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Coping Style and Parent-Child Relationship among Chinese Parents from Rural Areas: A Moderated Mediation Model of Resilience and Age

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ABSTRACT

The main purpose of the current study was to explore the complicated relationship between coping style, psychological resilience, age and parent-child relationship among Chinese parents from rural areas in China through a moderated mediation model. The present study employed a sample of 1,224 parents from rural areas in Anhui province, China, through a convenience sampling method. The Simplified Coping Style Questionnaire (CSCQ), Connor-Davidson Resilience Scale (CD-RISC), and Parent-Child Relationship Self-Rating Scale were administered to collect data. Mackinnon's four-step procedure was used to examine the mediation effect, and Hayes PROCESS macro was executed to analyze the moderated mediation model. The results indicated that resilience partially mediated the association between coping style and parent-child relationship among parents from rural areas. The mediating effect of coping style was moderated by age. Specifically, the relation between coping style and parent-child relationship via resilience would be strengthened with age. The results highlight the effect of coping style on parent-child relationships and extend the previous literature by uncovering the underlying mechanism in rural areas. The findings shed light on the interventions (e.g., resilience training for parents, parent-child communication workshops, and village-level family education support systems) regarding the maintenance and improvement of parent-child relationships in rural areas.

Keywords: Coping Style; Parent-Child Relationship; Rural China; Moderated Mediation Model; Resilience; Age

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1. Introduction

In recent decades, much attention has been paid to parent-child relationship (PCR) as it is one of the most influential factors regarding children's development^[1], with empirical evidence demonstrating that family environment significantly shapes adolescent outcomes across multiple domains^[2]. Recent theoretical advances have emphasized that PCR is shaped by bidirectional interactions and cultural contexts, with warmth and support as universal core features that manifest differently across societies^[3]. The problematic PCR might result in adverse consequences for children, such as low self-worth^[4], school adjustment^[5], bullying and being bullied in school^[6]. Although several studies investigated the correlation between coping styles and PCR^[7], little is known regarding the effect of parents' coping styles on PCR in rural areas. Compared with urban areas, PCRs in rural areas were weaker and more problematic, especially for rural left-behind families since a large number of left-behind children suffer from the absence of father, mother, or both^[8,9]. Thus, it is of great importance to find protective factors and related mechanisms for PCR in rural areas.

Coping is defined as the processes through which individuals respond to stressors or adversity^[10]. According to Lazarus and Folkman's transactional theory of stress and coping^[11], coping is a dynamic process that shapes how individuals manage environmental demands. Le and Jin^[12] proposed a dual classification of coping styles: positive and negative coping. Positive coping primarily includes problem-solving strategies and positive cognitive reappraisal, whereas negative coping encompasses more emotion-oriented strategies, maladaptive behaviors, and even no coping^[13]. Many studies found individual's coping style could impact the interpersonal relationship^[14,15]. Prior research indicated parent-child conflict was positively correlated with children's negative coping style and negatively associated with the adolescents' use of positive coping strategies^[16-18]. In addition, several studies found a correlation between children's coping style and PCR^[19,20]. These findings demonstrate that coping style exerts a profound influence on PCR.

Although a number of investigators have studied the link between coping style and PCR, the majority explored the link from children's perspective, and less research has investigated how parents' coping style influences the PCR. Additionally, no previous research has explored the medi-

ating (e.g., how parents' coping style influences PCR) and moderating (e.g., under what condition, the link is the most significant) mechanisms underlying the link between parents' coping style and PCR. A full understanding of the effect of coping style on PCR requires knowledge about its underlying mechanisms. Furthermore, given that the disrupted PCRs are more problematic in rural areas in China, as considerable children live a life with prolonged separation from their parents who migrate to urban areas for work^[19], more attention should be paid to PCR in rural areas.

Therefore, the present study employed a sample of Chinese parents from rural areas to examine the effect of parents' coping style on PCR. Drawing upon stress and coping theory^[21] and family stress theory^[22], this study constructs a moderated mediation model to examine the mediating role of resilience and moderating role of age in the relation between parents' coping style and PCR.

1.1. The Mediating Role of Resilience

Resilience refers to the capacity to maintain positive adaptation when facing stress and adversity^[23]. Consistent with resilience theory^[23], resilience is not merely a static trait but a dynamic capacity that can be cultivated through adaptive processes. Recent studies suggest resilience is not merely a static trait but a dynamic process^[24], which could be altered by other factors. A recent cross-sectional study conducted by Guo^[25] reported that the enhancement of problem-solving coping and the reduction of emotion-focused coping positively predict resilience. Also, a longitudinal study based on 119 HIV-positive patients found that positive coping played a critical role in fostering resilience^[26]. Extending this line of research to the parental context, studies have shown that parents' positive coping styles are positively associated with family resilience^[27], which in turn buffers parenting stress and contributes to healthy family functioning^[28]. Coping processes would be activated under the circumstances of stressful events, and resilience as a result would be derived from the progressive changes caused by coping^[29]. Thus, from the perspective of stress and coping theory^[21], positive coping serves as a critical antecedent that fosters resilience. Moreover, the relationship between coping style and resilience has its physiological basis. Higher stress controllability as a positive coping could alter the ventromedial prefrontal cortex (vmPFC), which, as a site of neuroplasticity,

could prepare individuals to be resilient to both acute and future stressors^[30,31].

Previous literature suggested a strong correlation between children's resilience and PCR^[24,32,33]. However, most studies took the effect of PCR on children's development as the entry point; little research has investigated how parents' resilience influences PCR. Notably, emerging evidence indicates that parental resilience is positively associated with parent-child relationship quality, as resilient parents are better able to maintain emotional availability and manage family stressors^[34]. Numerous research has found the positive effect of resilience on interpersonal relationships since resilience is associated with enhanced positive emotion, reduced negative emotion and more forgiveness^[35,36]. PCR, as a kind of interpersonal relationship, could be influenced by resilience. In addition, the parents' resilience and PCR in rural areas could be explained by the family stress model^[37]. According to family stress theory^[37], external stressors (e.g., economic hardship) can disrupt family functioning, while family resilience acts as a protective factor that buffers these negative impacts. Economic pressure caused by poverty was associated with psychological distress of caregivers^[38], which might further undermine the relationships of caregivers, such as PCR. Family resilience plays a protective role in dealing with stressors. Thus, it could be inferred that PCR in rural areas could be modified by parents' resilience.

1.2. Age Group as a Moderator

Although coping style could exert an indirect influence on PCRs in rural areas via resilience, the strength of the association between resilience and PCR is not identical for all parents. A deeper investigation is needed to explore the potential influential factors that might strengthen or weaken the link between coping style and PCR via resilience. Some demographic characteristics might moderate the indirect impact of coping style on PCR, such as age.

The moderating role of age could be explained in two aspects. Firstly, for most traditional Chinese families, people usually have their first child around 25^[39]. The child-bearing age is presented to be younger in rural areas^[40]. Thus, older parents usually have older children in comparison to younger parents. A longitudinal study showed perceived parent-child conflict increased, while perceived PCR and warmth decreased during adolescence^[41]. With getting older, children's

increased desire for autonomy makes parents become more stressful since children might no longer adhere to their advice and engage in deviant behaviors^[42]. From the perspective of family systems theory, the parent-child relationship undergoes reorganization during children's developmental transitions, requiring parents to adapt their relational strategies^[43]. According to Ausubel's satellization theory^[44], the child could be seen as a satellite, revolving around the nuclear family and finally escaping the orbit and spinning out. From satellization to desatellization, the adjustment of both parents and children is of great importance. Parents need to realize their children are going to be independent and break away from their original family. The PCR is reorganized during this stage^[41]. A higher level of parental resilience is needed to better accept the change, such as when their children pay more attention to peer opinions compared with parents' opinions^[45], and to better cope with parental stress during teenage years. Secondly, considering the current situation of Chinese families from rural areas, numerous parents have to migrate for work. In recent years, the age structure of rural migrant workers has changed with the increasing proportion of migrant workers aged 40 and over^[46]. This indicates a trend that older rural residents are more likely to migrate for work than the younger. The parent-child separation makes the parent-child communication more difficult and stressful, and results in lots of psychological burden and more deviant behaviors of children or teenagers^[47,48]. Higher levels of resilience are particularly important for the migrant parents to be patient and tolerant to form a better PCR. In sum, age might moderate the effect of resilience on PCR in rural areas.

1.3. The Present Study

In summary, an integrated model regarding the moderated mediation effect is proposed (see **Figure 1**). According to the literature review, the present study proposed the following hypotheses:

H1. Resilience would mediate the relationship between coping style and PCR in rural areas.

H2. The indirect path between coping style and PCR via resilience would be moderated by age. Specifically, the link between resilience and PCR would be stronger in older parents in comparison to younger parents.

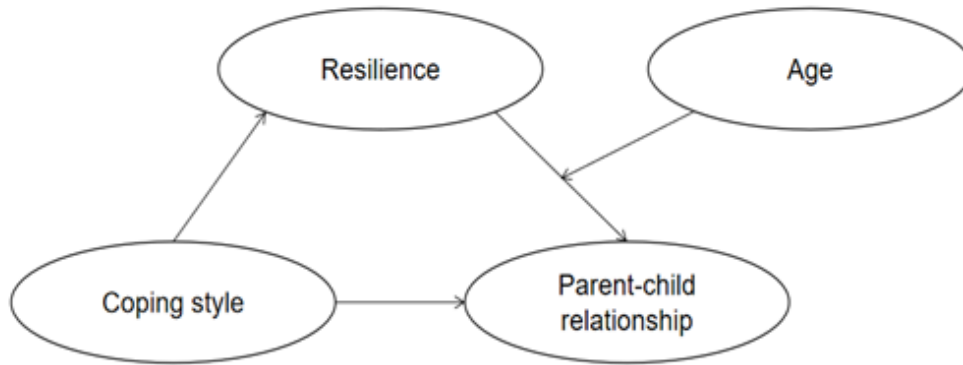


Figure 1. The conceptual model.

2. Methods

2.1. Participants and Procedures

Ethical approval was gained from the ethics committees of the Naval Military Medical University. Prior to the survey, informed consent was obtained from the participants. The participants were informed that their participation was voluntary and they were free to withdraw at any time. In addition, the anonymity was stressed. The present study conveniently sampled 1,402 parents from rural areas in Anhui province, China. This area has been lifted out of poverty in 2018^[49], and about 300,000 residents migrate to urban areas for work every year^[50]. Susong County is characterized by a predominantly agricultural economy and high rates of labor migration, with many parents working in urban centers while their children remain in rural areas—a context that intensifies challenges for parent-child relationships.

Participants were recruited through convenience sampling via school-based distribution. Inclusion criteria were: (a) age ≥ 18 years; (b) absence of cognitive impairment or dyslexia; and (c) being born and raised in a rural setting. Exclusion criteria included a prior diagnosis of psychiatric illness. A total of 1,398 rural students were invited to participate. Four students declined to answer the questionnaire, and six returned incomplete responses. A further 125 respondents were excluded due to a completion time of less than 480 s (8 min), resulting in a final sample of 1,263 participants. The average age was 37.84 ($SD = 9.00$), ranging from 24 to 50. In terms of years of schooling, 22.6% of the participants were lower than 6 years, 54.9% were 6 to 9 years and 22.4% were more than 9 years. Among the total sample, 38.5% of the

participants were males.

2.2. Measures

2.2.1. Coping Style

The Simplified Coping Style Questionnaire (CSCQ), developed by Xie^[51], was administered to measure coping style. The 20-item scale contains 2 dimensions: positive and negative coping. Positive coping consists of 12 items, while negative coping consists of 8 items. Each item is rated on a 4-point scale (from ‘0 = certainly not’ to ‘3 = certainly’). In this study, we calculated the difference between the standardized scores of active and passive coping to characterize individuals’ coping style tendencies^[52–54]. Standardized scores were derived using Z-transformations based on the means and standard deviations of the two coping styles. A positive difference indicated a predominant tendency toward active coping, whereas a negative difference suggested a predominant tendency toward passive coping. The questionnaire has shown impressive reliability and validity in the Chinese population^[51–54]. In the present research, Cronbach’s α for CSCQ was 0.804.

2.2.2. Resilience

Resilience was measured by the Connor-Davidson Resilience scale (CD-RISC)^[55]. The 25-item Chinese version of CD-RISC developed by Yu and Zhang^[56] consists of 3 factors (Tenacity, Strength and Optimism). Participants rated each item on a 5-point Likert scale (from ‘0 = not true at all’ to ‘5 = true all the time’). Higher scores indicate higher levels of resilience. The scale has exhibited good validity and reliability in the Chinese population^[56]. Cronbach’s α

for CD-RISC was 0.918 in the present study.

2.2.3. PCR

The PCR self-rating scale developed by Tian^[57] was administered to assess PCR. The 20-item scale is answered by parents, and each item is scored from 1 (not very true of me) to 5 (very true of me), with higher scores denoting better PCRs. This scale has been successfully adopted to measure Chinese PCR in the previous research^[58]. In the present study, Cronbach’s α for the scale was 0.912.

2.2.4. Demographic Variables

Age was dichotomized (≤ 40 years = 1, >40 years = 2). Gender (male = 1, female = 2) and educational level were included as covariates in all analyses, consistent with prior research showing their associations with coping style, resilience, and PCR^[59–63]. Educational level, originally measured in years of schooling, was recoded into three categories: less than 6 years = 1, 6 to 9 years = 2, and more than 9 years = 3.

2.3. Data Analysis

Firstly, descriptive statistics and correlation matrix among variables of interest were calculated via Statistical Package for Social Science (SPSS) 21.0 for Windows. Secondly, the mediation effect was examined according to Mackinnon’s^[64] four-step procedure. In the present study, the procedure requires (a) the relation between coping style and PCR is significant; (b) the relation between coping style and resilience is significant; (c) the relation between resilience and PCR is significant after controlling for coping style; (d) the coefficient for the indirect path between resilience and PCR through resilience is significant, which is determined

by the bias-corrected percentile bootstrap method with 5,000 resamples. The effect was significant if the 95% confidence interval did not contain zero^[65]. Finally, the analyses of moderated mediation were conducted to examine whether age moderated the effect of coping style and resilience on PCR by using Hayes^[65] PROCESS macro (Model 14). The bias-corrected bootstrapping method with 5,000 resamples was also performed to estimate parameters. Additionally, prior to constructing the interaction term, resilience and age were mean-centered to reduce multicollinearity and facilitate the interpretation of the interaction effect. All continuous variables were standardized in the moderated mediation analysis.

3. Results

3.1. Common Method Bias Test

Given that the data were obtained via self-report, Harman’s single-factor test was employed to evaluate the potential influence of common method bias. The Kaiser-Meyer-Olkin (KMO) value was 0.956 ($p < 0.001$), confirming the suitability of the data for factor analysis. Twelve factors exhibited eigenvalues exceeding 1, with the first factor accounting for 23.326% of the total variance, well below the 40% criterion. Accordingly, common method bias was not found to be a serious issue in this study.

3.2. Bivariate Analysis

Mean, standard deviation (SD) and intercorrelations for coping style, resilience, age and PCR are shown in **Table 1**. Coping style was positively correlated with resilience, age, and PCR. Resilience was positively correlated with age and PCR.

Table 1. Descriptive statistics and intercorrelations among coping style, resilience, age and PCR (n = 1,263).

Variables	M	SD	1	2	3	4
1 Coping style	0.11	1.23	1			
2 Resilience	61.41	15.07	0.37***	1		
3 Age	32.84	9.00	0.09**	0.07*	1	
4 PCR	72.14	10.50	0.42***	0.61***	-0.002	1

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

3.3. Testing for Mediation Effect

In Hypothesis 1, the present study anticipated that resilience would mediate the association between coping style

and PCR. To test this hypothesis, a four-step procedure developed by Mackinnon^[64] was conducted to establish the mediation effect. Gender and educational level were included

as covariates in all analyses. PROCESS macro (model 4)^[65] was employed to estimate parameters for the mediation effect.

For the first step, coping style was significantly associated with PCR, $\beta = 0.42, p < 0.001, SE = 0.03$ (see Model 1 of **Table 2**). For the second step, coping style was significantly associated with resilience, $\beta = 0.36, p < 0.001, SE = 0.03$ (see Model 2 of **Table 2**). As for the third step, when con-

trolling coping style, resilience was significantly correlated with PCR, $\beta = 0.53, p < 0.001, SE = 0.02$ (see Model 3 of **Table 2**). Finally, as shown by the bias-corrected percentile bootstrap method, the indirect effect of coping style on PCR via resilience was significant, $ab = 0.19, SE = 0.02, 95\% CI = [0.15, 0.23]$. The mediation effect accounted for 45.15% of the total effect. Taken together, all four requirements for mediation effect were met. Hence, the results supported H1.

Table 2. Testing the moderated mediation effect of coping style on PCR.

Predictors	Model 1 (PCR)			Model 2 (Resilience)			Model 3 (PCR)			Model 4 (PCR)		
	β	SE	t	β	SE	t	β	SE	t	β	SE	t
Gender	0.08**	0.03	3.28	-0.07***	0.03	-2.79	0.12***	0.02	5.71	0.11***	0.02	5.01
Educational level	0.10***	0.03	3.76	0.09**	0.03	3.55	0.05*	0.02	2.16	0.03	0.02	1.52
Coping style	0.42***	0.03	16.60	0.36***	0.03	13.73	0.23***	0.02	10.13	0.23***	0.02	10.16
Resilience							0.53***	0.02	23.13	0.53***	0.02	23.22
Age										-0.05*	0.02	-2.14
Resilience*Age										0.07**	0.02	3.18
R ²	0.19***			0.15***			0.43***			0.44***		
F	100.31			76.65			240.89			164.42		

Note: Model 1: Total effect of coping style on PCR (testing mediation prerequisite); Model 2: Effect of coping style on resilience (path a); Model 3: Effects of coping style and resilience on PCR (testing mediation); Model 4: Moderated mediation model with the interaction between resilience and age (testing whether age moderates the second stage of mediation). All models controlled for gender and educational level. Standardized coefficients are reported. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

3.4. Testing for Moderate Mediation

In Hypothesis 2, the present study anticipated that age would moderate the link between resilience and PCR. Thus, Hayes’s PROCESS macro (model 14) was used to examine the moderated mediation model. The moderated mediation effect was established if the relation between resilience and PCR was moderated by age^[65].

As model 4 indicated (see **Table 2**), there was a main effect of coping style on PCR, $\beta = 0.23, p < 0.001, SE = 0.02$. In addition, the main effect of resilience on PCR was also significant, $\beta = 0.53, p < 0.001, SE = 0.02$. More importantly, age moderated the effect of resilience on PCR, $\beta = 0.54, p = 0.002, SE = 0.02$. The inclusion of the Resilience \times Age interaction term in Model 4 resulted in a significant increase in explained variance ($\Delta R^2 = 0.01$), indicating that the interaction accounted for a small but statistically significant portion of the variance in parent-child relationship beyond the main effects of coping style, resilience, age, and the control variables.

A simple slope test was conducted to examine the effect of resilience on PCR at different age groups. The results showed that the link between resilience and PCR was stronger for older subjects ($\beta_{\text{simple}} = 0.66, p < 0.001$) than for

younger subjects ($\beta_{\text{simple}} = 0.50, p < 0.001$). For descriptive purposes only, **Figure 2** depicted the effect of resilience on PCR, separately for low and high levels of age.

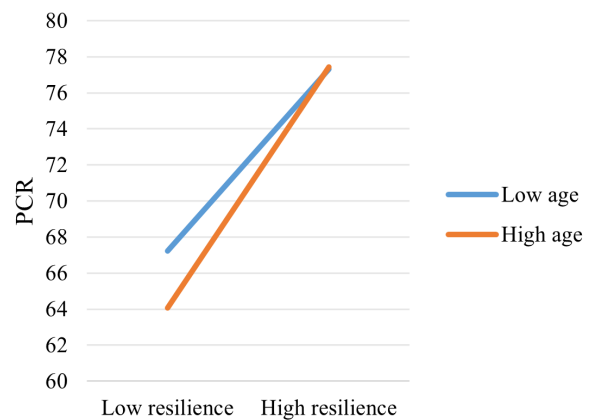


Figure 2. Age moderated the relationship between resilience and PCR. The relationship is graphed for two levels of age.

The conditional indirect effects of coping style on PCR via resilience at different levels of age were examined by the bootstrap method for analysis. **Table 3** presents the indirect effect changed according to different levels of age. The indirect effect on PCR from coping style showed an upward trend with the increase in age. In addition, the bias-corrected

95% CI for the index of moderated mediation was from 0.01 to 0.11, which did not contain zero. This indicated the presence of a moderated mediation effect. Given that age only

moderated the second stage of the mediation process, this was called “the second stage moderation model”. Thus, H2 was supported.

Table 3. Conditional indirect effects at different levels of age.

Moderator: Age	Coefficient of Indirect Effect	Boot SE	Boot Lower Level Confidence Interval (LLCI)	Boot Upper Level Confidence Interval (ULCI)
Low age	0.18	0.02	0.14	0.22
High age	0.21	0.02	0.17	0.25
Index of moderated mediation	0.06	0.03	0.01	0.11

4. Discussion

Although previous literature has studied the pairwise correlation between coping style, resilience and PCR [7,16,20], the majority explored the link by collecting information from children. The purpose of this study was to find the effect of parents’ coping style on PCR. A moderated mediation model was proposed to explore the effect of coping style on PCR and its underlying mechanisms based on a sample of parents from rural areas. The results supported our hypotheses that resilience mediated the relationship between parents’ coping style and PCR (H1), with age as a moderator in the indirect path (H2). Specially, the results provided full support for this moderated mediation model, confirming that positive coping style enhanced resilience, which in turn improved PCR, and that the effect was significantly stronger among older parents.

To our knowledge, the present study is the first to document parents’ coping style and PCR in rural areas. The result is consistent with previous research reporting the effect of coping style on interpersonal relationship sensitivity [14,15]. This study goes one step further to demonstrate the link between coping style and interpersonal relationships could also be applied to PCR in a family scenario.

The finding that parental resilience mediated the relationship between coping style and PCR is consistent with the transactional model of stress and coping [21], which posits that coping strategies influence psychological outcomes by shaping the availability of personal resources. Positive coping style enables individuals to construct psychological resources such as resilience, which then serve to buffer the negative impact of stress on relational functioning. The findings found that parental resilience mediated the relationship between coping style and PCR, which supported H1. Hence, higher levels of resilience could be an explanatory mechanism re-

garding how a positive coping style contributes to PCR. These results coincide with the earlier studies indicating the effect of coping on resilience [25,26], and the effect of resilience on interpersonal relationships [35,36]. Extending this line, the present study situates these mechanisms within the specific context of rural families, where parents frequently encounter chronic stressors such as prolonged parent-child separation due to labor migration [66,67], economic pressure from agricultural instability [68], and educational anxiety regarding children’s future [69]. In this context, positive coping styles (e.g., problem-solving, cognitive reappraisal) enable parents to actively manage these stressors rather than being overwhelmed by them, thereby facilitating the accumulation of psychological resources such as resilience [70]. Resilience, in turn, helps parents maintain emotional availability and consistent parenting behaviors despite adversity, buffering the negative impact of stress on parent-child interactions [71,72]. Given that poverty alleviation has reduced economic hardship but not eliminated labor migration [73], understanding how parents’ coping styles buffer these chronic stressors is central to our research question. The first stage of the mediation path (coping style → resilience) proved that a positive coping style could increase an individual’s resilience to thrive from adversity faced by rural families (e.g., separation, economic pressure, educational anxiety). Although stressful events could cause negative emotions, they could also trigger positive emotions through positive coping and adaptation [74], which could further build personal resources such as resilience [75]. This is congruent with the broaden-and-build theory developed by Fredrickson [76,77], which claims positive coping mediates the relation between positive emotions and resilience. The second stage of the mediation process (resilience → PCR) demonstrated that parents’ resilience was positively associated with PCR. Positive emotionality is one

of the most important characteristics of people with better resilience, as they show more positive attitude and more energy^[78]. Positive emotion could facilitate interpersonal relationship^[77]. Parents with better resilience tend to adapt and deal with stress and adversity (e.g., economic instability and educational anxiety) positively, and are less likely to bring negative emotions to the interaction with children, which further contributes to the quality of PCRs. This mechanism is consistent with the stress-buffering hypothesis^[79], which proposes that psychological resources such as resilience mitigate the adverse effects of stress on relational outcomes. Taken together, parents' positive coping style could increase their resilience as the process of the construction of personal resources, and resilience could further predict better PCRs.

In line with the H2, the relationship between parents' resilience and PCR is stronger for older parents than for younger parents in rural areas. This finding is consistent with the opinion of Ausubel's satellization theory as mentioned earlier^[44,80], and previous studies indicating that resilience is particularly important for older adults as the bridge between coping and personal development^[29]. Our results could be explained by the work-stress model. Many studies have revealed that parents' working characteristics could impact PCR^[81]. According to the work-stress model, work could have a detrimental impact on parental behaviors^[82]. Work-related stress could cause more parent-child conflict, undermine parental acceptance, and deplete the parent-child interaction^[83]. Compared with younger adults, middle-aged people in China have encountered more stressful events, such as the reduction of physical function and the decline of cognition, which makes them more fragile^[75] and have to work harder to raise the whole family, including the young children and their older parents. In particular, the middle-aged adults who migrate for work might suffer from both wage discrimination due to rural hukou^[84] and age stereotypes^[85], such as weaker physical capacity, less creativity, and less adaptability to new technology, and so on. Therefore, the older workers experience more stress compared with younger workers. Resilience could help older parents better adjust and recover from adversity, which buffers the negative effect of stress on PCR. In addition, as mentioned earlier, the children of older parents are more likely to be adolescents. Adolescents present a strong tendency to be autonomous^[42]. Parents need better resilience to adjust and accept the change.

In sum, the effect of resilience on PCR becomes stronger as the parents get older. Furthermore, the socioemotional selectivity theory^[86,87] suggests that with advancing age, individuals perceive time as more constrained and increasingly prioritize emotionally meaningful goals, such as cultivating close family relationships and maintaining emotional well-being^[88]. Therefore, older parents become more receptive to leveraging resilience resources to preserve relational quality. Besides, older parents might place greater value on emotional closeness and mutual support. These developmental changes collectively explain why resilience played an increasingly critical role in maintaining PCR among older parents.

In addition to the main findings, the role of control variables warrants brief discussion. Gender and educational level were included in all models to account for their potential influence. Educational level was significantly associated with both parent-child relationship (Model 1) and resilience (Model 2). However, its direct effect on the parent-child relationship became non-significant after resilience was entered into the model (Models 3 and 4), suggesting that the influence of educational level on the parent-child relationship may be partially mediated by resilience. In contrast, gender remained a significant predictor across all models, indicating a relatively stable independent effect on the parent-child relationship.

The findings of the present study have profound implications. Our research extends the previous literature theoretically and practically. Theoretically, this study adds knowledge to the previous research by constructing the moderated mediation model to explore the underlying mechanisms between parents' coping style and PCRs. Practically, the findings suggest the interventions with the emphasis on parents' coping style and resilience for the maintenance and enhancement of PCRs in rural areas. Firstly, the results highlight the critical role of parents' coping style on PCR. Given that problematic PCRs could have deleterious effects on the development of children, such as school failure^[89], low self-worth^[4] and problem behaviors^[90], it is of great importance to enhance the coping style of parents, such as popularizing knowledge concerning positive coping style. Secondly, the results from mediating analysis indicate how coping style is related to PCR, which could provide theoretical support for potential interventions targeting at the enhancement of resilience. Hence, resilience training for parents is essential

in improving PCR. Thirdly, the findings also reveal that the link between resilience and PCR is stronger for older parents than for younger parents. Thus, the practitioners could prioritize older parents to receive related interventions to improve PCRs. In sum, actions focusing on positive coping style and resilience training for parents, parent-child communication workshops, and village-level family education support systems are vital to increase the PCR among parents from rural areas.

Several limitations must be addressed. First, the present study employed a cross-sectional design, which cannot conclude causal relationships. Future researchers could use longitudinal or experimental designs to explore causal relationships. Second, the data were obtained by self-report, which might bias the results. Future studies could collect data from multiple types of information (e.g., children). Thirdly, the sample was drawn solely from rural areas in Anhui province, which may limit the generalizability of the findings. Future research should expand sampling to other regions or conduct cross-regional comparative studies to validate the model across diverse rural contexts. Fourth, the present study did not collect information on children's age, number of children, or whether parents were the primary caregivers. These factors may influence parent-child relationship quality and could interact with coping style and resilience. Future research should consider including these variables to provide a more comprehensive understanding of the mechanisms underlying parent-child relationships in rural families. Besides, the present study failed to collect data on family structures (e.g., both parents migrating, one parent migrating, grandparent guardianship), which might influence the model. We advise future studies to consider this variable during data collection. Finally, PCR could be influenced by many factors, whereas parents' coping style and resilience just account for a limited part of PCR. A more integrated model with the consideration of various potential factors could be studied in the future.

5. Conclusions

This is the first research to investigate the effect of parents' coping style on PCRs in rural areas using a moderated mediation model. Parents' resilience could bridge the link between coping style and PCR and the indirect association

would become stronger with getting older.

Author Contributions

T.H. and R.Z. are co-first authors. T.H., R.Z., and J.Z. collected, analyzed, and interpreted the data. T.H., R.Z., and X.M. drafted and revised the manuscript. X.M. is responsible for the conception and design of the study. All the authors have read and approved the final manuscript.

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Institutional Review Board Statement

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Declaration of Helsinki in 1975, as revised in 2013. All procedures involving human subjects were approved by the ethics committee of the Naval Medical University. This institutional approval was granted without a specific protocol code.

Informed Consent Statement

All participants signed written informed consent forms in accordance with ethics approval and consent to participate. Participants were assured their responses were anonymous and confidential and were free to withdraw at any time without penalty.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to the de-identified data possibly containing information that could compromise the privacy and safety of the research participants.

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Conflicts of Interest

The authors declare no competing interests.

AI Use Statement

The authors declare that no artificial intelligence (AI) tools were used in the preparation of this manuscript.

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