

# A NURSES' PERSPECTIVE ON LIFE SATISFACTION OF PARENTS OF CHILDREN WITH TYPE 1 DIABETES MELLITUS

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**Background:** Parental involvement in a child's treatment influences the life satisfaction of caregivers of children with type 1 diabetes mellitus (T1DM).

**Aim:** This study aimed to assess the level of life satisfaction among parents of children with T1DM and to examine the impact of selected sociodemographic and medical factors on life satisfaction.

**Materials and methods:** The study was conducted between September 1st, 2024, and March 1st, 2025, using a questionnaire designed by the author and the standardized Satisfaction with Life Scale (SWLS). Participants were parents of children aged 2 to 18 years with T1DM.

**Results:** A total of 327 parents of children with T1DM participated in the study. The mean ages of mothers and fathers were  $41.5 \pm 6.6$  years and  $44.1 \pm 7.1$  years, respectively, and the average age of the children was  $11.8 \pm 3.9$  years. The mean duration of diabetes was  $5.47 \pm 3.62$  years. The median SWLS sten score was 6.0 ( $4.0 \div 7.0$ ). Higher life satisfaction was observed among professionally active fathers, parents living in nuclear families, and parents reporting a very good financial situation. Parents of children with T1DM who consulted a psychologist, psychotherapist, or psychiatrist reported lower life satisfaction.

**Conclusions:** Parental life satisfaction of children with T1DM is average. The parents of children with T1DM who have lower life satisfaction more likely to seek psychological support. The study demonstrated the influence of the roles of family members (mother vs. father), the father's employment status, family structure, and the family's financial status on life satisfaction. Independent sociodemographic factors were parent / caregiver and family financial status. Due to the complexity of T1DM treatment, multidisciplinary support is critical for both children and their families. Efforts should be made to protect the

mental health of children with T1DM and their parents. Nurses should develop family-centered care plans and work to reduce factors that negatively affect the life satisfaction of children and their families. A holistic and systemic approach that addresses both physical and mental health is crucial for improving the outcomes, self-monitoring results, and treatment of T1DM in children and adolescents, as well as for improving the quality of life of children and their parents.

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