists of parents from urban areas, the results might not accurately reflect the experiences of those in rural settings. Also, the study did not capture low-income families who were not able to send their special needs children to school which could affect the validity of the conclusions.

The study focused primarily on burnout as an outcome, by potentially overlooking other important psychological or physical health outcomes that are influenced by perceived stigmatization and resilience.

Conclusion

The present study examined the moderating influence of resilience in the connection between perceived stigmatisation and burnout among parents of children with special needs. The results showed that the more the parents had been stigmatised the greater the chance of their suffering from burn-out. Resilience is a protective trait, high resilience of parents decreased the total burnout. Interestingly, the study found that resilience was able to buffer the association between perceived stigmatisation and burnout. Thus, resilient parents are better equipped to cope with society limits and are negatively harmed by stigma.

The findings show that interventions should emphasise resilience in parents and not solely on stigma reduction (which may not be achievable). Increased resilience gives parents effective ways to cope with stress, prevent burn-out and increase their own well-being and capacity to care. In the end, resilience changes the negative effects of stigma from being a key risk factor for burnout to a less daunting challenge. Families can not only survive, but bloom in the face of tragedy.

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