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From Burnout to Parental Burnout: How Does Caregiving Become a Burden?

Tükenmişlikten Ebeveyn Tükenmişliğine: Bakım Vermek Nasıl Bir Yük Haline Gelir?

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ABSTRACT

Parenting, traditionally associated with positive feelings, simultaneously presents formidable challenges that can be detrimental to both families and children. The emergence of parental burnout as a contemporary construct describes the complex array of issues and hardships faced by parents. In recent years, there has been a notable increase in the prevalence of parental burnout and its consequences. Accordingly, this review critically examines the evolution of burnout as a concept, particularly within the realm of caregiving, and subsequently delves into the genesis of parental burnout. This comprehensive exploration includes an analysis of the primary determinants contributing to parental burnout and its multifaceted effects on parents, children, and family relationships. Finally, this review culminates in an outline of prospective implications and interventions designed to mitigate parental burnout, thereby providing valuable insights for professionals involved in the support and guidance of families and children.
Keywords: Parenting, burnout, child, mental health

ÖZ

Geleneksel olarak olumlu duygularla ilişkilendirilen ebeveynlik, aynı zamanda hem aileler hem de çocuklar için zararlı olabilecek önemli zorlukları da beraberinde getirmektedir. Modern bir kavram olarak ebeveyn tükenmişliği, ebeveynlerin karşılaştığı karmaşık sorunlar ve zorluklar dizisini tanımlamaktadır. Son yıllarda, ebeveyn tükenmişliğinin yaygınlığında ve sonuçlarında belirgin bir artış olmuştur. Bu doğrultuda, bu derleme tükenmişliğin bir kavram olarak evrimini, özellikle de bakım verme alanında eleştirel bir şekilde incelemekte ve ardından ebeveyn tükenmişliğinin oluşumunu araştırmaktadır. Bu kapsamlı araştırma, ebeveyn tükenmişliğine katkıda bulunan temel belirleyicilerin ve ebeveynler, çocuklar ve aile ilişkileri üzerindeki çok yönlü etkilerinin bir analizini içermektedir. Son olarak, bu inceleme, ebeveyn tükenmişliğini azaltmak için tasarlanan ileriye dönük çıkarımlar ve müdahalelerin bir özetini sunarak, ailelerin ve çocukların desteklenmesi ve yönlendirilmesinde yer alan profesyoneller için değerli bakış açıları sağlamaktadır.
Anahtar sözcükler: Ebeveynlik, tükenmişlik, çocuk, psikolojik sağlık

Introduction

Parenting is not only associated with pleasant emotions but also with stress (Abidin 1990, Crnic and Low 2002, Deater-Deckard 2014), which may then lead to child behaviour problems (Barroso et al. 2018). Until now, different concepts have been used to examine the impact of parenting challenges, such as parental competence (Johnston and Mash 1989), parental self-efficacy (Coleman and Karraker 1998), and caregiving helplessness (George and Solomon 2011). However, contemporary parenting requires a better understanding of parental difficulties that can result in a high level of fatigue in caregivers (Séjourné et al. 2018), poorer parent mental health (Martin et al. 2019), childhood mental health problems (Ryan et al. 2017) and parental burnout (PB) syndrome (Roskam et al. 2017).

PB involves exhaustion related to parenting, emotional distancing from one's own children, and a sense of inefficacy or loss of parental accomplishment (Roskam et al. 2017). Thus, PB offers a useful framework to comprehend parents' challenges (Mikolajczak and Roskam 2018, Mikolajczak et al. 2019) and mental health problems. The research also demonstrated that PB is closely linked with parental psychological problems such as depression, anxiety, and suicidal ideation (Roskam and Mikolajczak 2020, Lebert-Charron et al. 2022, Sabzi et al. 2023).

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In Turkey, the volatile nature of socioeconomic conditions and urbanisation resulted in different family patterns and values (i.e., familial interdependence, independence, and psychological interdependence; Kagitcibasi and Ataca 2005, Kagitcibasi 2007). Moreover, Turkish parents' fluctuating conditions (i.e., pandemics and economic challenges) can exacerbate the risk of developing mental health problems and PB syndrome. Although PB has been documented in different cultures, the research and interventions related to PB are limited in Turkey. Therefore, this review aims to present the evolution of PB from burnout literature, factors related to the development and maintenance of PB, the effects of PB on families and children, and its implications.

Concept of Burnout

The concept of "burnout" was first used in the novel, A Burnt-Out Case (1960) by Graham Green, in which an architect moves to Africa and adopts a life in nature after facing various difficulties at work (Maslach et al. 2001). Following this novel, researchers explored whether other individuals go through similar problems and feel the need to quit their job. In the 1970s, a study on volunteered workers at a clinic showed the negative impact of physical and emotional exhaustion on loyalty and performance in the work environment (Freudenberger 1977). Similarly, Maslach's interviews with human services workers identified feelings of tiredness and desperation due to work (Maslach and Jackson 1981). Maslach also demonstrated that doctors' interest and empathy towards their patients might decline (Goodger et al. 2007) as a reflection of negative feelings related to work. Based on these findings, Maslach and Jackson (1984) characterised "burnout" as overwhelming emotional exhaustion and alienation associated with a feeling of failure at work. Currently, burnout syndrome involves three dimensions, namely, (1) emotional exhaustion, (2) feelings of work-related cynicism and detachment, and (3) a sense of ineffectiveness and lack of accomplishment (Maslach et al. 2001).

Emotional exhaustion in work settings is closely linked with chronic tiredness, tension, and fatigue of emotional resources due to high workloads and conflicting work environments (Maslach and Goldberg 1998). Thus, individuals suffering from burnout may distance themselves from relationships to conserve their energy (Maslach et al. 2001, Vlăduț and Kállay 2010). This is linked with the second dimension of burnout, feelings of work-related cynicism and detachment. Since the occupation becomes meaningless, people question the difference between their past experiences and the current state, which can bring up a negative view of self and a loss of self-reliance (Maslach et al. 2001, Lubbadeh 2020). This refers to the third dimension, a sense of ineffectiveness and lack of accomplishment.

Besides examining burnout dimensions, the research highlighted the relationship between individuals' stress levels and burnout. For example, work-related stress predicted burnout in a sample of nurses with high stress levels (Braithwaite 2008). Khattak et al. (2011) showed a positive association between stress and burnout among bank employees. Further, there is evidence that the relationship between burnout and stress may start before entering the profession. Lin and Huang (2014) demonstrated that university students' life stress is similar to work-related stress. Four types of life stressors, namely, self-identity, interpersonal, academic, and future development stress (i.e., concern for the future, employment pressure), may predict burnout. Moreover, research from different countries (Poghosyan et al. 2010, Dugani et al. 2018, García-Arroyo et al. 2019) showed that burnout is a universal phenomenon with limited cultural variation. Still, individual differences can be detected. In other words, both personal and work-related factors may be crucial in predicting burnout.

Since specific burnout symptoms may have similarities with specific psychological disorders, examining the Diagnostic and Statistics Manual of Mental Disorders (DSM)-5-TR can be helpful to identify individual differences in individuals' symptoms and burnout levels (Chirico 2016, Merlo and Rippe 2020). According to the DSM-5-TR (APA 2022), adjustment disorder is composed of maladaptive responses (e.g., overreacting emotionally or behaviorally) to a stressor. Although burnout does not appear as a distinct mental disorder in the DSM-5-TR (APA 2022), the definition of adjustment disorder (Boudoukha et al. 2011) can be parallel to burnout cases. Further, the Royal Dutch Medical Association defined burnout as a subtype of adjustment disorder in the International Classification of Diseases (ICD)-10 system (van der Klink and van Dijk 2003). In line with that, in 2019 World Health Organization decided that occupational burnout should be officially recognised as a syndrome resulting from chronic work-related stress by the ICD-11 (WHO 2022). Therefore, clinicians may consider symptoms of burnout in relation to psychological disorders and enlist them as important personal factors.

Another personal factor can be the personality of the worker. For example, middle-aged people with type A personalities, characterised with competitiveness, ambition, impatience, being organised, and concern with time management, are known to be a risk group for burnout (Khammissa et al. 2022). Concerning these

characteristics, people with burnout can experience irritability, sleep impairment, tension, and a high level of cortisol (Kaschka et al. 2011); difficulties in concentration, memory, and sleeping (Grossi et al. 2015); feelings of helplessness, hopelessness (Bianchi et al. 2017), low self-esteem (Maslach et al. 2001), and distress (Kaschka et al. 2011). These personal factors might be personal indicators for further problems and psychopathology. Furthermore, lack of energy resources (e.g., physical vigorousness, emotional robustness, and cognitive agility) and dysregulation in the sympathetic nervous system and hypothalamus-pituitary-adrenal (HPA) axis, which are highly associated with fear and stress processing, can serve the development and maintenance of burnout (Shirom 2009).

In relation to work-related factors, researchers addressed burnout in different settings. For example, Armstrong-Stassen et al. (1994) recruited nurses from Jordan and Canada and found that workload, type of work, and carrier expectations play a role in burnout. Also, Jamal (2005) revealed that workload, conflicts in the workplace, uncertainties, and a lack of resources predict burnout in full-time professionals both in China and Canada. In another study with psychiatrists, risk factors for burnout were listed as being a young professional, long working hours, a lack of supervision, and limited time to rest (Jovanović et al. 2016). These studies show that work-related issues and personal difficulties may be risk factors for burnout. However, burnout may be prevented by facilitating job resources such as social support and autonomy that can make a worker more competent in the face of demanding conditions (Bakker et al. 2005, Lesener et al. 2019).

Even though research on burnout mainly focuses on the work environment (Cherniss 1980, Maslach 1982, Meier 1983, Pines 1993), the initial conceptualisation of burnout syndrome was based on clinical observations (Freudenberger 1974). This enabled considering burnout in other areas, such as caregiving (Ekberg et al. 1986, Angermeyer et al. 2006) and parenting (Roskam et al. 2018, Mikolajczak and Roskam 2020).

Burnout in Caregiving

Earlier studies on burnout in caregiving have recruited informal caregivers or volunteered individuals looking after friends and family members (Schulz and Tompkins 2010). One of the first studies on "burnout syndrome" reported that caregivers of spouses with chronic diseases experience symptoms similar to those of work-related burnout (Ekberg et al. 1986). Other studies also revealed that informal caregivers could go through similar challenges as burned-out professionals (Angermeyer et al. 2006, Thorson-Olesen et al. 2019). Thus, parallel to burnout in work-life, it is possible to refer to three dimensions of burnout in the caregiving context.

First, emotional exhaustion occurs due to tiredness, responsibilities overload, and an inability to continue caregiving practices (Thompson et al. 2014, Goodwin et al. 2017). The exhaustion dimension can be highlighted as an essential factor since it is a common feature in various studies concentrated on caregivers of patients with dementia, delirium, and multimorbidity (Valente et al. 2011, Truzzi et al. 2012, Price et al. 2020). Secondly, the detachment dimension involves not being responsive to patients' needs and treating them as objects (Gérain and Zech 2019). Although this may seem dysfunctional for patients initially, Cross and colleagues (2018) suggested that caregivers distance themselves emotionally and psychologically to protect their well-being and facilitate attending to patients' needs in the future. Nonetheless, distancing may reduce the quality of care, and caregivers can become cold and pragmatic (Hubbell and Hubbell 2002). The third dimension of burnout in caregiving underlines a sense of ineffectiveness and lack of accomplishment. Caregivers lose satisfaction in helping others and cannot easily find meaning in their activities in favour of patients (Cross et al. 2018, Gérain and Zech 2019). For example, Carbonneau and colleagues (2010) revealed that caregivers' sense of efficacy determines their feeling of accomplishment. But there is also evidence that patients' behaviours may play a critical role in feelings of ineffectiveness and lack of accomplishment. Kinney and Stephens (1989) showed that acts of care-receivers, such as smiling or calmness, influence caregivers' feelings of accomplishment. Hence, the quality of interaction between caregivers and caretakers determines the intensity of burnout in caregiving. Michon and colleagues (2005) demonstrated that affection, sincerity, or friendship may prevent the burden of caregiving. However, social relations do not always protect against PB due to discrepancies in social comparison.

Based on the social comparison theory (Festinger 1954), people analogize themselves to others carrying similar characteristics when objective standards are lacking for self-assessment. This process can take place in two directions: Upward comparison with someone in better condition or downward comparison with someone worse off. Buunk et al. (2001) specified that individuals experiencing a high level of burnout demonstrated negative feelings towards upward comparisons and engaged in more positive emotions regarding downward comparisons. Buunk and Schaufeli (1993) hypothesised that employees working especially in stressful conditions might experience emotional contagion at work and take on the burnout symptoms of their colleagues. In line with this hypothesis, the research indicated that nurses who needed to compare themselves with others showed burnout

symptoms and experienced higher levels of emotional exhaustion when they perceived these symptoms in their colleagues (Buunk and Schaufeli 1993).

Moreover, individual differences may impact burnout intensity based on the caregiving context. For instance, a study recruiting stroke patients and their caregivers demonstrated that rather than a lack of accomplishment, emotional exhaustion and detachment dimensions were common in burned-out individuals (Tuna and Olgun 2010). Further, male caregivers compared to female caregivers, suffered from higher levels of burnout. However, Adelman and colleagues (2014) emphasised being female as a risk factor for caregiver burden. Bom et al. (2019) also supported previous findings about females' disadvantaged status and added that married caregivers could experience more adverse health effects of caregiving than unmarried ones. Further, in Uludağ's (2016) thesis study, there was a positive association between the age of caregivers and the two dimensions of burnout, namely, emotional exhaustion and detachment. But if the caregiver was working and educated, s/he could score lower on both dimensions, suggesting a possible protective role of working status and education level. On the contrary, Gérain and Zech (2018) indicated that education and the detachment dimension of burnout were positively associated. Studies (Adelman et al. 2014, Uludağ 2016) suggested that living in the same house and spending much time with the care recipient may increase the burden of caregiving. Still, the listed protective and risk factors may vary based on patient and caregiver characteristics and caregiving contexts.

Burnout in Caregivers of Sick Children

Usually, family members adopt the role of looking after sick individuals, and their responsibilities can become more challenging, especially if they have additional duties such as parenting (Mrosková et al. 2020). The studies indicated that parents looking after sick children and managing their needs described their caregiving experience as burdensome (Weiss and Lunsky 2011, Kobos et al. 2017). Here, not only stress due to caring for the child but also parenting difficulties can lead to chronic stress, which is linked with burnout (Mikolajczak and Roskam 2018). The research examining burnout in caregivers of sick children may be grouped into three categories: Children's developmental disabilities, physical impairments, and cancer.

Firstly, developmental disabilities (e.g., cerebral palsy, autism, and mental retardation) can lead to burnout in parents of children with health problems (Cooley 2004). Parents of children struggling with such issues must deal with long hours of treatment, financial difficulties, and changes in family life (Saloviita et al. 2003, Rone-Adams et al. 2004). For example, in autism, the uninterrupted need for care and limited time of caregivers' social lives can put a strain on caregivers, and they may experience both physical (e.g., pain and headache) and psychological (e.g., avoidance and irritation) symptoms (Varghese and Venkatesan 2013). In Turkey, Tunçel's (2017) findings demonstrated that the higher the autism severity of the child, the more burnout symptoms mothers report. Such experiences may inevitably lead to exhaustion and a lower quality of life (Ones et al. 2005). Basaran and colleagues (2013) revealed that 58% of caregivers of children with cerebral palsy had depression and 71.4% experienced anxiety, suggesting these parents may be vulnerable to further problems, including PB. However, parents' judgements and appraisals about their children's conditions are important to their experiences. Duygun and Sezgin (2003) indicated that burnout experienced by mothers of children with intellectual disabilities may be derived from mothers' negative self-evaluation. They may adopt the view that having a sick child is their failure. As a result, their feelings of desperation and low self-esteem can be associated with feelings of inadequacy.

Secondly, studies examining caregivers of children with physical impairments concentrate primarily on hearing and visual impairments (Meadow-Orlans 1994, Leyser et al. 1996, Tröster 2001). Varghese and Venkatesan (2013) showed that mothers of hearing-impaired children could suffer from psychological symptoms of maternal burnout due to their constant effort to understand hearing aid use or learn sign language. Furthermore, in the same study, maternal burnout seems to be shaped by environmental factors such as time for rest, a lack of leisure activities, and support. Thus, additional support from family members, friends, or other caregivers may prevent burnout in such families. Mothers of disabled children also stated that they are persistently under stress because of having a person dependent on them (Mobarak et al. 2000). Along with the presence of pain, speech impediment, and chronic disease, fathers' apathy towards the child can have a substantial impact on burnout symptoms (Demirhan et al. 2011). Further, studies demonstrated that caregivers of children with disabilities have much more stress and deteriorated mental health than those caring for healthy children, mainly due to the children's severity of impairment (Dagenais et al. 2006, Basaran et al. 2013, Pinquart 2018). However, Skok and colleagues (2006) highlighted that parents' perception of the disease is more critical than the treatment characteristics (e.g., type, level, and duration) in terms of burnout intensity.

Finally, the research examining the influence of having children with cancer on parents showed that adverse effects (e.g., decreased tolerance, emotional distancing, and somatization) of the disease prevail over positive outcomes experienced by parents (e.g., inner power, hope, and embracement) (Porto et al. 2017). Even after treatment of the condition, the influence of existing stressors (Phipps et al. 2005) or the threat of relapse perception of the disease (Van Dongen-Melman et al. 1998, Quin 2004) may affect family life, mealtime, and parental roles and limit free-time activities (Norberg and Steneby 2009). Changes in the family routine to provide for the needs of the child and the uncertainty about the future related to the development of cancer bring about stress apprehension (Norberg 2010). Hence, mothers of brain tumour survivors reported emotional exhaustion, cognitive difficulties, and tiredness as burnout symptoms (Norberg 2007). Again, studies indicated that mothers of children with cancer are inclined to feel distressed and have poor psychological health (Stuber et al. 1998, Quin 2004). In addition, mothers reported more uncertainty, worry, and depressive symptoms than fathers (Vrijmoet-Wiersma et al. 2008). Not only parents with sick children but also parents with healthy children can experience burnout. Lindström and colleagues' (2010) findings emphasised that 20% of parents with healthy children had clinically significant burnout.

Parental Burnout in Parents with Healthy Children

Before examining PB in parents with healthy children, it is necessary to underline how it differs from parental stress. Parental stress (Deater-Deckard 1998) refers to negative feelings directly attributable to the demands of parenthood and is commonly experienced by parents. This is mainly accepted as usual and even a necessary reaction for a healthy transition to parenthood (Deater-Deckard 1998). However, excessive parental stress may be challenging and associated with PB. Consistent parental stress can eliminate parents' coping resources (Mikolajczak and Roskam 2020) and parents are likely to experience PB by 5% to 20% (Roskam et al. 2018, Séjourné et al. 2018). On the other hand, not all parents experience burnout to the same degree. The number and frequency of symptoms determine the intensity of burnout (Mikolajczak and Roskam 2020). Furthermore, risk and protective factors can shape individual differences in experiencing PB.

Mikolajczak and Roskam (2018) asserted that while demands or risk factors play a contributing role in parental stress and then PB, resources or protective factors have the opposite influence. For example, low emotional intelligence, poor childcare practices, and a lack of support can be listed as parental stress-increasing factors. High emotional intelligence, good childcare practices, support, and having enough time to rest can be listed as parental stress-alleviating factors (Mikolajczak and Roskam 2018). In addition, parental stress and PB may coexist and accompany each other. A study during COVID-19 supported this finding. Parents' perceptions of COVID-19's psychological impact led to more significant stress and limited positive behaviours towards their children through PB (Kerr et al. 2021). In the pandemic, due to the increasing number of parenting stressors (e.g., increased time spent with children or economic distress caused by job loss) and lack of resources (e.g., family support), parents may have experienced parental stress and burnout, respectively (Marchetti et al. 2020, Aguiar et al. 2021, Griffith 2022). Besides, the impact of external and internal factors associated with PB can gradually contribute to the syndrome, which is characterised by a three-step process (Roskam et al. 2017).

PB syndrome consists of intense exhaustion, emotional detachment from one's child, and doubt about being a good parent (Roskam et al. 2017). In the first stage, parents who try to fulfil every instant wish of their children and make concessions begin to experience physical and emotional exhaustion. Hubert and Aujoulat (2018) indicated that perfectionism and the fear of not being a good enough mother might trigger exhaustion. Then parents may start to define themselves as the parent they no longer want to be. They may also feel trapped in a loop with no way out. Moreover, fatigue due to a high level of stress affects parents' functioning and interactions with their children; this can lead to the second stage of PB, emotional detachment (Lebert-Charron et al. 2022). Thus, once a pleasant experience, childcare becomes a burden and parents may distance themselves from their children (Mikolajczak et al. 2019). In the last stage, parents may use violence against their children or act up, which can result in a loss of self-confidence in parenting (Mikolajczak et al. 2019). Parents may also question their effectiveness as parents and feel guilt and shame for their harsh behaviour towards their children (Hubert and Auioulat 2018). To understand how parents progress in these stages, risks and resources need to be identified.

According to the Balance between Risk and Resources (BR2) theory developed by Mikolajczak and Roskam (2018), burnout is derived from the imbalance between individuals' risks/demands and resources. Parents start experiencing burnout symptoms when resources such as parental self-compassion and positive co-parenting become insufficient to meet demands (e.g., routine tasks in parenting) and parental perfectionism is in action. The BR2 theory (Mikolajczak and Roskam 2018) demonstrates that PB may reach an alarming level because

protective resources that would balance risks are no longer enough. The results from the West highlighted that many parents experience such challenges (Roskam et al. 2021). The prevalence rate is 8.4% in the USA and ranges from 0.5% to 8.4% in the West (Roskam et al. 2021). These rates emphasise PB's importance as a potentially debilitating problem for parents, children, and society. It also indicates the requirement to adopt a more comprehensive framework to understand and identify early signs of PB, as Blanchard and Heeren (2020) stated.

Blanchard and Heeren (2020) argued that the reductionist perspective, which explains a syndrome by breaking it down into its simplest components, may not be sufficient to explain complex systems as in BR2. Therefore, they adapted the network approach used in clinical psychology and examined PB. In clinical studies (Borsboom and Cramer 2013, Borsboom 2017), a network began with a mental disorder, and symptoms and relevant factors were considered together. The associations between symptoms were shown by lines (edges) connecting them. In this way, researchers could concentrate on 1) many symptoms simultaneously, 2) the interaction between symptoms (i.e., emotional exhaustion, emotional distance, and parental inefficacy in the PB context), and 3) the interaction between symptoms and contextual variables specified as nodes in the system (Jones et al. 2017).

Thus, burnout comprises an interaction between symptoms, family context, and a lack of external support (Schmittmann et al. 2013). Evidence also supports that PB can be examined with other psychological outcomes such as maltreatment, neglect, and abuse (Brianda et al. 2020, Griffith 2022), indicating the relevance of the network model. For example, the recent findings of Blanchard and colleagues (2021) showed that two dimensions of PB, emotional exhaustion and emotional distance, are particularly associated with child maltreatment. Here, the network system becomes useful because we can specifically identify all PB dimensions and their connections with partner conflict and partner estrangement via negligence and violence towards children (Blanchard et al. 2021). To better understand how PB develops in a family system, the network approach underlines the importance of temporal relationships between variables. Those temporal networks include directed edges between nodes and signify the temporal influence between variables (nodes) while showing the interaction of each variable in time (Bringmann et al. 2013). Further, the network approach allows us to examine how PB components change over time in family contexts and the associations can be weakened (Blanchard and Heeren 2020). However, the studies focusing on the network approach in the literature are limited and they cannot fully explain the temporary influence (Jordan et al. 2020). Thus, future studies may address this gap in the field and interventionists can detect appropriate tools to determine critical periods in parenting to interfere with the proper nodes in the system. As studies have demonstrated (Séjourné et al. 2018, Mikolajczak et al. 2021), PB is not a temporary fatigue or stress, and parents may undergo serious problems such as mental health issues (Piotrowski 2021) and suicidal ideation (Mikolajczak et al. 2019) when PB becomes a syndrome. Therefore, based on BR2 and the network approach, identifying factors associated with PB for prevention is critical because it can affect relationships between couples (Mikolajczak et al. 2017) and result in neglect and violence towards children (Hansotte et al. 2021).

Factors Associated With Parental Burnout

Firstly, parents' characteristics (e.g., being a single woman), parental factors (e.g., self-sufficiency disbelief and lack of childrearing practices), and family functioning constitute risk factors for PB (Mikolajczak et al. 2017). The findings of Mikolajczak and Roskam (2018) demonstrated that being a single parent, being a woman, having at least three children living at home, having a college degree, making little money, and working part-time or being unemployed can be risk factors for PB. Moreover, it has been widely shown that individual differences in parents' personality traits affect their parenting (Prinzie et al. 2009) as well as how they view and experience being parents (Le Vigouroux et al. 2017). Hence, specific personality traits may be associated with PB (Lindström et al. 2011). The research showed that a high level of neuroticism, a low level of conscientiousness, and a low level of agreeableness might act as risk factors for PB (Le Vigouroux et al. 2017). Especially, neuroticism seems critical by decreasing positive affectivity in relations with children (Le Vigouroux and Scola 2018) and increasing strict parenting behaviours (Prinzie et al. 2009). In addition, perfectionism, which refers to criticising oneself while thinking over one's mistakes, can be a significant risk factor contributing to PB (Lin et al. 2023). Personality traits and the psychological well-being of parents may be listed as risk factors as well. For example, anxiety was positively related to the emotional exhaustion dimension of PB and depression is positively associated with both emotional exhaustion and depersonalization (Lebert-Charron et al. 2018). Further, Kalkışım (2019) revealed that fathers' anxiety level and age predicted PB in fathers, while the precursor of PB in mothers can be maternal depression.

On the other hand, protective factors (e.g., emotional competency, employment, coping skills, and living without a co-parent), identified in research and intervention programmes, may alleviate burnout and prevent negative

consequences (Lindström et al. 2016, Lebert-Charron et al. 2018, Lin et al. 2023). The findings of Lin et al. (2023) revealed that emotional competence (EC) might compensate for the detrimental effects of perfectionism on PB. EC can function at both the intrapersonal and interpersonal levels. EC is valued as a source for comprehending, describing, regulating, and using individuals' own and others' emotions, referring to intrapersonal and interpersonal EC, respectively (Mayer and Salovey 1997, Brasseur et al. 2013). Gleichgerrcht and Decety (2013) emphasised that intrapersonal EC protects against burnout by preserving individuals against psychological distress. However, interpersonal EC acts bilaterally by strengthening the relationship between parents and children (Stern et al. 2015) and by exposing individuals to emotional baggage coming from other people (Lee et al. 2011). Another research examining the protective factors for maternal burnout demonstrated that being employed, working full time, utilising problem-focused coping, and living without a co-parent may decrease PB intensity (Lebert-Charron et al. 2018). Another study showed that women's employment can bring satisfaction while improving marriage and providing a balance against the risks for PB (Bahmani et al. 2013). The buffering effect of having no co-parent seems unusual when studies reveal contradictory findings. Some studies claim that single mothers tend to feel more depressed (Peden et al. 2004), stressed (Son and Bauer 2010), and experience higher financial risk (Misra et al. 2012). However, the study of An et al. (2016) indicated that when a woman living with a partner has to deal with housework alone, she can face inequality at home and become more prone to depression. Thus, the quality of the relationship and the sharing of parenting duties may be critical when we examine the differences between single mothers and mothers living with their partners.

Effect of Parental Burnout on Couples

Despite the limited number of studies regarding protective factors for PB, we know from the literature that the most important resources in parenting are spouse support (Gillis and Roskam 2019, Lebert-Charron et al. 2022) and couples' communication (Mikolajczak et al. 2017). When burnout symptoms affect partners, their limited resources are imperilled; therefore, the effects of PB on couples demand further attention from researchers. Mikolajczak et al. (2018) highlighted that some parents with burnout might reflect their anger, derived from their relationship with their children, on their spouses and it may create tension between couples. This can result in more complex outcomes and involve children, as Blanchard et al. (2021) indicated: PB is related to violent behaviours towards children, partner conflict, and neglectful behaviours towards children. Then, partner conflict and neglect of the child both directly impact partner estrangement. In the context of PB, relationship conflict may result from a lack of partner support in caregiving. Still, it is also likely that parents could direct their anger towards each other (Mikolajczak and Roskam 2020). The study of Mikolajczak et al. (2017) showed that a parent's reactions to his/her partner's negative attitudes towards children could be another source of relationship problems. Nevertheless, PB does not predict familial/marital problems by itself but may have an impact through child maltreatment and negative parenting (Blanchard et al. 2021). Further, Gillis and Roskam (2019) brought a new perspective and indicated that when one parent feels exhausted, the other could also experience the same exhaustion. Previous research also revealed a positive relationship between mothers' and fathers' stress levels (Seah and Morawska 2016) and depressive symptoms (Gillis et al. 2019). These studies provided evidence of shared negative emotions between couples due to parental difficulties that may increase the likelihood of suffering from PB and other relevant symptoms.

Effects of Parental Burnout on Parents' Well-Being

At the biological level, PB syndrome may play a role in the dysregulation of the HPA axis (Brianda et al. 2020). Supporting this, Brianda and colleagues' (2020) study showed that hair cortisol, a stress hormone, concentration was higher in burned-out parents than parents in the control group, which in turn may predict somatic complaints and sleep disorders (Sarrionandia-Pena 2019). Higher cortisol levels can also have a triggering effect on the level of anger and reactivity in parents, which may be linked with parental violence (Mikolajczak et al. 2018). Emotional dysregulation at the biological level can indicate PB and mental health problems such as depression and alcohol consumption (Mikolajczak et al. 2020). Furthermore, individuals experiencing intense emotions such as exhaustion and self-doubt related to parenthood can entertain thoughts of escape and even suicide (Mikolajczak et al. 2019). Here, parents' cognitive processing can play a critical role. The findings of Hormozi et al. (2022) showed that emotional schemas and individualised beliefs about emotions mediated the relationship between PB and sleep problems (insomnia and hypersomnia). These emotional schemas are shaped by individual-specific experiences such as culture, family environment, and a history of trauma (Edwards 2019). Hence, they may potentially impact parents' capacity to process parental challenges.

Both physical and psychological consequences of PB can be related to the disappointment of having a child, and parents may regret having a child (Piotrowski 2020). Studies conducted in the USA and Germany demonstrated

that parents who regret having children constitute 7-8% of the population. The most common characteristic of those parents is experiencing PB (Piotrowski 2021). As a result, such parents may distance themselves emotionally from their children, experience limited parenting capacity, and demonstrate parental neglect and violence (Mikolajczak et al. 2019).

Effects of Parental Burnout on Children

The consequences of PB on parents and children accumulate over time, leading to poor parental physical and mental health and higher rates of child maltreatment (Mikolajczak et al. 2017, Roskam et al. 2018). Similar to parents with psychological problems (e.g., depression and anxiety) and their tendency to exhibit negative parenting behaviours (Goodman et al. 2011, Fisher 2017), parents with PB may adopt punitive parenting practices. These practices can be more common than expected, as Sánchez-Rodríguez et al. (2019) showed. In their study, 85% of French parents spanked their children and only 6.3% of parents had never used such punitive measures. When types of violence and neglect were examined, Hansotte et al. (2021) presented that physical violence was the least practised by burned-out parents among other forms of violence (e.g., verbal) or neglect (e.g., emotional and physical). Their findings also revealed that parents with high emotional distance may engage in higher levels of violence and neglect. In addition, Fortson et al. (2016) found that parental psychological problems (e.g., anxiety and depression) may be associated with child maltreatment and can result in physical illnesses in children (e.g., bruises and injuries). In the long run, these parental symptoms can be linked to addiction, suicidal thoughts, risky sexual behaviours, and domestic violence in adulthood (Norman et al. 2012, Haj-Yahia et al. 2019). When children experience abusive behaviours in the early years of development, they are likely to imitate their parents and demonstrate hostility in the future (Finzi-Dottan and Harel 2014).

The long-term effect of PB may be identified in children's experiences of long-term neglect. Neglect may have a detrimental biological impact on children's lives, such as reduced cortical thickness, heightened amygdala activity, and elevated cortisol (Krugman and Korbin 2022). Besides, Shaw and Starr (2019) indicated that parents with PB may show negative parenting practices leading to psychopathology in children (i.e., conduct disorders and neurodevelopmental disorders) via disturbed biological mechanisms (i.e., reduced cortical thickness). In line with that, the findings of Kalkışım (2019) also revealed that PB predicted externalising behaviour problems in children. Therefore, prior to the emotional distancing phase that is associated with irreversible consequences, burned-out parents should be diagnosed and directed to receive treatment.

Moreover, the effects of PB on children may not be limited to childhood and may persevere in the teenage years. For example, Cheng et al. (2020) demonstrated that adolescents with parents experiencing higher PB tend to feel lonely and engage in antisocial behaviours. In another study, mothers' PB predicted adolescents' perceptions of parental hostility over time (B.B. Chen et al. 2022), which can be associated with their internalising and externalising problems (Wicks-Nelson and Israel 2006). The longitudinal study of Yang et al. (2021) revealed that PB could lead to depressive and anxiety symptoms in adolescents, and less autonomy-supportive parenting mediated this relationship. However, in the same study, PB did not affect the youngsters' mental health when parents utilised cognitive reappraisal to regulate negative emotions. This shows the importance of the mental and emotional processing of the parents. Another potential contributor is the epigenetic process.

Previously, it was shown that parental stress affects child development via epigenetic processes (Mulder et al. 2017). Herba et al. (2016) indicated that altered placental function, epigenetic changes in the child through the placenta, and stress reactivity might explain the association between maternal depression and detrimental effects on the child. For example, increased methylation of the glucocorticoid receptor gene, NR3C1, was involved in regulation of the HPA axis by modulating the availability of cortisol, and changes in the HPA axis have been associated with early life stressors (Palma-Gudiel et al. 2015). The study of Perroud et al. (2014) demonstrated that exposure to trauma might also increase stress reactivity and lead to epigenetic changes in mothers and children. As a result of the Tutsi genocide, trauma-exposed mothers and their children showed higher methylation of the NR3C1 receptor, which predicted depression and post-traumatic stress disorder in children 20 years later (Perroud et al. 2014). Similarly, PB might act like parental stress and have an impact on epigenetic processes.

Measurement of Burnout and Parental Burnout Assessment

Since burnout as a concept began to be used in the 1980s, different scales have been used until now, such as the Maslach Burnout Inventory (MBI, Maslach and Jackson 1981), the Questionnaire for the Evaluation of Burnout Syndrome at Work (CESQT, Gil-Monte 2011), and the Burnout Assessment Tool (BAT, Schaufeli et al. 2020).

The concept of burnout dates back to research on occupational burnout. Therefore, the most commonly used one is the MBI (Maslach and Jackson 1981), which aims to identify burnout in human services workers. In the MBI, the emotional exhaustion dimension of burnout, the core element of the syndrome, comes as the most prominent factor among others (i.e., depersonalization and reduced personal accomplishment). The validation studies of the scale can be found in various cultures, such as French (Bocéréan et al. 2019), Chinese (Hu and Schaufeli 2009), and Arabic (Ibtissam et al. 2012). Another measure developed for burnout syndrome is the CESQT (Gil-Monte 2011) which is composed of four dimensions (i.e., enthusiasm for work, exhaustion, indifference, and guilt). This relatively recent scale has been used in Italy (Guidetti et al. 2018), Poland (Misiołek et al. 2014), and Portugal (Figueiredo-Ferraz et al. 2014). Finally, the BAT (Schaufeli et al. 2020), including subscales of exhaustion, cognitive and emotional impairment, and mental distance, addresses burnout in the work context.

In addition to these burnout measures, burnout has begun to be used in the parental context and the Parental Burnout Assessment (PBA) was developed by Roskam et al. (2017). PBA examines three core elements of PB syndrome: Exhaustion, emotional distance from one's child, and suspicions about being a good parent (Roskam et al. 2018). Initially, Roskam et al. (2017) adapted the MBI (Maslach and Jackson, 1981) to the parenting context and developed the Parental Burnout Inventory (PBI). PBI has been validated with Japanese (Kawamoto et al. 2018), Dutch (Van Bakel et al. 2018), and English-speaking and French-speaking parents (Roskam et al. 2017, Roskam and Mikolajczak 2020). Then, based on burned-out parents' testimonies (Brianda et al. 2023), they formed PBA. The validation of PBA has been carried out in several languages (e.g., Portuguese, Persian, Arabic, Spanish, Chinese, Japanese, Finnish, and Polish). The Turkish adaptation of PBA is now available (Arikan et al. 2020). The PBA also has a 5-item shorter version that helps practitioners screen parents for PB syndrome (Aunola et al. 2021).

Interventions and Implications

Since the literature on PB is still evolving, attempts to develop effective and timely interventions are also progressing. Thus, different intervention methods may result in competing outcomes. Brianda et al. (2020) showed that interventions that concentrate on directive methods, such as aiming at causes of PB, and non-directive methods, such as prioritising sharing one's feelings and listening, have the same impact on decreasing PB intensity. According to Taris et al. (2005), detrimental effects of PB on children may be prevented by intervening at the first stage of burnout, namely, emotional exhaustion. Due to the developmental process of PB, people become progressively burned out. Emotional exhaustion can trigger the other hallmarks of the syndrome, indicating the relevance of interventions targeting specific phases of the PB (Roskam and Mikolajczak 2021).

On the other hand, Blanchard et al. (2021) revealed that emotional distancing can be central to the network approach of PB and potentially impacts other features of the syndrome (i.e., emotional exhaustion and parental inefficacy), as well as child maltreatment. Moreover, the longitudinal study of Roskam and Mikolajczak (2021) showed that feelings of inefficacy and emotional detachment might predict each other. Thus, an intervention improving parents' effectiveness may contribute to parental capacity and the prevention of parental neglect and violence. In addition, increasing the feeling of personal accomplishment in parenting could also be beneficial in eliminating risk factors, such as perfectionistic concerns, that are positively linked to PB (Lin et al. 2023).

Furthermore, Holmes and Mathews (2010) indicated that mental imagery techniques might revive good memories of parents with their children and reduce the emotional distance between parents and their children. A recent study also underlined the importance of emotional competence (EC) for intervention programmes, which is considered to have a buffering effect on risky personality traits for PB such as neuroticism and perfectionism (Brianda et al. 2020).

As the BR2 theory suggested, PB arises from the imbalance between parental risks and protective factors (Mikolajczak and Roskam 2018). Therefore, providing parents with appropriate ways to deal with their symptoms may help balance risks and demands and prevent the progression of PB into child abuse and partner conflict. In the study of Ahmadabadi and Ahmadabadi (2022) focusing on the Penn Resiliency Program, a tool to teach skills, reduce mental health problems, and enhance well-being was shown to be an effective intervention to alleviate PB and child abuse due to COVID-19 in a sample of mothers with primary school children. In another study, an eight-week meditation-based intervention programme during the epidemic in China boosted parents' resilience and reduced PB complaints (Liu et al. 2022).

As evidenced above, studies testing the effectiveness of psychological interventions on PB indicate promising results. Hence, the meta-analysis of Urbanowicz (2022) presented that psychological interventions concentrating on mindfulness, cognitive-behavioural therapy (CBT), acceptance and commitment therapy (ACT), psychoeducation, enhancing active listening, as well as programmes aiming to improve parenting resources and reduce stress, can be helpful to eliminate symptoms of PB.

However, the largest effect sizes were displayed by programs focusing on psychoeducation (Beheshtipour et al. 2016), CBT, and mindfulness (Anclair et al. 2018). They also demonstrated improved stress management, emotional competency, and a decline in abstract rumination (Lindström et al. 2016, Anclair et al. 2018, Sairanen et al. 2019). These programs can also have long-lasting effects. For example, Urbanowicz et al. (2023) showed that the Cognitive Behavioural Stress Management Program, a group intervention based on CBT and relaxation techniques aiming to develop stress management skills, led to a 3-month-lasting decrease in PB and an improvement in self-awareness, emotional competencies, and social support networks.

Based on these findings, interventions targeting social support and resilience can help parents. Thus, M.L. Chen and colleagues' (2022) study elucidated that parents with higher resilience perceived more divergent social support (i.e., perceived support from family, partner, and friends) and lower levels of PB compared to parents with low resilience.

Conclusion

Historically, burnout was characterised by emotional exhaustion, work-related cynicism and detachment, and a sense of ineffectiveness and lack of accomplishment (Maslach et al. 2001). Similarly, in PB, emotional exhaustion, depersonalization or cynicism, and reduced personal accomplishment can be identified as the components that could lead to PB syndrome. In recent years, PB has especially drawn attention to its high prevalence in the West and in the US (Roskam et al. 2021). However, PB has not been officially recognised as a syndrome by the ICD or the DSM. Therefore, the process of diagnosis and prevention is mainly based on research and studies focusing on screening tools (Chirico 2017).

As we covered earlier, parental exhaustion may contribute to parents' negative behaviours towards their children during caregiving (Mikolajczak et al. 2018, Hansotte et al. 2021, Griffith 2022). Support, one of the important protective factors, might have differential effects on parents. The study of Gillis and Roskam (2019) indicated that parental partner support could be critical when mothers' exhaustion levels are low. Further, they emphasised that partner parental support no longer serves a protective role for exhausted fathers and highly exhausted mothers. Hence, partner support may be beneficial to a certain extent when parents are not fully exhausted. Thus, potential interventions should also consider support and its impact on different parents besides risk factors (i.e., suicidal ideation).

The BR2 theory (Mikolajczak and Roskam 2018) suggests that removing a few smaller risk factors equals eliminating a significant risk factor. Hence, Mikolajczak and Roskam (2018) offer an alternative way to change the impact of risk factors by adding enough resources instead of removing risks. For example, when the symptom of exhaustion cannot be eliminated and parental support does not work, other resources, such as family and friends' support, may be facilitated or the resiliency of parents can be improved (M.L. Chen et al. 2022) by the interventions. Furthermore, Blanchard and colleagues (2021) suggested that attachment patterns and a lack of psychological symptoms can play a protective role and should be focused on future longitudinal studies in order to identify the underlying mechanism of PB in parents and families.

Currently, PB research is mostly concentrated on Western nuclear or single-parent families (Mikolajczak and Roskam 2018, Love 2021, Roskam and Mikolajczak 2023). In order to identify critical variations in specific (Gato et al. 2022), research should examine minority groups, immigrant parents, and different family types such as same-sex parents (Lindström et al. 2011, Furutani et al. 2020, Nowland et al. 2021, Nyanamba et al. 2022). This could facilitate tailoring interventions for specific family types and groups.

As the efficiency of some programmes (e.g., mindfulness, CBT, ACT, and psychoeducation) has been highlighted, other interventions entailing a positive psychology approach and informal mindfulness practices are also shown to be effective in different groups and a larger sample of parents (Urbanowicz 2022). Still, both effectiveness research on interventions (See https://parental-burnout.com) and longitudinal studies are currently limited (Roskam et al. 2022) and predominantly focus on Western cultures. Therefore, it would be important to examine factors associated with PB in non-Western cultures and in Turkey.

The studies on PB in Turkey (Kalkışım 2019, Arikan et al. 2020) also recruited a cross-sectional assessment of burnout and have not fully addressed risk and protective factors. Thus, in order to facilitate the interest of the researchers and practitioners, in the present review, we discussed the development of the PB concept, the leading factors for PB, and its effects on parents, children, and couples. Finally, we included future implications and interventions for PB that would be useful for professionals working with families and children.

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