PARENT-CHILD RELATIONSHIP QUALITY AND PARENTAL HAPPINESS AS PREDICTORS OF DEPRESSION AMONG THE UNIVERSITY STAFF IN IBADAN

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ABSTRACT: This study specifically focused on understanding the associations between depression, happiness, parent-child relationship and its dimensions: conflict, closeness, and dependence. A total of 113 participants completed a paper-based questionnaire that included demographic questions, the Parent-Child Relationship Scale, the Depression Scale, and the Authentic Happiness Scale. Pearson correlation analysis revealed significant associations such that, conflictual parent-child relationships was positively related with depression ($r = .369$, $p < .01$), while closeness was positively related to happiness ($r = .423$, $p < .01$). Closeness, however, exhibited a negative correlation with conflict ($r = -.159$, $p < .05$), suggesting that greater emotional closeness reduces conflict. Multiple regression analysis further indicated that conflict and closeness in parent-child relationships independently predicted depression, with conflict emerging as a significant positive predictor ($\beta = .274$, $p < .05$), while closeness unexpectedly predicted more depression ($\beta = .280$, $p < .05$). Parental happiness was the strongest predictor of depression ($\beta = -.492$, $p < .001$). The study concludes that dynamics within parent-child relationships significantly influence depression, and highlights the need for personalized interventions to promote healthier familial interactions and emotional well-being.

Keywords: Conflict, Closeness, Dependence, Parent-Child Relationship, Happiness, Depression, Mental Health, University Staff

Background to the study

In academic institutions, where teaching and intellectual engagement take place daily, an often-overlooked concern is the growing prevalence of depression among university staff. While the university is widely perceived as a space of knowledge, innovation, and resilience, it is also a workplace that silently demands emotional labor, sacrifices, and a delicate balance between professional and familial roles, just as any other job. For many staff members at universities, this balance is not always easily achieved. In addition to teaching, administrative, and research responsibilities, lecturers also navigate their roles as parents and caregivers within the home environment. Parenting, often considered a source of joy, legacy, and fulfillment, can also become a profound site of emotional strain when expectations, relationships, and realities diverge. As the dynamics within the home shift, so too does the emotional climate of the parent. How a parent

perceives their connection with their child and the joy they derive from this role may significantly shape their mental health in ways that are underexplored in contemporary research, especially within the African academic landscape.

One critical but often underexplored area in the understanding of depression among adults, particularly in the academic setting, is the quality of the parent-child bond. The parent-child bond is a core domain of interpersonal functioning that continues to affect psychological well-being well into adulthood. Parent-child relationships are not merely emotional attachments; they are evolving psychological ecosystems that influence and reflect the mental wellness of both parties. When communication breaks down, when warmth gives way to conflict, or when parental roles become overshadowed by career stress, these relationships may sow seeds of dissatisfaction, anxiety, and ultimately, depression. According to Baker et al. (2018), positive and warm parent-child interactions are known to foster emotional stability and lower the risk of psychological distress. In contrast, strained or conflictual relationships may serve as chronic stressors, leading to emotional dysregulation, decreased life satisfaction, and increased vulnerability to depression (Negrao et al., 2022).

Additionally, though curative factors of depression are important, it is important to consider protective factors, that is, preventive factors that will help people to tackle depression from its roots before it gets the chance to affect the individual. Prevention is always better than a cure. Family conflict has been recognized as a substantial risk factor for parental depression. Substantial levels of strain in parent-child relations would weaken their bond, negatively impact communication and trust, and increase feelings of isolation, which is predictive of depressive symptoms. An unhealthy parent-child relationship also places the children at risk of depression. (Sergin & Flora, 2011).

Relevant to the emergence of depression are some predisposing factors, such as strain in parent-child relationships. Parenting is a complex and demanding aspect of life that begins with the birth or adoption of children. Despite its challenges, most parents navigate it with dedication and love (Bögels et al., 2013). From this definition, it is noteworthy that although parenting is the joy of many adults, it may also come with its own challenges, such as parent-child conflict, burnout, and exhaustion. The presence of these challenges could make this desirable duty become a source of stress to the parents.

Another factor that could influence depressive dispositions is happiness. According to Diener et al (1999), happiness is defined as having more pleasant emotions than negative emotions. An individual is considered happy when positive emotions outweigh negative ones. This suggests that happiness and depression cannot coexist at equal levels; the dominant affect determines one's mental state. Positive emotions like satisfaction, sense of fulfilment, and perceived control indicate happiness in an individual. The thought that things are going according to plan and that one has the ability to influence and change events in their lives makes the individual more confident and less anxious about the future, thus eliciting positive emotions that indicate happiness in the individual.

Happiness is a highly valued concept among adults (Kim-Prieto et al, 2005). Research highlights factors associated with adult happiness (Eloff, 2008; Greco & Ison, 2014). Aristotle's perspective that happiness represents the ultimate goal of human life (Cook, 1993) provides an important philosophical foundation, but it requires contextualization within modern psychological inquiry. Contemporary research has reframed this classical notion into constructs such as subjective well-being and life satisfaction, which emphasize measurable psychological outcomes rather than abstract ideals. Empirical studies now demonstrate that happiness is not only a philosophical aspiration but also a psychological resource linked to productivity, emotional regulation, physical health, self-esteem, social competence, and creativity (Sousa & Carvalho, 2022). In this way, the Aristotelian view can be seen as an early articulation of a principle that modern psychology has substantiated with empirical evidence, highlighting that happiness is both a desirable end in itself and a determinant of adaptive functioning in personal and professional life.

In the Nigerian context, cultural expectations and economic pressures have compounded parenting roles, often placing a dual burden on parents who are also professionals. Among university staff, who juggle academic, administrative, and personal responsibilities, challenges in parent-child interactions can contribute significantly to emotional exhaustion and depressive symptoms (Ikpeama et al., 2023). Moreover, parent-child conflicts have been linked to feelings of failure, diminished self-worth, and guilt, which are emotional states that are core symptoms of depression (Minuchin, 2020).

In addition to parent-child relationship quality, parental happiness, or the subjective sense of well-being derived from parenting, has emerged as a critical yet overlooked emotional variable. In a time when social narratives often romanticize parenting, the reality of strained emotional investments and unmet parenting expectations can be a silent trigger for psychological distress. Extant studies have shown that happier parents are more emotionally resilient, experience fewer depressive symptoms, and often foster more positive family climates (Nelson et al., 2014). Conversely, when parents derive little joy or satisfaction from parenting, they may internalize stress, leading to increased psychological distress and depression (Musick, Meier, & Flood, 2016). In other words, parental happiness is closely tied to how parents perceive their success in managing both familial and work-related obligations. In an academic setting, where work demands are high and support structures for parenting are limited, parental happiness may be eroded, particularly in the face of strained parent-child relationships. Recent studies in Sub-Saharan Africa also highlight that the absence of support systems and increasing economic pressure have contributed to parental burnout and depressive tendencies (Akunne, 2021).

The interplay between these two variables, the quality of the parent-child relationship and parental happiness, is especially relevant for university staff who must perform the dual roles of administrative and intellectual responsibilities, as well as caregivers. These individuals often navigate a complex terrain of expectations, including administrative duties, publishing academic papers, helping with homework, mentoring students while managing teenage rebellion, and grading scripts while grappling with emotional distance from their children. When unresolved, these experiences may culminate in symptoms of depression that go unspoken, unseen, and untreated.

Furthermore, ecological and biopsychosocial perspectives of mental health issues recognized that family interactions and subjective well-being are nested within broader systemic contexts, including occupational stressors and societal expectations (Bronfenbrenner, 1994; Engel, 1977). Applying this framework, it is imperative to consider how the dual influence of interpersonal (e.g., parent-child dynamics) and intrapersonal (e.g., happiness) factors contributes to depression among university staff.

Despite the growing body of literature emphasizing these relationships in Western contexts, there has been limited research conducted within the Nigerian academic environment. University staff in Nigeria, particularly at public institutions, are often exposed to chronic occupational stress, strikes, disparities in salaries, and work-family conflicts, which may further complicate parenting experiences and emotional well-being (Ajayi et al., 2024). Understanding how parent-child relationship quality and parental happiness predict depression is essential for developing culturally appropriate psychological interventions and institutional policies to support staff well-being. Although global research has begun to acknowledge the implications of family interactions on adult mental health (Saroca & Sargent, 2022), there is a glaring paucity of context-specific studies that reflect the lived experiences of African academics, particularly Nigerian university staff. This oversight limits conceptual comprehension and the development of culturally specific remedies. Addressing this gap, the present study investigates how the quality of the parent-child bond and parental happiness predict depression among staff of the University of Ibadan. In view of this, this study intended to address the following research questions, which constituted the basis of the study hypotheses;

i. How does the quality of parent-child relationships impact happiness and depression among University of Ibadan staff?
ii. How do parent-child relationships and parental happiness predict depression among University of Ibadan staff?

LITERATURE REVIEW

Affecting more than 280 million individuals globally (World Health Organization [WHO], 2021), depression continues to be a significant public health concern worldwide. This mood disorder is marked by ongoing sadness, a lack of interest or enjoyment, and reduced performance across emotional, cognitive, and physical aspects of life (American Psychiatric Association [APA], 2022). Among working adults, including university staff, depression is often impacted by diverse psychosocial factors that include family dynamics, job-related tasks, and overall life satisfaction (Girma et al., 2021).

Depression is a growing concern among working populations worldwide, and university staff are not exempt. With rising workload, job insecurity, and limited support systems, mental health challenges in academia are becoming more pronounced (Kinman & Wray, 2020). In Nigeria, recent studies indicate a worrying trend of rising depressive symptoms among professionals, including university staff, due to economic stress, burnout, and family-related pressures (Ajayi et al., 2024; Adewuya et al., 2006).

The degree of the parent-child relation is a dynamic and enduring determinant of adult psychological well-being. It encompasses emotional closeness, effective communication, trust, and the resolution of conflict. Diverse research suggests a link between parental mental health consequences and the quality of relationships with their children (Negrão et al., 2022; Yap et al., 2021). Poor quality parent-child relationships are often associated with unresolved conflicts, emotional detachment, and feelings of inadequacy, all of which are linked to depressive symptomatology (Murphy et al., 2020). Meier et al. (2018) concluded that parents who reported strained interaction with their children had a higher tendency to experience feelings of worthlessness, sadness, and chronic fatigue, a core feature of depression. A longitudinal study by Baker, Fenning, and Crnic (2018) found that strained parent-child relationships predicted increased depressive symptoms and emotional dysregulation in parents across time. Similarly, a more recent study of Moreira et al. (2020) in Portugal showed that interpersonal conflict with children was significantly associated with parental depressive symptoms, especially in dual-role parents balancing work and caregiving. In African settings, including Nigeria, emerging evidence suggests that cultural expectations regarding obedience, academic performance, and discipline can create parent-child friction, potentially influencing parental mental health (Ikpeama et al., 2023). The implication of these findings suggests that the parent-child relationship serves not only a developmental function for the child but also an emotional regulatory function for the parent.

Taken together, these studies highlight a critical yet often underemphasized reality: the quality of the parent–child relationship not only shapes the developmental trajectory of the child but also significantly influences the psychological well-being of the parent. What emerges is a reciprocal dynamics, while parents strive to nurture, guide, and discipline, they are simultaneously vulnerable to the emotional consequences of these interactions. When relationships are supportive and communicative, they may serve as protective buffers against stress and depressive tendencies. Conversely, when conflict, unmet expectations, or cultural and religious pressures dominate the relationship, parents may experience heightened emotional strain, diminished self-worth, and, over time, an increased risk of depression. This duality underscores the necessity of framing parent–child relations not only as a child-centered developmental concern but also as a crucial dimension of parental mental health and overall family well-being.

Moreover, when the parent-child bond is perceived as failing, it can generate deep emotional wounds, including self-blame and shame, which fuel depressive symptoms (Akunne, 2021). The psychosocial importance of family relationships in Nigerian culture makes this variable a powerful predictor of adult mental health outcomes. More so, while extant studies have given adequate attention to child outcomes in relation to parent-child dynamics, the reverse influence of how the relationship affects parental psychological health remains underexplored, especially in academic institutions where work-life balance is fragile. This gap is particularly concerning for staff in Nigerian universities, where parents often face long working hours, inadequate institutional support, and evolving generational shifts in parenting.

There is an increasing body of findings indicating that higher levels of parental happiness are protective against emotional disorders, including depression (Van Scheppingen et al., 2020; Musick et al., 2016; Lee et al., 2021). In a longitudinal study, Nelson-Coffey et al. (2019) found that parents who reported feeling fulfilled and supported in their parenting roles were significantly

less likely to experience depressive episodes over a five-year period. Similarly, Eibach and Mock (2022) argue that when parenting aligns with personal values and produces emotional rewards, it serves as a buffer against chronic stress and mental health decline.

In addition, recent global research suggests that happier parents are less likely to experience depressive symptoms, possibly due to higher psychological resilience and emotional resources (Musick et al., 2016; Lee et al., 2021). However, this relationship is nuanced. For instance, Musick, Meier, and Flood (2016) found that while time spent with children was positively linked with parental happiness, the context and quality of that time (e.g., whether it was spent in conflict or leisure) significantly affected mental health outcomes. In South Korea, Lee et al. (2021) reported that perceived parenting efficacy and social support were strong predictors of parental happiness and inversely related to depression. In the Nigerian context, happiness in parenting is often shaped by socioeconomic status, support systems, and cultural expectations regarding child outcomes. Akunne (2023) found that working parents who reported low parenting satisfaction were at increased risk of burnout and emotional fatigue. These findings point to the importance of viewing parental happiness not just as a subjective feeling, but as an important emotional buffer against stress and depression, particularly in environments where family support and mental health literacy may be low.

Finally, a handful of empirical studies have identified the joint influence of parent-child relationship quality and parental happiness on depression (Negrão et al., 2022; Moreira & Canavarro, 2020; Minuchin, 2020). However, those who have, suggest a synergistic relationship, for example, Baker and Sanders (2018) found that parents who maintained an emotionally close bond with their children and simultaneously felt fulfilled in parenting reported significantly lower depression scores than those lacking in either domain.

Although research from Western and Asian contexts provides valuable insights, much less is known about how these dynamics play out among African academic staff. Unique cultural expectations, economic pressures, and institutional challenges may shape their experiences in ways that differ significantly from other regions. Yet, empirical evidence remains limited. Addressing this gap is essential for building a more contextually grounded and comprehensive understanding of the phenomenon.

METHODS

Study Design

This study used a correlational and cross-sectional survey design, appropriate for identifying and analyzing relationships between psychological constructs without manipulating any variables.

Settings

This study was conducted within the vibrant academic environment of the University of Ibadan, located in Oyo State, Southwestern Nigeria. Founded in 1948, the University of Ibadan is Nigeria's first and earliest tertiary institution, affectionately referred to as "the First and the Best." As a

premier institution of higher learning, it offers a broad spectrum of undergraduate and postgraduate programs, housed within 13 faculties, 98 departments, and 249 laboratories, including satellite campuses that extend its academic reach. Another peculiarity of the University of Ibadan is its cosmopolitan nature, where almost, if not all, ethnic groups of Nigeria can be found.

Sampling technique

The targeted sample comprises teaching and service staff members of the University of Ibadan who are parents with at least one child. Initially, the study adopted a stratified random sampling approach, intending to ensure representativeness across key strata within the University of Ibadan staff population (e.g., academic vs. non-academic staff, gender, and cadre). Stratified sampling is recognized for its capacity to enhance sampling precision and generalizability (Etikan & Bala, 2017). However, as fieldwork progressed, significant logistical and contextual constraints emerged, rendering the ideal sampling method practically untenable.

Specifically, challenges such as tight work schedules, limited availability, lack of willingness to participate, and non-return of distributed questionnaires significantly hampered data collection efforts. These setbacks are consistent with findings from studies indicating that employee participation in survey-based research within organizational settings is often impeded by role strain, workload, and time pressure (Baruch & Holtom, 2008). In a university setting where staff are continuously engaged in teaching, research, administrative, and service-related activities, such constraints are particularly acute.

In response to these pragmatic limitations, the study adopted a convenience sampling approach, selecting participants who were readily accessible and willing to participate. This decision was not taken lightly but reflected the realities of conducting research in demanding academic environment, where staff availability is unpredictable and recruitment requires flexibility. Although convenience sampling has recognized limitations in terms of representativeness, it is an established and pragmatic method in exploratory and correlational studies where access to participants is restricted (Etikan, Musa, & Alkassim, 2016). In this context, convenience sampling provided a viable means of securing a sufficient and diverse number of participants across both academic and non-academic categories. This approach ensured that the research could move forward without compromising feasibility, while still capturing meaningful insights from a population that is otherwise difficult to engage systematically.

Furthermore, in refining the sample, eligibility criteria were strictly applied. Only staff who were parents (i.e., individuals with at least one child) were eligible to participate, given the study's central focus on parent-child relationship quality. A small number of responses were excluded due to omission or concealment of parental status, a critical variable in this investigation. This exclusion was necessary to maintain construct validity and ensure that the variables under study were assessed within the appropriate population frame. The sample size was obtained using the G-power, a reliable software used to calculate statistical accuracy especially when the range of the population of interest is not known. It offers the ability to calculate effect size for a wide variety of parametric and non-parametric statistical tests.

Participants

This study sample consisted of staff members of the University of Ibadan who are parents, reflecting a diverse cross-section of the institution's workforce. A total of 113 valid responses were obtained. Of these, 74 participants (65.5%) were male, while 39 (34.5%) were female, with the majority falling within the 41–60 years age group. In terms of ethnicity, the participants identified primarily as Yoruba (89; 78.8%), followed by Igbo (12; 10.6%), Hausa (6; 5.3%), and other ethnic groups (6; 5.3%). Regarding religious affiliation, 99 respondents (87.5%) identified as Christians, 13 (11.5%) as Muslims, and 1 (0.9%) as adherents of Traditional religion; no participants identified with any other religion. Marital status was predominantly married (105; 92.9%), with a few identifying as single (1; 0.9%), divorced (1; 0.9%), separated (1; 0.9%), or widowed (5; 4.4%). Professionally, 37 respondents (32.7%) were academic staff, while 73 (63.3%) were non-academic staff. A majority, 92 participants (81.4%), held senior staff positions, while 20 (17.7%) were classified as junior staff.

Measures

The research instrument used in gathering data was a structured and self-report questionnaire divided into four key sections (A–D), each designed to capture relevant data pertaining to the study variables: demographic information, parent-child relationship quality, depression symptoms, and parental happiness. The instrument drew from established psychological scales with demonstrated psychometric value, adapted to suit the contextual realities of the target population.

Section A: Demographic Information and Eligibility Screening

This section gathered socio-demographic characteristics of the respondents, including age, gender, marital status, religion, ethnicity, staff category (academic/non-academic), and job level (junior/senior staff). To ensure the relevance of responses to the study objectives, a screening question, "*Do you have any children?*" was included as a gatekeeping measure to filter out respondents who are not parents, given that the central variable under investigation involves the degree of parent-child relationships.

Section B: Parent-Child Relationship Scale

This section utilized a 30-item Parent-Child Relationship scale, developed by Pianta (1997) to assess the quality and nature of interpersonal dynamics between parents and their children. The scale comprises three sub-dimensions consisting of conflict, closeness and dependence. Participants responded to each item using a five-point Likert scale, with options ranging from 1 (strongly disagree) to 7 (strongly agree), resulting in a total possible score between 30 and 150. A high score on each of the dimensions is indicative of the presence of a parent-child relationship. For instance, a high score on the closeness dimension of the parent-child relationship scale indicates a strong closeness with the parental figure. Likewise, a proportionate high score on the dependent subscale is a clear indication of dependency on the parental figure, while a high score on the conflict subscale is an indication of a strained relationship with the parental figure.

Section C: Depression Scale

The Patient Health Questionnaire-9 (PHQ-9) was conceived by Spitzer, Williams, and Kroenke (1999). This scale contains nine items which probe the symptoms of depression in the respondents. It is measured on a four-point scale categorizing responses from not at all to nearly every day. The highest possible score obtainable is 27, and the least obtainable point is zero. A higher score on the test is indicative of depression in the individual, while a lower score does not indicate depression. The total score for each answer provided by the respondent is added up to produce the total score, which is then grouped in ranges to categorise their level of depression. Scores between one and four are classified as minimal depression, scores between five and nine are categorised as mild, scores centred around ten to fourteen are categorised as moderate, scores between fifteen and nineteen and scores between twenty and twenty-seven are categorised as moderately severe depression and severe depression, respectively.

Section D: Authentic Happiness Scale

This scale was first constructed by Seligman et.al (2005). A codified version was construed by Sanli et al. (2019). The scale comprises of seven items which probe authentic happiness. There are no reverse scoring items in the scale. The Authentic Happiness Subscale features no reverse-scored items, meaning a higher score (ranging from 7 to 35) directly corresponds to a greater tendency for authentic happiness. The scale has a Cronbach alpha of .87 and .84 for the first and second testing, respectively.

Procedure

After conceptualisation and literature search, an appropriate scale was sought. The scales were then assembled and administered to a sample of 40 individuals within the university in a pilot study. Meanwhile, ethical approval was sought from and obtained from the Ethics Committee of the Social Science and Humanities Committee at the University of Ibadan. On assigned dates, two researchers, assisted by four other research assistants, distributed questionnaires around the campus to those who showed interest in participating in the study. Participation was entirely voluntary, and confidentiality of all responses was assured to every potential participant before the questionnaires were distributed. The assistants were to introduce themselves and their purpose. If anyone declines, they move on to another person; there was no compulsion as to who should fill the questionnaires. Some requested time to complete the questionnaire, so they were left with a copy and agreed with the respondent on a day to return. It took approximately four weeks before all the questionnaire copies were collected and collated.

Data Analysis

In alignment with the stated research questions and hypotheses, data were subjected to statistical analysis using both Pearson correlation and linear regression analyses to examine the relationships and predictive strength of parent-child relationship dimensions and parental happiness on depression levels. All statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS) version 25. Pearson correlation was utilized to assess the direction and

strength of bivariate associations among the study factors, while regression analysis was utilized to identify the degree to which the dimensions of the independent variables (conflict, closeness, dependence in parent-child relationship, and happiness) jointly and independently predicted depression.

RESULTS

The demographic distribution of the participants consists of 113 staff, comprising 74 (65.5%) males and 39 (34.5%), with most of them aged 41-60 years. 89 (78.8%), 6 (5.3%), 12 (10.6%) of the respondents identified as Yoruba, Hausa, Igbo, respectively, others, while 6 (5.3%) identified as members of other ethnic groups. 99 (87.5%), 13 (11.5%) 1 (0.9%) of the respondents identified Christianity, Islam, and Traditional as their religion, while none of the participants identified as members of other religions. 1 (0.9%) of the population is single, 105 (92.9%) of the population are married, 1 (0.9%) of the population is single, 1 (0.9%) of the population is divorced. 1 (0.9%) of the population is separated from their partner, and 5 (4.4%) of the population are widowed. 37 (32.7%) of the population are academic staff, while 73 (63.3%) of the population are non-academic staff. 92 (81.4%) of the population are senior staff members, while 20 (17.7%) of the population are junior staff members.

Guided by the research questions aimed at examining the dimensions of the relationships among the degree of the parent-child relationship, parental happiness, and depression, the study hypothesized that conflict and dependent parent-child relationships would have a positive relationship with depression. Contrarily, closeness in the parent-child relation was expected to be adversely linked with depression but positively linked with parental happiness. The result is presented in Table 1.

Table 1: **Summary of findings of the correlation matrix showing the linkages among the independent factors and the outcome variable of the study.**

	Factors	Mean	SD	1	2	3	4	5
1	Conflict Parent-Child-Relationship	2.12	.76	--				
2	Close Parent-Child-Relationship	4.28	.63	$-.159^*$	--			
3	Dependent Parent-Child-Relationship	3.31	.84	$.418^{**}$	$.294^*$	--		
4	Happiness	40.64	7.48	$-.191$	$.423^{**}$	.160	--	--
5	Depression	3.56	3.93	$.369^{**}$	$-.005$	.108	$-.336^{**}$	

$*P<.05$ $**P<.01$

The correlation analysis sought to bring to the fore the linkages between dimensions of the parent-child relation (conflict, closeness, and dependence), parental happiness, and depression among staff of the University of Ibadan. The results revealed that a moderately positive and statistically significant correlation was observed between conflicting parent-child relations and depression (r

= .369, p < .01). This suggests that parents who experience more conflict with their children were likely to report significant degrees of depressive symptoms. Interestingly, conflictual parent-child relationship also showed a strong positive linkage with dependence parent-child relation (r = .418, p < .01). A moderately strong, positive, and statistically significant correlation was observed between parent-child closeness and parental happiness (r = .423, p < .01). This finding suggests that the more emotionally connected and affectionate a parent feels toward their child, the more likely they are to experience genuine happiness. We identified a small but statistically relevant negative link between closeness and conflict (r = –.159, p < .05), indicating that as emotional closeness increases, conflict tends to decrease. This inverse relationship is expected, as emotional intimacy typically fosters better communication, trust, and understanding, thereby reducing the likelihood of conflictual exchanges. It supports the notion that warmth and connection serve as protective factors in family functioning. Finally, a statistically significant negative correlation was identified between happiness and depression (r = –.336, p < .01), consistent with already existing psychological principles: as subjective happiness increases, depressive symptoms tend to decrease.

Conflict, closeness, and dependence in parent-child relationships, along with parental happiness, will significantly predict depression among University of Ibadan staff. Specifically, it is hypothesized that higher conflict and dependence will be linked with severe depression, while greater closeness and level of happiness will be associated with decreased depression.

Table 2: Summarization of linear regression revealing the independent and co-contribution of the degree of parent-child relationship and happiness on depression.

Predicting factors	B	t	Sig.	R	R²	F	p
Conflict Parent-Child relationship	.274	2.463	.016				
Close Parent-Child relationship	.280	2.487	.015	.344	.118	3.491	.020
Dependent Parent-Child Relationship	-.040	-.348	.729				
Happiness	-.492	-4.508	.000				

The linear regression model was statistically significant, [F(4, 108) = 3.49, p = .020], which is an indication that the set of predicting factors (conflict, closeness, dependent parent-child relationship, and happiness) collectively accounted for a significant and sizable proportion of variance observed in depression scores. This model yielded a coefficient (R) of .344 and a residual coefficient (R²) of .118, suggesting that the combined predictors could explain 11.8% of the variance in depression. Independently, conflict in parent-child relationship emerged as a significant positive predictor of depression (β = .274, t = 2.46, p = .016). This implies that the more conflict between parents and children, the more depressive symptoms experienced. Closeness in parent-child relationship also significantly predicted depression, but contrary to expectations, the beta value was positive (β = .280, t = 2.49, p = .015). This result suggests that greater closeness between parent and child was linked with significant levels of depression, a finding that appears

counterintuitive. The dependent parent-child relationship, however, was not a significant predictor ($\beta = -0.040$, $t = -0.348$, $p = 0.729$), suggesting that the child's perceived dependency on the parent does not have a direct or meaningful impact on depressive symptoms in this sample. Parental Happiness was the strongest and most significant predictor of depression in the model ($\beta = -.492$, $t = -4.51$, $p < .001$). The negative beta coefficient is an indication that more experience of authentic happiness is robustly tied to little or no experience of depression.

DISCUSSION

The present study investigated the interrelationships among various dimensions of the parent-child bond, especially in dimensions such as conflict, closeness, and dependence, alongside parental happiness and depression among staff members at the premier university of Ibadan. The findings offer nuanced insights into how these factors interplay and align with existing literature.

A moderately positive and statistically significant correlation was observed between conflictual parent-child relationships and depression. This finding suggests that increased conflicts between parents and their children are tied to higher experience of depressive symptoms among parents. This aligns with longitudinal research indicating that prominent parent-child conflicts in the upbringing stage are linked to a heightened risk of depression during adulthood (Alaie et al., 2019). Such conflicts may contribute to chronic stress, thereby elevating the risk for depression. We observed a slightly above-average, strong, positive, and statistically relevant correlation between parent-child closeness and parental happiness. This suggests that parents who experience greater emotional closeness with their children report more happiness. Emotional intimacy in parent-child relationships has been linked with enhanced well-being and overall life satisfaction, as supportive family interactions contribute to psychological resilience (Seligman et al., 2005).

Conversely, a weak but statistically significant negative correlation was observed between the closeness and conflict dimensions of the parent-child relationship, indicating that as emotional closeness increases, conflict tends to decrease. This inverse relationship supports the notion that emotional intimacy fosters better communication and understanding, thereby reducing the likelihood of conflictual exchanges. However, the complexity of family dynamics means that this relationship may not be universally applicable. Interestingly, conflictual parent-child relationships also showed a strong positive correlation with dependent parent-child relationships. This finding suggests that higher dependency in the parent-child dynamic is associated with increased conflict. While dependency can be a natural aspect of parent-child relationships, excessive dependence may lead to boundary issues and heightened tensions, potentially escalating conflicts. This underscores the importance of fostering autonomy within the parent-child relationship to mitigate conflict and promote healthier interactions. We identified a statistically relevant negative linkage between happiness and depression, consistent with established psychological principles indicating that more experience of subjective happiness are tied to reduced experience of depressive symptoms. This inverse relationship highlights the protective role of happiness against depression and underscores the significance of interventions directed at improving well-being to prevent or alleviate depressive symptoms.

Parental happiness was the strongest and most significant predictor of depression in this study, indicating that more experience of authentic happiness is robustly associated with lower experience of depression. This is consistent with findings that resilience, optimism, and humor serve as protective factors against parental burnout and enhance well-being (Enav et al., 2024). Cultivating authentic happiness may bolster emotional resilience and mitigate depressive experiences.

Conflict in the parent-child relationship emerged as a relevant positive predictor of depression. This finding is in tandem with the findings of Zhang et al. (2025), indicating that heightened family conflict is enmeshed with heightened depression in both adolescents and parents. Persistent conflicts within the family unit may lead to emotional inadequacies and exacerbate mental health outcomes.

Existing literature overwhelmingly supports the view that close parent-child relationships act as a protective factor against depression, though much of this evidence centers on children and adolescents rather than parents themselves. For example, Goodman et al. (2018) showed that relationship difficulties during adolescence predicted greater depressive symptoms later in life, highlighting how early relational challenges cascade into long-term vulnerability. Similarly, Fagan (2022) demonstrated that adolescents who reported close relationships with their parents especially daughters with their mothers showed significantly fewer depressive symptoms. Zhou and Qu (2023) extended this line of evidence into adulthood, finding that adults who recalled poor mother-child relationships in childhood experienced greater depression, while supportive later-life relationships helped buffer this risk. These studies collectively reinforce a consistent narrative that closeness in the parent-child relationship tends to shield children from depression.

In contrast, the present study reveals a different and somewhat paradoxical pattern when parents themselves are the focus, greater closeness with children was associated with higher depressive symptoms among parents (university staff). One possible explanation lies in the different psychological demands of the parent role. For children, closeness often provides security, validation, and emotional scaffolding that promotes resilience. For parents, however, closeness can sometimes become emotionally taxing, particularly when it edges into enmeshment or over-involvement. Unlike adolescents, whose well-being benefits from such support, parents may experience heightened stress from constantly monitoring, worrying about, or emotionally investing in their children's lives, sometimes at the expense of their own psychological needs.

This distinction suggests that the function of closeness in the parent-child relationship may be asymmetrical, one aspect being protective for the child, and the other being potentially burdensome for the parent under certain conditions. Cultural and contextual factors in African academic settings may intensify this burden. Parents in such environments face multiple stressors such as; academic workload, economic pressures, and cultural expectations of intensive parental involvement. In this context, greater closeness may translate into parents carrying not only their own stresses but also the emotional and practical weight of their children's struggles, thereby increasing the risk of depression.

Thus, while existing studies rightly highlight the benefits of closeness for children and adolescents, the present findings underscore the need to examine its implications for parents themselves. Future research should disentangle "healthy closeness" from "enmeshment," and consider how cultural and institutional contexts shape the impact of parent-child dynamics on parental mental health. Doing so will enrich our understanding of the relational determinants of depression by moving beyond child-centered perspectives to also include the well-being of parents.

Conclusion

This study highlights the complex nature of the parent-child relationship and its impact on parents' mental health. Unlike much of the existing literature, which shows closeness as a protective factor for children and adolescents, our findings revealed that greater closeness predicted higher depression among parents. This may reflect enmeshment, where excessive closeness creates blurred boundaries and emotional strain, especially in contexts marked by heavy workloads, economic pressures, and cultural expectations of parental sacrifice. At the same time, parental happiness served as a protective factor, underscoring the need to foster balance, autonomy, and genuine well-being among parents. Overall, the findings suggest that closeness in the parent-child bond can function as both a source of support and a source of burden, depending on the parental role and broader social context.

Implications of Findings

Findings emanating from this research provide several significant insights into the relationships that exist in parent-child dynamics, happiness, and depression among university staff. Firstly, the significant positive linkage in the conflict dimension of parent-child relationships and depression underlines the importance of fostering healthy and supportive family interactions. Given that university staff, like many professionals, often face high stress due to job demands, understanding the potential for familial conflict to exacerbate mental health issues is crucial. The strong link between parental happiness and depression offers an optimistic perspective, suggesting that interventions aimed at improving emotional well-being could serve as protective factors for mental health. This implies that psychological interventions targeting parental happiness, whether through counselling, support groups, or workplace wellness programs, could contribute to reducing the burden of depression.

Additionally, the unexpected positive correlation between closeness in parent-child relationships and depression suggests that future research should delve into the nuances of emotional intimacy in families. While closeness typically fosters better communication and emotional support, the potential for enmeshment or over-dependence could complicate this relationship, contributing to increased psychological strain. Interventions aimed at helping parents establish healthier emotional boundaries with their children might help mitigate these risks.

These findings also highlight the need for targeted strategies within the workplace to address the mental health of staff members who may be navigating complex family dynamics. As academic staff members face unique pressures, understanding these relationships provides an opportunity to create better support systems, both in professional and personal contexts.

Limitations of the Study

While the findings provide valuable insights, several limitations must be acknowledged. Firstly, the generalizability of these findings may be limited due to the small number of participants. This limitation stemmed from difficulties in participant recruitment, such as busy schedules, unavailability, and unwillingness to participate, which are common among university staff. Additionally, the adoption of convenience as a sampling approach further constrain the representativeness of the sample, as it does not ensure that all university staff had an equal chance of participating.

Moreover, the data collection method relied on a self-report approach, which may be subject to inaccurate recall or the presentation of oneself in a socially acceptable manner rather than the actual self. For instance, some participants may have concealed certain personal information, such as the number of children they have, for reasons best known to them, which could affect the validity of their responses. Future studies could use more comprehensive data collection techniques, including qualitative interviews or longitudinal designs, to further explore these relationships over time.

Another limitation arises from the sample composition. While the study focused on university staff, it did not distinguish between academic and non-academic staff. Given the different job demands and work-life balances that these groups experience, the findings may not entirely uncover the experiences of all staff members. The nature of their roles could impact the degree of familial conflict, emotional closeness, and happiness they experience. Future research could benefit from examining these differences to gain a deeper understanding of how job roles and familial relationships interact to influence mental health.

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