

SOCIAL SUPPORT AND ANXIETY IN PARENTAL BURNOUT OF BULGARIAN MOTHERS

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Abstract

Introduction of the concept of parental Burnout (PB) in 2014 by Bianchi and colleagues has started with the comment on definition of burnout as a consequence of enduring chronic stress. The present research assesses parenting burnout in Bulgarian mothers post Covid-19 pandemic. The links between level of social support, general anxiety and demographic factors are explored. Parental burnout is a multifaceted construct with 4 subscales: 1) Exhaustion in parental role, 2) Contrast in parental self, 3) Feelings of being fed up and 4) Emotional distancing. Bulgarian version of Parental Burnout Assessment (PBA) instrument (Roskam, Brianda, & Mikolajczak, 2018), Generalized Anxiety Disorder (GAD-7) (Spitzer, Kroenke, Williams, et al., 2006) scale, and perceived social support (COPE-CF) were applied. The sample consists of 384 parents (Mage = 40.2, SD=6.89) with at least one child under 18 years of age. T-tests were conducted to find that only one subscale Exhaustion in Parental role was significantly higher in parents living in the capital, in parents of more than one child, and in parents of children under 6 years of age. Regression analysis demonstrated that GAD-7 predicts 28% of PB (Adj. R² = .28, F(2, 382) = 150.27, $p < .01$) and perceived change in social support before and after pandemic was not found to be a significant predictor. Demographic factors (age of parent, type of family, place of living, age and number of children and child with or without neurodevelopmental problems) were not found significant predictors of total parental burnout. The results were discussed in the light of socio-cultural specifics of child raising in Bulgaria and the impact of family life cycle stage.

Keywords: *Parental burnout, perceived social support, generalized anxiety, parenting, mothers.*

1. Introduction

A natural extension of an intimate partnership, parenting today is considered one of the adults' most challenging tasks. Socially and psychologically, parenting has many advantages, such as the opportunity to develop and maintain a social network and development of psychological characteristics, such as self-esteem and self-efficacy (Nomaguchi & Milkie, 2003). Along with the benefits, it is also a complex life task with high levels of stress (Deater-Deckard, 2014; Nomaguchi & Milkie, 2003). According to theories of stress in the professional context, exposure to high stress levels over extended periods, combined with a lack of coping resources, can lead to professional exhaustion or burnout (Bakker & Demerouti, 2007).

Parental burnout is distinct from parental stress or depression and professional burnout (Roskam, Brianda, & Mikolajczak, 2018). When the balance between stress and coping resources in family life is disturbed, and risk outweighs resources, parents may also be affected by burnout (Roskam, Raes & Mikolajczak, 2017). Occupational burnout and the difficulties adults experience in their role as parents are similar. (Freudenberger, 1974; Maslach & Jackson, 1981). Stressors specific to parenting are shopping, cooking, taking the children to and from school, coordinating the schedules of all family members, and more. These stressors (risk factors) are usually tolerable. They can be balanced, for example, by the sense of joy and satisfaction in the parental role (protective factors) that parents receive as a result of immediate activities such as playing with children or celebrating a significant family event (Roskam et al., 2021).

Parental burnout encompasses four dimensions. The first is emotional and physical exhaustion from the parental role, a feeling of exhaustion. The second is emotional distancing from one's children - exhausted parents are less involved in emotional relationships with their children, and interactions are limited to purely functional aspects. The third dimension is perceived ineffectiveness and failure as parents, accompanied by a sense of intolerance of the burden of the parental role, characterised

by a loss of desire to spend time with their children. The perceived difference in the parental role is the fourth one - the parent considers the change that has occurred negatively and cannot "recognise" himself in his current role. (Mikolajczak, Brianda, Avalosse, & Roskam, 2018).

Parental burnout syndrome is associated with depressive symptoms, higher levels of anxiety, and perceived sources of stress (Lebert-Charon, Dorard, Boujut & Wendland, 2018), as well as couple conflict and alienation, suicidal ideation, violence and neglect of the child(ren) in the family (Mikolajczak et al., 2018). Parents striving to be perfect parents are at greater risk of parental. Emotional or practical support from the other parent was found as another important factor (Lindström, Åman & Norberg, 2011). Other factors include lack of emotional or practical support from the wider social environment, as well as poor child-rearing practices (Mikolajczak et al., 2018), families with children with special needs (Lindström, Åman & Norberg, 2010); parents who work part-time or stay at home while the other parent in the family works (Lebert-Charon, Dorard, Boujut & Wendland, 2018).

In 2022, many studies were published on parental burnout in the context of the COVID-19 pandemic, which showed a significant increase in the prevalence of parental burnout during the pandemic, resulting in more incidents of child abuse (Griffith 2022). Parents had to balance attention to their children with busy working schedules at home, navigating through a health crisis flow of information.

Theories of stress suggest that a person will actively seek coping strategies or activities to respond to a stressful event. One such form of coping activity is seeking or receiving social support. Frequently considered a multidimensional construct, defined by House (1981) as "social support is an interpersonal transaction involving one or more of the following: (1) emotional concern (liking, love, empathy), (2) instrumental aid (goods or services), (3) information (about the environment), and (4) appraisal (information relevant to self-evaluation)" (p. 39). Empirical data indicates that objective (or received) and perceived support impact health and general well-being. Received support is the social support one receives when in a stressful situation. On the other hand, the perceived social support is based on the person's thought that support is available.

2. Objectives

Based on the abovementioned theories and the data, we hypothesise that:

Hypothesis 1. *The mothers' overall emotional stability and anxiety will predict the level of parental burnout.*

Hypothesis 2. *Perceived social support will impact parental burnout.*

Hypothesis 3. *The preferred source of social support will discriminate levels of parental burnout.*

Hypothesis 4. *Certain demographic factors will impact the levels of parental burnout: 1) the mother's age, 2) a child(ren)'s age, 3) the number of children, 4) marital status, 5) living area, 6) having a child(ren) with special needs in the family.*

3. Method

3.1. Participants

The sample consists of 384 mothers (Mage = 40.2, SD=6.89), ages 21 to 56, with at least one child under 18. All participants were mothers living in Bulgaria.

The socio-demographic information of the participants is given in Table 1.

3.2. Procedure

The links between the level of social support, general anxiety and demographic factors are explored.

Data collection took place from August 2022 to October 2022, after the last lockdown was over and most restrictions due to the Covid-19 health crisis were withheld. The presumed after-effects of lockdown measures (homeschooling, lack of child care, irregular patterns of workload etc.) on parents were aimed to be revealed. Respondents were invited to complete an online survey on Google Forms after signing an online informed consent form. Participants were recruited through social networks and e-mails.

3.3. Measures

Parental burnout is a multifaceted construct measured by the Parental Burnout Assessment (PBA) instrument (Roskam, Brianda, & Mikolajczak, 2018), the Bulgarian version of PBA (Aravena, 2023). It is a 23-item self-report questionnaire assessing the four aspects of parental burnout:

1) Exhaustion in parental role (9 items) in Contrast with previous parental self (6 items), 3) Feelings of being fed up and loss of pleasure in one's parental role (5 items) 4) Emotional distancing from one's children (3 items). The items of the PBA use a Likert scale from 0 to 6 (from 0=never to 6=every day). Internal consistency of the total scale was excellent (Cronbach's $\alpha=0.91$), and the consistency of subscales from $\alpha=0.81$ for Emotional distancing to $\alpha=0.96$ for Contrast with previous parental self.

Generalised Anxiety Disorder (GAD-7) (Spitzer, Kroenke, Williams, et al., 2006) scale is a widely used screening instrument for anxiety. It is a unidimensional, seven-item scale, assessing the frequency of anxiety symptoms for the last two weeks in a four-point Likert scale from 0=never to 3=almost every day.

Perceived social support (COPE-CF, Motrico et al., 2021) characteristics are measured by several items, assessing perceived change in social support before and after pandemics, experienced level of stress provoked by changes in social support, sources of social support (grouped in five categories: social media, communication via electronic devices, in-person meetings, both – in-person and social media, none), and circle of support (one single source of support, supported by closer circle-family, friends, and supported by closer circle plus wider community or professional help – health incl. mental health specialists).

Table 1. Participants characteristics.

Characteristics	N	%
Mother's age		
< 35 y.	50	20.8
35-40 y.	102	26.6
41-45 y.	117	30.5
> 46 y.	83	12.6
Number of children		
One (boy/girl)	167 (81/73)	43.5
Two (boy&girl/boys/girls)	190 (96/43/35)	49.5
Three and more(boy&girl/boys/girls)	27 (20/4/2)	7
Age of Children		
Under 6 (<1 / 1-3 / 3-6 y.)	167 (22/72/73)	(5.7/18.8/19)
6-12 y.	133	34.6
12-15 y.	125	32.6
15-18 y.	50	13
Living area	Capital /Other	59.6 /40.4
Family structure	Co-parenting/Single parent	89.6 /10.4
Child with disabilities	Yes /No	8.3 /91.7

3.4. Data analysis

All analyses were performed using SPSS Version 19 (IBM Corp., 2020). To test hypotheses on the influence of sociodemographic factors, emotional functioning and experienced social support on the severity of parental burnout T-tests, one way ANOVAs and a linear regression model were conducted.

3.5. Results

T-test did not prove that mothers parenting alone or being a parent of a child with neurodevelopmental problems (or other disabilities) are experiencing higher anxiety levels or parental burnout.

The ANOVAs we ran in order to compare sociodemographic influences on parental burnout. The area of living: capital (M =0.57, SD =0.52), big town (M = 0.47, SD = 0.50), or small town (M =0.49, SD =0.65) did not account for any difference in parental burnout total scores, $F(2,381) = 3.57$, $p = 0.059$.

There was a statistically significant difference in one of the four subscales of parental burnout - Exhaustion in the parental role – between mothers living in Sofia (the capital) (M =0.87, SD =0.77), and other living areas (big or small towns) (M =0.63, SD =0.61), the latter displaying less parental burnout exhaustion symptoms $F(2,382) = 10.74$, $p < 0.01$. No difference appeared between big or small town living parents. The same subscale – Exhaustion – discriminates between mothers of children under

six years of age ($M = 0.97$, $SD = 0.86$), and having children in other age groups ($M = 0.71$, $SD = 0.72$), the first group displaying higher levels of exhaustion $F(5,378) = 4.05$, $p < 0.01$.

Sociodemographic factors did not prove any significant influence on generalised anxiety in mothers in the present study.

One-way ANOVAs were performed to compare the effect of sources of searched and received social support on levels of parental burnout generalised anxiety.

Results revealed that there was a statistically significant difference in both parental burnout ($F(4,379) = 4.30$, $p = 0.002$) and generalised anxiety ($F(4,379) = 7.06$, $p = 0.000$) between at least two groups. Tukey's HSD Test for multiple comparisons found that the mean value of parental burnout was significantly different between groups using predominantly social media and other online means of receiving social support ($M = 0.71$, $SD = 0.58$), and groups receiving social support via in-person, face-to-face communication ($M = 0.47$, $SD = 0.48$). The same two groups demonstrated significantly different results in generalised anxiety scores: social media support ($M = 16.02$, $SD = 5.81$) and in-person support ($M = 12.65$, $SD = 4.50$).

There was no statistically significant difference between the range of involved social agents (close circle- family, relatives, neighbours; wider community – peer support, religious community etc.; and professional helpers – health and mental health professionals) and experienced parental burnout ($F(2,381) = 2.56$, $p = 0.079$) and anxiety levels ($F(2,381) = 1.14$, $p = 0.319$).

Regression analysis demonstrated that GAD-7 predicts 28% of parental burnout ($\text{Adj. } R^2 = .28$, $F(2, 382) = 150.27$, $p < .01$). Perceived change in social support before and after the pandemic was not found to be a significant predictor. Demographic factors (age of parent, type of family, place of living, age and number of children and children with or without neurodevelopmental problems) were not found significant predictors of total parental burnout.

4. Discussion

This study examined the impact of the socio-demographic, individual and psychological factors in the post-COVID-19 period in predicting parental burnout. The results of the present study support conclusions from previous studies in different sociocultural contexts in which sociodemographic characteristics have a limited effect on the explained variance in parental burnout (Woine et al., 2022).

The results were discussed in light of the socio-cultural specifics of child-raising in Bulgaria and the impact of the family life cycle stage. Even though it was surprising, factors like raising a child with disabilities or single parenting have no significant impact on parental burnout. One possible explanation might be that chronic conditions and family structure are presumably long-term processes and future studies should control for the onset of chronic conditions in children, the time of the onset and the time and cause of single parenting. The expected and supported in other studies (Woine et al., 2022), the age of children has an impact on parental burnout and is possibly moderated by national social system regulations like duration of maternity leave, childcare support from the system (daycare, kindergarten, etc.) are resource that is limited in the capital city of Bulgaria.

It is often stressed the importance of preventing maternal depression, especially during the first two years of life. However, in this study, another important factor of maternal emotional functioning has been assessed – generalised anxiety non-situational for the last two weeks. Bearing in mind that August and September are traditionally vacation months for most working adults, the general anxiety experienced by mothers is a powerful predictor of the level of parental burnout suggesting a possible commutative effect of life stressors over previous long periods. We could not infer the causality of the COVID pandemic using only this cross-sectional data. However, based on other research (Swit & Breen, 2022), a prolonged time of homeschooling, home office and lack of broader family support may result in elevated anxiety levels and parental burnout.

Most mothers (over 70%) did not perceive any change in social support before and after the pandemic. As some other studies suggest, more studies are needed to assess if there were significant social support changes during lockdown.

An interesting finding on sources of social support is that face-to-face in person support, when preferred, significantly differentiated a group with lower levels of parental burnout and generalised anxiety compared to mothers receiving social support mainly through social media or online communication. Bearing that the study was done online, there might be a sample bias based on the accessibility of the internet and the ability to use devices and social media. This sample bias makes these findings and the face-to-face preference even more salient.

5. Conclusions

Parental burnout is a promising construct, assessing parental capacity and experience. The importance of discovering different models of influence and predictions based on parental burnout is yet

to be proved for different socio-cultural contexts and during global crises. Bulgarian mothers prefer in-person social support interactions, which is significantly related to a lower level of parental burnout.

Acknowledgments

This research was supported by FNI, MES, Bulgaria [grant number KP06H65/14, 15.12.2022]

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