

Exploring the relationship between parental burnout and parenting practices

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Abstract

Although parenting comes with many joys and rewards, it can also be incredibly stressful and challenging. When the demands of parenting outweigh the available resources, parents can develop a chronic and debilitating stress related condition termed parental burnout. This state not only has negative effects on parents but it can have harmful impacts on the children of these parents. Historically, research on parental burnout has focussed on parents of sick or disabled children. More recently, emerging research demonstrates that parental burnout can be experienced by parents of typical and atypical children. As researchers attempt to understand the mechanisms behind parental burnout they seek to identify contributory factors. One factor that has been shown to influence parental burnout is the behaviour of the parents, in particular the types of parenting practices they use. Numerous studies have determined a relationship between the use of certain parenting practices and the outcomes for children, but the outcomes for parents have not been studied. The goal of this study was to investigate the relationship between parenting practices and parental burnout. Parents ($N = 83$, 85.5% mothers, $M_{age} = 34.53$ years, $SD = 5.92$) provided reports of their parenting practices and parental burnout symptoms during a one-on-one interview with a researcher. Results indicated that parents who used more authoritative parenting practices had lower levels of parental burnout and parents who favoured authoritarian and psychologically controlling parenting practices had higher levels of parental burnout. The relationship between authoritative and authoritarian parenting practices and parental burnout remained significant after controlling for demographic variables. Findings highlight the need to increase the attention given to parental burnout in order to enhance resources and reduce the risk factors. Future study is recommended to raise awareness and contribute to knowledge regarding how to best treat and prevent parental burnout.

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Chapter 1: Introduction

Parenting has been identified as one of the most challenging, yet rewarding experiences of life (Mikolajczak et al., 2020). Many people look forward to becoming a parent unaware of the difficulties they may experience in their parental role. For some parents, the overwhelming and enduring stressors associated with parenting can lead to *parental burnout* a chronic condition that has dire consequences for the wellbeing of individuals and their families (Mikolajczak et al., 2019). Parental burnout is a relatively new concept that was originally studied in relation to child illness or disability (Lindström et al., 2010), however over the past decade research has begun to better understand this concept, and the study of parental burnout among parents of all children has gained traction (Mikolajczak et al., 2020; Roskam et al., 2017; Séjourné et al., 2018).

Parental burnout is characterised and measured by four dimensions. First, parents grow emotionally detached from their children. Parents become so overwhelmed by their parental role that they are no longer able to attend to more than the basic needs of their children. They begin to create an emotional distance from their children in order to cope with the day to day stressors of parenting. This dimension is termed *distance*. Second, parents experience a significant loss of pleasure in their parental role in contrast to their life before they had children. They may become ashamed of the parent they have grown into and feel as if they have lost their direction as a parent. This aspect of parental burnout is termed *contrast*. Third, these parents develop a marked decrease in their fulfilment as a parent and their parental self-belief. They can no longer tolerate being a parent and feel like they can't cope with the demands any longer, this aspect is termed *saturation*. Finally, parents become run down, lack in energy and feel like they are operating in survival mode. Burnt out parents experience extreme emotional and physical exhaustion caused by their role as a parent, this feature is termed *exhaustion* (Mikolajczak et al., 2020; Roskam et al., 2017; Séjourné et al., 2018).

Parental burnout varies across cultures. Initial indications have suggested an average prevalence of between 5 and 8% (Mikolajczak et al., 2019) but parental burnout could be as high as 30% (Roskam et al., 2021). In their study of parental burnout across forty two countries, Roskam et al. (2021) discovered a linear relationship between higher incidence of parental burnout and cultures that promote individualism, specifically western cultures. Traditionally western countries (e.g., countries in Europe, America and Oceania) have been viewed as individualist and eastern countries (e.g., countries in Asia) have been construed as collectivist. Collectivist societies are deemed to favour group goals over those of individuals, while individualist societies support individual goals over the group. In a parenting context, collectivist societies regard adhering to social norms and hierarchy as important principles, whereas individualist societies value and promote self-expression and individual agency (Park et al., 2014; Podsiadlowski & Fox, 2011). Roskam et al. (2021) suggested that the higher incidence of parental burnout in western countries is likely related to the changing demands and increased stress in the parental role.

Although it is normal to experience some stress in the parental role (Deater-Deckard, 2004), parental burnout is an extreme form of parental stress different from job related burnout and depression (Mikolajczak et al., 2020). It is now considered a serious psychological, physiological and emotional condition that is associated with negative consequences (e.g., suicide ideation, neglect and abuse of children) for both parents and the child(ren) of burnt out parents (Bornstein, 2020; Mikolajczak, Brianda, et al., 2018). It is well documented that parents' wellbeing affects the outcomes of their offspring, in particular, parent's experiences of depression and mental illness (Barry et al., 2015; Belsky, 1984; Führer et al., 2009; Lang & Gartstein, 2018; Milgrom et al., 2016; Talge et al., 2007). Parental burnout is considered a syndrome resulting from enduring stress, not a mental illness, however many consequences of parental burnout e.g., depression, anxiety, suicidal ideation,

do come under the umbrella of mental health. Therefore, understanding what contributes to parental burnout is essential in ensuring positive parent and child outcomes.

Parental burnout occurs when insufficient resources are available to manage the numerous demands associated with parenting (Roskam et al., 2018; Séjourné et al., 2018). According to the Balance Between Risks and Resources theory ([BR²]; Mikolajczak & Roskam, 2018), there are several risks and resources that increase or decrease the likelihood of parents experiencing parental burnout. Many factors can act as both risks and resources and how these factors influence parents is likely to be specific to the individual. When there is a balance between the factors that act as risks and resources there is a decreased incidence of parental burnout. Equally, when the risk factors exceed the available resources the likelihood of parental burnout significantly increases.

Several social, demographic and psychological factors have been linked to parental burnout however the research regarding risks and resources for parental burnout is still in its infancy. In the process of developing their BR² theory, Mikolajczak and Roskam (2018) collated and categorised factors that previous research deemed to act as risks or resources for parental burnout. These include socio-demographic factors, life events, psychological characteristics of the parent, childrearing practices, family functioning and social support. Based on the results of their study and a previous study¹, they determined that psychological characteristics of the parent (e.g., neuroticism, emotional intelligence), childrearing practices (e.g., positive parenting), and family functioning (e.g., marital satisfaction and family disorganisation) contributed considerably more weight than the other aforementioned factors. More recent research has suggested that increased parental stress (Lebert-Charron et al., 2018), depression, anxiety and previous postnatal depression (Lebert-Charron et al., 2018;

¹ Mikolajczak, M., Raes, M.-E., Avalosse, H., & Roskam, I. (2018). Exhausted parents: Sociodemographic, child-related, parent-related, parenting and family-functioning correlates of parental burnout. *Journal of Child and Family Studies*, 27(2), 602-614. <https://doi.org/10.1007/s10826-017-0892-4>

Séjourné et al., 2018), the cultural context (Roskam et al., 2021) and parental violence (Swit & Breen, 2022) may also be important risks/resources in regard to parental burnout.

Of the above-mentioned factors, *childrearing practices*, has been identified as contributing a substantial weight as a risk or resource for parental burnout. This association between childrearing practices and parental burnout was originally established by Mikolajczak, Raes, et al. (2018) in their study of 1723 French-speaking parents. They examined 38 factors predictive of parental burnout and found an association between childrearing practices, specifically positive parenting practices (e.g., making time to listen to their child; going on excursions together; talking over problems with their child) and lower levels of parental burnout. However, their study did not include other important child rearing practices such as those characterised by authoritative, authoritarian, permissive, overprotective and psychological controlling parenting practices. Given the diversity and complexity of the behaviours parents use to parent their child(ren), particularly during early childhood (Anthony et al., 2005), it is important to include other aforementioned parenting practices to determine which may contribute a greater vulnerability to experiencing parental burnout. The current study aims to fill this gap.

The term *parenting practices* is often found in the literature to refer to particular behaviours used by parents in the socialisation of their children (Meunier & Roskam, 2007). Conversely the term *parenting style* often refers to the emotional climate present in the child rearing environment (Spera, 2005). In the process of parenting, both parenting practices and parenting styles are present, and both are likely to influence child outcomes (Anderson, 2011). For the current study the term parenting practices will be used and refers to the following subtypes of parenting behaviours: authoritative parenting, authoritarian parenting, permissive parenting, overprotective parenting and the use of psychological control by parents.

Baumrind (1966, 2013) and her colleagues (Larzelere et al., 2013; Robinson et al., 1995) found that there are some fundamental elements that describe parenting practices, including the way parents respond to children's behaviours (i.e. level of warmth and responsiveness) and parent's expectations of children's behaviours (i.e., degree and quality of control). Baumrind (1966, 1971) described three parenting styles: authoritative, authoritarian and permissive with a later addition of a fourth style uninvolved or neglectful (Maccoby & Martin, 1983). Although these terms have been useful in understanding parenting approaches, parenting is not static or linear and labelling a parent as authoritarian, permissive, or authoritative may not be useful, because over time most parents use aspects of many parenting styles (Bornstein, 2020). Although authoritative, authoritarian, and permissive styles represent differing levels of responsiveness and control, these terms do not distinguish between types of control such as behavioural control, psychological control and overprotection (Barber, 1996; Darling & Steinberg, 1993).

Behavioural control, as described by Galambos et al. (2003) is the use of firm, reasonable and consistent behavioural support for children. Parents high in behavioural control provide clear boundaries and expectations that guide their children's behaviour and create stability for their children. This type of control is commonly used by parents who favour an authoritative approach (Kuppens & Ceulemans, 2018; Marcone et al., 2020). Although behavioural control is considered a beneficial aspect of authoritative parenting practices, other forms of control - psychological control and overprotection are considered to be detrimental aspects of parenting practices (Barber & Harmon, 2002; Kuppens & Ceulemans, 2018).

Psychological control refers to a type of emotional manipulation, that when present prevents children from developing autonomy and self-determination (Barber & Harmon, 2002; Kuppens & Ceulemans, 2018; Ryan & Deci, 2000; Walling et al., 2007). Parents' use

of psychological control violates the identity of the child by influencing and controlling their thoughts and feelings, which in turn develops maladaptive attachment patterns. Psychological control uses criticism, guilt induction and shame to covertly manipulate behaviour (Barber & Harmon, 2002; Walling et al., 2007). Another aspect of control that was not accounted for in Baumrind's original model is overprotection.

Like psychological control, overprotection is detrimental to child development and has been shown to be intrusive, hinder autonomy development, lead to later internalising problems and increase parental stress (Bowen et al., 1995). For instance, overprotective parenting is characterised by the need to keep a close and watchful eye over all of the child's activities and restrict their behaviours (Morris et al., 2002). Overprotective parenting is highly demanding of parents' attention and may lead to exhaustion and the feeling of guilt for parents if they are not always supervising their child, therefore parents using these strategies may be at increased risk of developing parental burnout. Thus, the current study also seeks to extend previous research by exploring the effects of different parenting practices on parents' experiences of parental burnout.

Aim of project and research questions

This project aims to examine the relationship between parenting practices and parental burnout. The following research questions will be answered:

1. What is the relationship between parenting practices (authoritative parenting; authoritarian parenting; permissive parenting; overprotection; psychological control) and parental burnout?
2. How do different parenting practices relate to the four dimensions of parental burnout: distance, contrast, saturation, exhaustion?
3. To what extent does the use of specific parenting practises (authoritative; authoritarian; permissive; overprotection; psychological control) relate to parental burnout after controlling for important demographic variables?

Relevance and importance of the research

Although there is still much work to do in understanding the risks and resources associated with parental burnout, parenting practices is one factor that deserves more attention. The outcomes of different parenting practices for children are well implicated in the literature (Pinquart, 2017b; Prevatt, 2003; Williams et al., 2009), but we do not know whether the implementation of these parenting practices puts parents at increased or decreased risk of parental burnout. For example, authoritative parenting is traditionally promoted as the parenting practice with the best developmental outcomes for children (Anderson, 2011; Kuppens & Ceulemans, 2018; Marcone et al., 2020; Pettit et al., 1997), yet it is unknown whether this type of parenting also benefits the parent's wellbeing. It is reasonable to suggest that parents who use authoritative parenting practices may have a decreased vulnerability to parental burnout because the prosocial outcomes of the children make them easier to manage; therefore less stress occurs for the parents. Alternatively it is plausible that the opposite is true, the effort required to parent in an authoritative manner could be more demanding and

put parents under increased pressure to meet societal expectations to be perfect parents (Geinger et al., 2014) thus leading to experiences of burnout. As there is currently no research regarding the use of these particular parenting practices (authoritative, authoritarian, permissive, over protective and psychologically controlling) and parental burnout, this will be the first known study that specifically investigates the relationship between these constructs.

Parental burnout is not yet a commonly discussed phenomenon in New Zealand, hence, parents who are burnt out, or at risk of burnout, may not receive the support and intervention that could prevent negative consequences for themselves, their children, families, and society. Parental burnout is considered a stress-related syndrome that can result in serious mental health consequences (Mikolajczak et al., 2019). The presence of mental health conditions within families has a profound effect on children (Christesen et al., 2021) and although parental burnout is considered a syndrome rather than a mental illness it can result in mental health consequences that are likely to impact society. Unfortunately stigma exists around mental illness (Corrigan, 2004) and it is likely that parents facing parental burnout may experience similar stigma. Additionally, parents are often judged and criticised for their success or failure as parents (Geinger et al., 2014). This culture of judgment and stigma may prevent many people from acknowledging their stress, admitting they are overwhelmed, and seeking support. In order to dispel some of these outdated attitudes, research, education and intervention are essential.

Grech et al. (2022) in their study of perinatal depression found that there was a significant lack of knowledge around the construct and that education was a key element in preventing perinatal depression. It is plausible to suggest that a similar lack of knowledge and awareness might exist regarding parental burnout. The current study is important because it provides information about the relationship between parental burnout and parenting practices that can be used to educate families and health practitioners regarding this debilitating

condition. Examining the relationship between parental burnout and parenting practices in a New Zealand context, will not only add to the existing body of knowledge around parental burnout but it will provide valuable information in regard to educating society. Additionally, research has shown that parental burnout impacts differently across cultures (Roskam et al., 2021), the current research will make a contribution to understanding aspects of parental burnout in a New Zealand context.

Thesis outline

This thesis explores the relationship between parental burnout and parenting practices. Chapter one has introduced the key concepts of parental burnout and parenting practices, outlined the research aims and detailed the relevance and importance of studying these concepts. Chapter two introduces the Balance Between Risks and Resources theory which underpins this study. This is followed by a review of the current literature in relation to parental burnout and parenting practices along with a discussion of relevant concepts including the COVID-19 global pandemic. Chapter three outlines the research design, participants, measures, procedure and data analysis of this study, followed by the results in Chapter four. The interpretation, of the empirical findings, implications, practical considerations and limitations are discussed in Chapter five.

Chapter 2: Literature Review

This chapter will provide a review of the relevant theories and literature of key concepts. Gaps in existing literature will be acknowledged.

Parental burnout: An historical perspective

Although burnout originated within caregiving settings and initially encompassed parents (Maslach & Jackson, 1981), the focus over the 1980's, 1990's, and 2000's was largely on workplace burnout (Sánchez-Rodríguez et al., 2019). A small amount of research applied workplace burnout to parenting (e.g., Pelsma et al., 1989), however, the past decade has seen an increase in research on parental burnout; now recognised as distinct from workplace burnout (Sánchez-Rodríguez et al., 2019).

Early research on parental burnout applied the three workplace burnout dimensions of exhaustion, loss of personal accomplishment, and depersonalisation (Maslach et al., 1996) to the parental context. More recent research by Roskam et al. (2018) suggests that depersonalisation is not relevant to the parenting context and could be more correctly described as emotional distancing from one's child(ren). Additionally, alongside Roskam and colleagues, Hubert and Aujoulat (2018) applied an inductive approach to further understand parents' experiences of burnout. This resulted in identification of another important aspect of parental burnout: the loss of identity parents experienced in relation to the person they felt they were before having their children. This aspect of parental burnout was labelled *contrast* and remains an important dimension of defining and measuring parental burnout. The other dimensions of parental burnout are termed *distance*, referring to the emotional distance created between parents and their children in order to cope with the demands of their parental role; *saturation*, the loss of accomplishment, satisfaction, and self-efficacy in their role as a parent; and *exhaustion*, referring to the overwhelming physical mental and emotional toll of parenting. These terms have been adopted to define and measure parental burnout. This

change of terminology from depersonalisation to emotional distancing is one feature that represents parental burnout as distinct from workplace burnout (Mikolajczak et al., 2021). Another is that parental burnout has its' own theoretical base (Mikolajczak & Roskam, 2018).

Balance Between Risks and Resources (BR²)

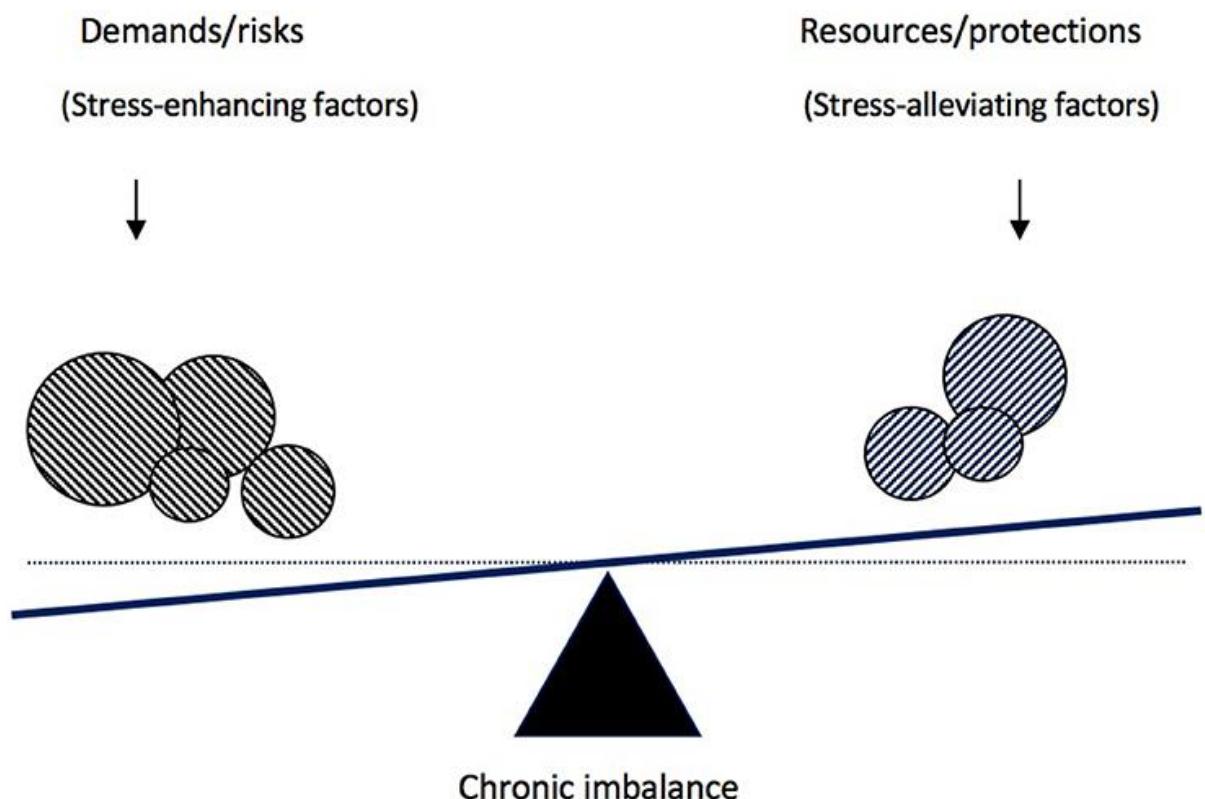
Taken from organisational psychology, Mikolajczak and Roskam (2018) have applied and drawn inspiration from the Job Demand-Resources (JD-R) theory (Bakker & Demerouti, 2007; Demerouti et al., 2001) to understanding parental burnout. Mikolajczak and Roskam (2018) devised the theoretical framework, *Balance Between Risks and Resources (BR²)* to predict, explain and provide future direction around parental burnout. In this context the term *risks* refers to the demands or stress enhancing factors that increase the likelihood of parental burnout such as socio-demographic factors, parental stress and emotional regulation skills. On the other hand, the term *resources*, refers to the factors that alleviate stress and protect against parental burnout such as a strong financial position, secure attachment relationships and a supportive familial network. Additionally, Mikolajczak and Roskam (2018) developed a measurement tool that determines the balance between the risks and resources in order to gauge a parent's level of risk, and to target prevention and treatment.

JD-R theory stipulates that burnout occurs when demands of the job are high and resources to meet these demands are limited (Bakker & Demerouti, 2007; Demerouti et al., 2001), yet Mikolajczak and Roskam (2018) assert that this theory does not directly translate to a parenting context. They suggest that when there are inadequate resources available to meet the demands of parenting, an imbalance is created. This imbalance makes parents vulnerable to parental burnout, not necessarily a lack of resources. For example, a parent might decline family support due to feelings of guilt and shame (Hubert & Aujoulat, 2018), it is not that the support is unavailable for this parent, it is that the available resources are insufficient to balance the demands of their role. Furthermore, it has been proposed that there

is no single absolute risk factor that leads to parental burnout and some factors will carry more weight than others (Mikolajczak et al., 2021; Mikolajczak, Raes, et al., 2018). That is, not all risk and resources are created equal. Therefore, rather than evaluating the number of demands and resources, Mikolajczak and Roskam (2018) suggest that in a parental context it is important to consider whether there is a balance between these two factors. This is visually presented in Figure 1.

Figure 1

Schematic Representation of the Balance Between Risks and Resources Theory of Parental Burnout



Note: Taken from: Mikolajczak and Roskam (2018, p. 3). Figure is reproduced under a CC-BY licence.

Parental burnout

There is sufficient evidence to suggest that identifying, treating and preventing parental burnout will make a valuable contribution to parental wellbeing, child development and prosocial outcomes for society (Mikolajczak et al., 2019). Parental burnout has significant negative consequences for parents and children. Some identified consequences include escape ideation, suicide, addictions, sleep disorders, relationship conflicts, somatic complaints and increased incidence of abuse towards children (Mikolajczak, Brianda, et al., 2018; Mikolajczak et al., 2019, 2021; Mikolajczak & Roskam, 2020; Swit & Breen, 2022; Van Bakel et al., 2018). Consequences of parental burnout have been shown as similar across gender, with stronger correlations reported for fathers than mothers. Roskam and Mikolajczak (2020) in their study of 900 French and English speaking mothers and fathers, found that fathers reached a state of parental burnout earlier than mothers and appeared to have a lower level of tolerance before reaching a burnt out state. In contrast, mothers balance between risks and resources were more severely imbalanced before they were considered to be in burnout. The authors concluded that it is the same mechanisms and processes that lead to parental burnout for both mothers and fathers however burnout has more detrimental consequences for fathers who are likely to reach burnout sooner.

Mikolajczak, Brianda, et al. (2018) in their study of 1551 parents investigated the relationship between parental burnout and sleep issues, addictions, relationships, child related neglect and violence, and parental suicide ideation. Their results indicated connections between parental burnout and all the aforementioned factors, with a particular effect determined on neglect and violence towards children, and escape and suicide ideation of the parents. Swit and Breen (2022) in their study of eighty six New Zealand based parents investigated the factors that predicted parental burnout during the COVID-19 pandemic. In their study they discovered a strong association between parental violence and parental

burnout. Highlighted by these two studies are a number of relevant and disturbing outcomes of parental burnout for families indicating a necessity for urgent preventative action.

Parenting practices

Research to date regarding parenting practices has focussed solely on the outcomes of particular parenting practices for children. Pinquart (2016, 2017a, 2017b) in his systemic reviews of 2758 studies investigated the effects of parenting practices on academic achievement, externalising symptoms and internalising symptoms of children. He found that when parents used authoritative parenting practices, had high levels of parental warmth, used effective behaviour control, and granted an appropriate level of autonomy to their children, the children's academic outcomes were better, and they had lower levels of both externalising and internalising behaviours. Equally when parents used authoritarian parenting, permissive parenting, neglectful parenting, harsh or psychologically controlling parenting practices the academic outcomes for their children were lower, and the children exhibited higher levels of externalising and internalising behaviours. It is unknown whether the use of certain parenting practices impacts parents in a similar manner. Although academic outcomes are not generally the focus for parents, there is a significant push in society to ensure the wellbeing of individuals. Consequently it is plausible that where certain parenting practices have an impact on children's internalising and externalising behaviours a similar effect might occur between certain parenting practices and parental burnout. The outcomes for parents of parental burnout are debilitating for parents and dangerous for children therefore it is important to know whether certain parenting practices have an influence on parental burnout. Research around parental burnout has aimed to identify the antecedents of this condition yet the research to date has not specifically investigated the effects of authoritative, authoritarian, permissive, over protective and psychologically controlling parenting practices.

In their aforementioned study of 1723 French-speaking parents, Mikolajczak, Raes, et al. (2018) aimed to identify the relative weight of known risks and resources of parental burnout. Based on existing research they developed five categories of characteristics known to contribute to parental burnout. These were parenting factors such as self-efficacy beliefs, role restriction and child rearing practices; family functioning including marital satisfaction and co-parenting; stable traits of the parent such as attachment, personality and emotional intelligence; child particularities such as illness, disability and adoption; and socio-demographic factors such as gender, age, number of children and income.

Their results indicated that the first three factors were significant predictors of parental burnout (parenting factors $R^2=45\%$, family functioning $R^2=29\%$, stable traits of the parent $R^2=22\%$). These results indicated that in their study parenting factors accounted for the most variance in predicting parental burnout by a large and significant amount. The parenting factors they measured in this study were parental role-restriction, parental self-efficacy, positive parenting, autonomy demands and discipline. This finding alone justifies further investigation into the relationship between parenting factors and parental burnout. In their study they recommended that to assist in targeting future interventions, further research that defines each dimension of their model may be of use. The current study aims to extend this research by further investigating aspects of parenting practices, in particular authoritative, authoritarian, permissive, over-protective and psychologically controlling parenting practices.

No specific studies were located that support the findings of Mikolajczak, Raes, et al. (2018) in regard to parental burnout, however ample research exists on the relationship between parenting stress and parenting practices (see: Anthony et al., 2005; Aunola & Nurmi, 2005; Baker et al., 2003; Crnic & Low, 2002; Mackler et al., 2015; Mak et al., 2020; Webster-Stratton, 1990).

Relationship between parental burnout and parenting practices

Several studies have demonstrated a relationship between parental burnout and parenting practices in parents of children with clinical needs such as down syndrome; (Phillips et al., 2017); autism (Clauser et al., 2021); health related behaviours (Monaghan et al., 2012; Park & Walton-Moss, 2012); and attention deficit hyperactive disorder (Healey et al., 2011). A child disability or health condition puts parents at increased risk of parental burnout therefore it is important to investigate the effect of parenting practices in a typically developing population, i.e., not just the clinical population. As the research to date has not been focused on typically developing children we looked to the research on the clinical population to create hypothesis regarding parenting practices and parental burnout. It was widely acknowledged that parents who have a child with a disability or health concern experienced more stress in their parental role, thus it has been established that parents of these children are at a higher risk of parental burnout.

While it is considered normal to experience stress in the parental role (Mikolajczak et al., 2021), enduring and overwhelming stress is not normal and can lead to parental burnout. Therefore examining the research in regard to parenting practices and parental stress may provide some clues as to potential outcomes of parenting practices and parental burnout. The following study, investigated the relationship between parenting practices and parental stress in a community sample of parents with typically developing and non-typically developing children. Phillips et al. (2017), in their study of 35 mothers of children with down syndrome and 47 mothers of typically developing children, found that parents who were more stressed were less likely to use authoritative parenting practices and more likely to use permissive parenting. This suggests that there may be a relationship between increased parental stress, increased use of permissive parenting behaviours, and less use of authoritative parenting behaviours (Minh et al., 2022). Thus, because parental burnout is a condition that is similar,

yet more extreme than parental stress, it is expected that these findings may be similar when applied to the study of parental burnout.

Monaghan et al. (2012) in their study of 95 parents of Type-1 diabetic children revealed a link between authoritative parenting practices, stress and behavioural compliance. That is effective use of authoritative parenting practices i.e., behavioural control, induces improved behavioural compliance and therefore less stress for parents. This study suggests that there is a relationship between positive child behaviour and less parental stress, and negative child behaviour and increased parental stress. Based on research connecting behavioural control and parental stress, it is reasonable to hypothesise that authoritative parenting (which is characterised by behavioural control) may act as a resource that reduces vulnerability to parental burnout and that permissive parenting (low use of behavioural control) may act as a demand that increases vulnerability of developing parental burnout. Although effective use of behavioural control may be protective against parental burnout that does not account for other types of parental control such as psychologically controlling and overprotective parenting practices.

Parents who are stressed or depressed may be more likely to use psychologically controlling parenting practices. In their study of 206 mothers, Van Der Kaap-Deeder et al. (2019) found that parents who experienced high levels of stress also applied greater levels of psychological control towards their child(ren). They also noted that parents who did not get their personal psychological needs met on a daily basis were more likely to become stressed, suggesting a connection between parental stress, parental wellbeing and parents increased use of psychological control. Additionally, Cummings et al. (2005) in their study of a community sample of 235 parents of kindergarten aged children demonstrated a distinctive relationship between parental depression and psychological control. That is, parents who were depressed were more likely to use psychological control in their parenting. Given the relationship

between depressive symptoms and parental burnout, it is plausible to suggest that increased use of psychological control is related to increased levels of parental burnout.

A relationship between increased stress levels and over-protective parenting was shown by Suarez-Morales and Torres (2021) in their study of sixty four Latino parents. They found that the psychosocial stress parents experienced as immigrants predicted over-protective parenting. As the stress level of parents increased so did their use of over-protective parenting practices. This could indicate that parents with increased stress are more likely to use overprotective parenting practices. As parental stress and parental burnout are related it is expected that a relationship exists between increased use of overprotective parenting practices and increased symptoms of parental burnout.

Measuring parental burnout

As new research emerges regarding parental burnout the methods used to assess and determine this construct continue to evolve. Roskam et al. (2017) suggested that parental burnout can be viewed on a continuum somewhere between stress and depression indicating a determinable cut-off point for diagnosing stress and a determinable cut-off for diagnosing depression. More recent research by Mikolajczak et al. (2021) has established a clear distinction between depression and parental burnout showing that a parent can be depressed and not burnt out, or a parent can be burnt out and not depressed or they could be both burnt out and depressed concurrently. This contravenes the idea that parental burnout sits on a continuum between parental stress and depression and supports the idea that parental burnout must be measured independently of these other constructs. While, as suggested above, parental burnout does not sit on a continuum between stress and depression, a scale may still be an appropriate way of measuring parental burnout.

Various instruments have been used to measure parental burnout such as the Maslach Burnout Inventory ([MBI]; Maslach et al., 1996); the Parental Burnout Inventory ([PBI];

Roskam et al., 2017); the Parental Burnout Assessment ([PBA]; Roskam et al., 2018); and the Balance Between Risks and Resources ([BR²]; Mikolajczak & Roskam, 2018). Of these measures, the PBA which has been validated in forty two countries is considered a valid and reliable instrument for measuring parental burnout (Bornstein, 2020). The PBA consists of twenty three questions and four subscales that measure each dimension of parental burnout. Although the PBA has been validated and used in many countries, it was noted by Bornstein (2020) that across eight research papers outlining initial validation of the PBA, there were a minimum of three different thresholds used to determine parental burnout. These included: the use of a total score ≥ 86 determines burnout; counting a parent who displays each symptom on the PBA at least once a week to determine burnout; and, counting a parent who exhibits two thirds of the symptoms each day to determine burnout. Subsequently, in their study of the prevalence of parental burnout across forty two countries, Roskam et al. (2021) measured parental burnout using a threshold approach. That is, parents whose total score on the PBA was over a cut-off point were considered to have reached burnout. Although there is not yet common agreement about a threshold, it has been established that higher scores on the PBA indicate higher levels of parental burnout symptoms. This study is interested in determining a relationship between higher/lower levels of parental burnout symptoms and the use of different parenting practices.

Individualism vs collectivism

Research has demonstrated that parental burnout occurs differently across culture, in particular a higher incidence of parental burnout occurs in cultures that favour individualism over collectivism (Roskam et al., 2021). As New Zealand is considered a western country that favours individualism we might expect to see a higher incidence of parental burnout in New Zealand. Although New Zealand is generally considered a western or individualistic society, according to Podsiadlowski and Fox (2011) the Māori, Pacific Island, and Chinese

populations within New Zealand tend to favour collectivist values. In addition, Park et al. (2014) argues that globalisation has debunked the eastern versus western dichotomy and a third category exists that has aspects of both individualism and collectivism. This category accounts for transference of values from ones' country of origin into their society of residence alongside assimilation of the cultural values of the society in which they now reside. New Zealand might be more closely aligned with this third group that has aspects of both individualistic and collectivist values. For the purposes of this investigation the participants' ethnicities will be grouped according to their individualist versus collectivist status to determine if this status can predict parental burnout.

An international pandemic: COVID-19

It cannot be ignored that this study took place in 2021 during the global COVID-19 pandemic. A comprehensive international study by Van Bakel et al. (2022) explored the levels of parental burnout experienced by parents during this pandemic. Data was gathered from twenty six different countries, twenty of these countries had previously been studied in relation to parental burnout allowing the researchers to make comparison to prior and during the pandemic. The data from this study demonstrated that although mean scores of parental burnout did not significantly differ from before to during the pandemic, the prevalence of parental burnout increased in most, but not all of the countries. The authors suggested this may have been related to the extra stressors that occurred in relation to parenting duties, lack of external support, and limited time for parents' to focus on their personal wellbeing during the pandemic. Although data from New Zealand was included in the pandemic study by Van Bakel et al. (2022), the New Zealand data was only gathered during their second wave of their data collection, so was not available for comparative purposes before and during the pandemic (Swit & Breen, 2022).

The global pandemic, COVID-19 was an unprecedented time internationally. The implementation of lockdowns, restrictions, home-schooling and other stress-enhancing factors must have had an impact on parental burnout and parenting practices. With the sudden and immediate changes that occurred on an individual, family and community level it is likely that there will have been an impact on parenting practices and parental burnout that will continue well into the future.

Chapter 3 – Methodology

This chapter outlines the research design, participants, measures, procedure and data analysis of the study.

Research design

This cross-sectional, quantitative study investigated the relationship between parental burnout and parenting practices to determine whether particular parenting practices put some parents at greater or lower risk of developing parental burnout.

A cross-sectional study was employed because it is a practical approach for exploratory research (Bangdiwala, 2019; Spector, 2019). In order to make best use of limited research resources, cross-sectional studies help determine whether there is an association between the variables in order to focus attention for future research. As this study was interested in determining whether there is a relationship between parental burnout and parenting practices, because there is a gap in the literature a cross-sectional study was a practical first step. Despite well-known criticism of cross-sectional methods, this approach does have the capability to control for variables such as the influence of demographic factors. Based on the findings of this study there may be evidence to support further investigation or longitudinal research regarding these constructs (Spector, 2019) and more specifically disentangle the potential bi-directional relationship between parental burnout and parenting practices that cannot be captured with cross-sectional designs.

This study used data from a larger project, the THRIVE study. THRIVE was a short-term longitudinal study lead by Dr Cara Swit from the University of Canterbury. It involved data collection from preschool-age children (aged 2-5), their teachers and their parents and/or primary caregivers (henceforth referred to as parents) at two time points over a school year. The research investigated the relationship between child behaviours and their parents' and teachers' behaviours, health and wellbeing. In 2021, the THRIVE study collected data from

three Kindergartens across Christchurch. The kindergartens represented different demographics including decile three, decile five and decile eight. Schools and kindergarten in New Zealand are given a decile rating based on Census data, this number from one to ten indicates the level of funding the school is eligible for. These levels are based on certain demographic factors present in the schools catchment area. Lower decile schools receive more funding in order to provide extra resources (MOE, 2021). The use of kindergartens across three different decile levels in this study was to ensure a variety of demographics were included.

All teachers agreed to participate in the project and there was an excellent uptake of involvement from parents. The data was collected via structured interviews with parents of pre-school children. An important contribution of this study was the examination of parental burnout in an early childhood sample; a developmental period considered crucial in the early development of parental burnout and parenting practices (Crnic et al., 2005; Smyth, 2017).

Participants

Data was included from all families who participated in the THRIVE study during 2021. This comprised of eighty-three parents of children aged 2-5 years enrolled in one of three kindergartens in Christchurch. Parents of each child were invited to participate in the THRIVE study and were acknowledged for their participation with a \$30 grocery voucher as a kōha (gift).

The demographic information regarding ethnicity, family structure and education of the participants is shown in Table 3.1. Of the participants, 85.5% were mothers and 14.5% were fathers. Parents were aged between 24 to 60 years with an average age of 34.53 years and a standard deviation of 5.92. In regard to ethnicity, European was the most frequent (65%), and Pacific peoples the least (3.6%). The category labelled ‘other’ was mostly comprised of Fijian and other European ethnicities that did not identify as New Zealand European. In terms

of ethnicity, our sample is reasonably representative of the New Zealand population (StatisticsNZ, 2018) however this is considered a highly educated sample.

Table 3.1

Demographic Information: Ethnicity, Family Structure and Education

Variables	N	Percent %
Ethnicity		
European	54	65.1
Māori	10	12
Pacific Peoples	3	3.6
Asian	5	6
Other	11	13.3
Family Structure		
Biological mother and father	66	79.5
Step/blended family	3	3.6
Sole parent	10	12
Grandparent	1	1.2
Same sex family	1	1.2
Other	2	2.4
Education		
No formal qualifications	2	2.4
School qualifications	21	25.3
Diploma, certificate	24	28.9
Bachelors	24	28.9
Masters or higher	7	8.4
Other	5	6

Measures

Demographic survey – Information was collected regarding parent's gender, age, ethnicity, level of education, family structure, as well as the participating child's age and gender (see Appendix B). As the current study was part of a larger project, not all demographic information collected was used for this study.

Parental burnout – Parental burnout was assessed using the Parental Burnout Assessment; ([PBA]; Roskam et al., 2018; see Appendix D). The PBA consists of 23 items and four subscales which represented the dimensions of parental burnout: exhaustion (9 items; e.g., “I feel completely run down by my role as a parent”); contrast (6 items; e.g., “I tell myself that I'm no longer the parent I used to be”); saturation (5 items; e.g., “I feel like I can't cope as a parent”); and distance (3 items; e.g., “I do what I'm supposed to do for my child(ren), but nothing more”). These items were measured on a five-point Likert-type scale (Kline, 2000) from 0 (strongly disagree) to 4 (strongly agree). Items on each subscale were averaged and a total parental burnout score was obtained by summing all of the items. Higher scores on the PBA indicated higher levels of each dimension and/or overall parental burnout. Previous research has shown favourable psychometrics for the internal consistency of the PBA ranging from $\alpha=0.85$ to $\alpha=0.97$ (Roskam et al., 2021). In the current study, internal consistency for each of the subscales ranged from acceptable to excellent: exhaustion $\alpha=0.87$, contrast $\alpha=0.79$, saturation $\alpha=0.87$, distance $\alpha=0.72$, with total parental burnout $\alpha=0.93$.

Parenting practices – The extent to which parents engaged in authoritative, authoritarian, permissive and overprotective parenting practices was measured using the Parenting Practices Questionnaire ([PPQ]; Robinson et al., 1995; see Appendix C). This measure consists of 33 items assessing four subscales: authoritative (13 items; e.g., “I am responsive to my child's feelings and needs”); authoritarian (12 items; e.g., “When my child asks me why he/she has to do something I tell him/her it is because I said so, I am your

parent, or because that is what I want"); permissive (4 items; e.g., "I find it difficult to respond to my child's negative behaviour"); and overprotective (4 items; e.g., "I tend to be overly involved in my children's activities") parenting.

More recently, psychological control has been recognised as an important dimension of parenting (Kuppens & Ceulemans, 2018) and was included in this study. There were 11 items in the measure (Nelson et al. (2013); e.g., "I bring up my child past mistakes when disapproving of behaviour" and "I tell my child that he/she is not as good as other children"). Each item is self-reported on a five-point Likert-type scale from 0 (never) to 4 (always). All items on each subscale were summed, with higher scores indicating greater use of those parenting practices.

Previous research has shown favourable psychometrics for the internal consistency of authoritative, authoritarian, permissive and psychological control measures e.g., (Nelson et al., 2013) and (Pinquart, 2017b). In the current study, the following alpha values were found for the subscales: authoritative $\alpha=0.71$, authoritarian $\alpha=0.76$, permissive $\alpha=0.46$, overprotection $\alpha=0.55$, and psychological control $\alpha=0.60$. Acceptable reliability was shown for authoritative and authoritarian subscales. Item-level analysis was conducted to determine whether the removal of an item would improve the internal consistency of these subscales. Retaining all items contributed to the highest Cronbach Alpha scores, therefore, the permissive and overprotective subscales were excluded from any further analysis or discussion. Although the reliability for the psychological control subscale was questionable, theoretical premise that psychologically controlling parenting behaviour might exacerbate or be a risk factor of parental burnout meant this subscale was retained (Kuppens & Ceulemans, 2018). Results that included this subscale will need to be interpreted with caution.

Procedure

The study protocol was approved by the Educational Research Human Ethics Committee of the University of Canterbury (2020/04/ERHEC). Additionally, permission was granted from the KidsFirst Kindergarten Professional Leaders Team and the Association's CEO. All procedures described below adhered to those outlined for the THRIVE study by Dr Cara Swit, the principal researcher.

Recruitment took place during morning and afternoon pick-up at each Kindergarten. The researchers introduced themselves to each parent and explained the purpose of the study. If parents indicated an interest to participate, they were given a Parent Information and Caregiver Consent Form (See Appendix A) and the researcher answered any questions they had about the study. Once consent was obtained, a time was set up to conduct a one-on-one interview with the participant. At the beginning of each interview, the interviewer built rapport with each parent to assist them to feel at ease, and then the questions were presented to the parent. Answers were recorded during the session using THRIVE study IPADS loaded with Qualtrics software. Pen and paper copies of the interviews were available if needed ($n = 12$) and the researcher loaded parent's responses onto Qualtrics immediately after the interview. The data was then cross-checked by another researcher to ensure no errors during data entry.

Data collection occurred at two different time points during the school year; March and October. Exact dates were negotiated with parents and kindergartens, taking account of school holidays, busy times of the year and nationwide lockdowns in response to the COVID-19 pandemic. During lockdown and school closures, parents participated via zoom or over the telephone. At other times, all interviews were conducted face to face. Where parents participated in both data collection time points as part of the THRIVE study ($n=51$), only their time one data was used for this study.

Data analysis

All data analyses were performed using SPSS statistical software version 28. This study used a significance level of $p=0.05$ for all analyses. Patterns of missing data, data reliability estimates, assessment of normality, and descriptive statistics were examined. Initially data was visually inspected resulting in identification of one participant who had a significant amount of missing data. This participant had requested to discontinue the PBA measure due to the sensitive and confronting nature of the questionnaire. Of note is that this participant had responded to five PBA statements ‘strongly agree’ and a few ‘agree’ responses. Due to insufficient data this participant was excluded. No other participants had missing data on the PBA. Less than 5% of values were missing, thus missing values were replaced using item means (Hair et al., 2019). Outliers greater than $3SD$ above or below the population mean on any of the study variables ($n=5$) were winsorized (Kline, 2000).

Next, the mean, standard deviation, and range were calculated for each of the subscales and total scores of the PBA. The same process was followed for each parenting practice (see Table 4.1). Bivariate Pearson’s Correlations were computed to examine the relationships among key study variables (see Table 4.2).

To get a sense of the distribution of parental burnout scores a mean and standard deviation approach was adopted. Previous research by Roskam et al. (2018) grouped parental burnout into five categories according to the frequency with which they experienced at least two thirds of the symptoms of parental burnout (i.e. category 1, never to occasionally; category 2, once a month or less; category 3, a few times month; category 4, a few times a week, and category 5, every day). Due to the limited size of our sample we chose to use a population mean and standard deviation approach (+/- 1SD) to identify parents who experienced low, average, and high levels of parental burnout (Swit & Breen, 2022). For example, parents with PBA scores $\leq 1SD$ below the population mean were categorised as low,

parents within +/- 1SD of the population mean were categorised as average, and parents with PBA scores $\geq 1SD$ above the population mean were categorised as high. Frequencies were used to identify the prevalence of each category of parental burnout.

The research questions were interested in the associations between parental burnout and parenting practices and the relative strength of these associations. Firstly, a correlation analysis was performed to investigate relationships between parental burnout (total score and subscales) and authoritative, authoritarian and psychologically controlling parenting practices. Next, a hierarchical linear regression was conducted to further explore these relationships. In step one of the regression analysis we included the following demographic factors: parent age, gender and ethnicity, and child age and gender as independent variables with parental burnout as the dependent variable. These demographic factors were chosen based on theoretical and empirical evidence that they impact parental burnout (Lindström et al., 2011; Norberg, 2007; Roskam et al., 2021; Roskam & Mikolajczak, 2020; Van Bakel et al., 2022). In step two the parenting practices (i.e. authoritative, authoritarian, and psychological control) were added as independent variables. Due to the highly correlated nature of the PBA subscales these were not used as dependent variables.

In regard to the use of ethnicity as a control variable, research indicated a significant difference in parental burnout statistics across western (individualistic) and non-western (collectivist) cultures (Roskam et al., 2021). For this reason, and due to the small sample size ($N=83$), participants were grouped as collectivist or individualist according to the culture in which they identified in the demographics questionnaire (see Table 3.2). Māori, Asian, Fijian and Pacific ethnicities were deemed to be collectivist (He et al., 2021; Podsiadlowski & Fox, 2011; Sahithya et al., 2019; Sodi et al., 2020) and all European based ethnicities were considered to be individualistic. Individualistic ethnicities dominated our sample ($n = 59$).

Table 3.2*Ethnicity Information: Collectivist versus Individualist*

Variables	N	Percent %
Collectivist	24	28.9
Individualist	59	71.1

Chapter 4: Results

Descriptive statistics

Descriptive statistics between key study variables are presented in Table 4.1. Skew (ranging from -.175 to .934) and Kurtosis statistics (ranging from -.989 to .803) indicated distribution within the normal range.

Table 4.1

Descriptive Data for Key Study Variables

Variable	Mean	SD	Min	Max
Parental Burnout Assessment				
Distance	.50	.54	.00	2.0
Contrast	.69	.54	.00	2.34
Saturation	.44	.45	.00	2.08
Exhaustion	1.25	.67	.00	3.11
PBA total	19.06	11.21	0	55
Parenting Practises				
Authoritative	3.46	0.31	2.77	4.00
Authoritarian	1.05	0.53	0.17	2.50
Psychological control	0.66	0.35	.00	1.72

Note. PBA total = Parental Burnout Assessment total score

The mean scores on each of the PBA subscales ranged from .44 to 1.25, with parental exhaustion (i.e. extreme exhaustion caused by one's role as a parent) being the most commonly experienced symptom of parental burnout in this sample of parents and saturation (i.e. decrease in their fulfilment as a parent) the least commonly experienced. The standard deviation of the PBA subscales ranged from .54 to .67 which suggests that most scores were close to the population mean. The highest total score on the PBA was 55 out of a possible

score of 92. The mean on the PBA was 19.06, indicating low overall levels of parental burnout in this sample.

Authoritative parenting was the most commonly self-reported parenting practice followed by authoritarian parenting and parental psychological control. The mean scores of authoritarian parenting practices and parental psychological control were low in comparison to the mean score for authoritative parenting.

Prevalence of parental burnout

Following the procedures described in the data analysis section, parents, who scored $\geq 1 SD$ above the population mean (15.7%, $n=13$) were categorised as experiencing high levels of parental burnout. Parents, who scored $\leq 1 SD$ below the population mean (15.7%, $n=13$) were categorised as experiencing low levels of parental burnout. Parents who scored +/- 1SD of the population mean (69%, $n=57$) were categorised as having average levels of parental burnout. This analysis established variability in the participants' experiences of parental burnout, but due to the small sample size these groupings were not used for further analysis.

Associations between parenting practices and parental burnout

This study was interested in establishing whether an association exists between parental burnout and parenting practices. As shown in Table 4.2, Pearson's Correlation Coefficients did not reveal a significant relationship shown between authoritative and authoritarian parenting practices, nor between authoritative and psychologically controlling parenting practices. However a moderate to high association was demonstrated between authoritarian and psychologically controlling parenting practices. A moderate negative association was revealed between authoritative parenting practices and parent's overall parental burnout scores. That is, parents who used authoritative parenting practices were more likely to have lower levels of parental burnout. In contrast, parents who used authoritarian or

psychologically controlling parenting practices had higher levels of parental burnout and this association was stronger for authoritarian parenting.

Exploring the four dimensions of parental burnout

Next, we were interested in examining which of the four dimensions of parental burnout were more closely associated with authoritative, authoritarian and psychologically controlling parenting practices. As presented in Table 4.2, Pearson's Correlation Coefficients indicated small to moderate associations between these variables. More specifically, authoritative parenting practices were associated with lower levels of all four dimensions of parental burnout.

The Pearson's Correlation Coefficient ($r=-.363$, $p<.001$) suggested that emotional distancing was most highly correlated with authoritative parenting practices. That is parents who had higher scores on the authoritative parenting practices questions had lower scores on the (emotional) distance dimension of parental burnout. In contrast, authoritarian and psychologically controlling parenting practices were associated with higher levels of all four dimensions of parental burnout. However, for authoritarian and psychologically controlling parenting practices, the saturation dimension was the most highly correlated. The moderate associations between these variables indicated that as the use of authoritarian and psychologically controlling parenting practices increased so did the scores on the saturation (decrease in their parental self-belief and loss of pleasure in their parental role) subscale of the PBA.

Table 5.2*Correlations Between Study Variables*

Measure	1	2	3	4	5	6	7	8
1. Authoritative parenting	-							
2. Authoritarian parenting	-.159	-						
3. Psychologically controlling parenting	-.163	.592***	-					
4. PBA - Total Score	-.315**	.416***	.367***	-				
5 PBA – Emotional Distance	-.363***	.365***	.281*	.777***	-			
6. PBA - Contrast previous life	-.304**	.361***	.237*	.831***	.670***	-		
7. PBA - Saturation	-.256**	.463***	.405***	.839***	.715***	.725***	-	
8. PBA - Exhaustion	-.230*	.312**	.340**	.904***	.567***	.569***	.621***	-

Note. PBA = Parental Burnout Assessment. † p<0.10 *p<0.05 ** p<0.01 ***p<0.001

Unique contribution of parenting practices to parental burnout

A hierarchical linear regression analysis was conducted to examine the extent to which parenting practices were related to parental burnout after controlling for demographic variables. The results of the regression analysis (see Table 4.3) indicated that the demographic factors of parent gender and age, child gender and age, and family ethnicity were not significant predictors of parental burnout accounting for only 3% of the variance in the model. Addition of authoritative, authoritarian and psychologically controlling parenting practices in step two significantly improved the model and explained 27% of the variance in parental burnout. Closer examination of the beta weights indicated that parents' use of authoritarian practices ($\beta = .301$) was most strongly related to higher levels of parental burnout. One unit increase in authoritarian practices was associated with 0.30 units increase in parental burnout symptoms. The inverse association was found for authoritative parenting practices ($\beta = -.222$) suggesting that one unit increase in authoritative parenting practices was associated with 0.22 units decrease in parental burnout symptoms. In this sample psychologically controlling parenting was not shown to be significantly related to parental burnout.

Table 4.3*Results of the Regression Analyses*

Variable	B	t	R	R²	ΔR²
Step 1		1.648	.164	.027	.027
Parent gender	-.057	-.483			
Parent age	-.088	-.761			
Child gender	.079	.676			
Child age	.102	.878			
Ethnicity	-.045	-.392			
Step 2		1.496	.523	.274	.247***
Parent gender	.048	.451			
Parent age	-.012	-.113			
Child gender	.077	.738			
Child age	.107	1.033			
Ethnicity	-.033	-.319			
Authoritative	-.222*	-2.092*			
Authoritarian	.301*	2.321*			
Psych control	.165	1.276			

Note: † p<0.10 *p<0.05 ** p<0.01 ***p<0.001

Chapter 5: Discussion

The goal of this research was to examine the relationship between parental burnout and parenting practices. Parental burnout is a state of physical, mental and emotional exhaustion that occurs as a result of the chronic demands and stressors of parenting (Mikolajczak et al., 2019; Mikolajczak et al., 2020; Roskam et al., 2018; Sánchez-Rodríguez et al., 2019). An imbalance between the demands associated with parenting and the resources available to meet these demands can result in parental burnout, a state characterised by four groups of symptoms (Mikolajczak & Roskam, 2018). Firstly, due to the extensive demands of the parental role, parents can become emotionally *distanced*² from their children. Secondly, they begin to experience a loss of pleasure and fulfilment in their role as a parent in *contrast* to their prior experiences. Thirdly, parents become *saturated* by the enormity of their parental role and lose confidence in their ability and self-belief as a parent. Finally, the demands of parenting lead to severe *exhaustion* on a physical, mental and emotional level (Mikolajczak et al., 2020; Roskam et al., 2017; Séjourné et al., 2018). In this study, participants self-reported symptoms of parental burnout were measured as well as their use of authoritative, authoritarian, permissive, over protective and psychologically controlling parenting practices. Permissive parenting and over protective parenting practices were excluded from analysis due to a lack of reliability in the measures used in this sample.

Although a study by Mikolajczak, Raes, et al. (2018) investigated parenting factors in relation to parental burnout, the current study is the first known study to specifically examine the relationship between parental burnout and authoritative, authoritarian and psychologically controlling parenting practices. The current study has established a distinct relationship between parents' experiences of parental burnout and parenting practices. The findings indicated that increased use of authoritative parenting practices may protective for parental

² Words in italics represent names often used to describe the subscales of the Parental Burnout Assessment.

burnout while increased use of authoritarian and psychologically controlling parenting practices may put parents at a greater risk of parental burnout. Additionally, after controlling for the demographic factors of parent age, gender, ethnicity, and child age and gender, a significant relationship remained evident between parental burnout and authoritative and authoritarian parenting practices.

Results indicated that 15.7% ($n=13$) of participants experienced high levels of parental burnout compared to the other participants in the study. A recent New Zealand study by Swit and Breen (2022) regarding predictors of parental burnout during the COVID-19 pandemic, reported 10.47% of participants with high levels of parental burnout. Both the results of Swit and Breen (2022), and of the current study indicated a sizeable number of participants in each study deemed to have high levels of parental burnout symptoms. Further, Roskam and colleagues (2021) examined the prevalence of parental burnout across 42 countries (excluding New Zealand), and found between 1% and 30% of parents experienced parental burnout. As different methods and thresholds were used to determine levels of parental burnout across these studies comparison is problematic. However, it is important to note that any level of burnout among parents is disturbing given the negative outcomes associated with such feelings, therefore this reported prevalence in New Zealand deserves attention.

Some of the variation in the prevalence of parental burnout globally may be explained by cultural factors, specifically the difference between individualist and collectivist countries (Podsiadlowski & Fox, 2011; Roskam et al., 2021). The prevalence of parental burnout in this sample may be attributed to the individualistic nature of New Zealand society. In this sample of parents, individualism was predominant with 71.1% of participants' ethnic identity originating from cultures considered to be individualist rather than collectivist. It was suggested by Geinger et al. (2014) that in neo-liberal western (individualistic) societies such

as New Zealand, parenting is politically influenced, putting parents under the spotlight to perform and live up to public expectations. Societal judgments regarding parenting methods have led to an intensive approach to parenting that dictates to parents how they should feed, clothe, educate and socialise their children (Faircloth, 2014). The political drive to improve and change the future often puts the pressure on parents to craft responsible citizens who can fulfil on the political ideology. The resulting decontextualizing of norms puts increased burdens onto parents to perform in their parental role. Not only are individualistic parents trying to work out how to assimilate to the role of parenthood but there is an underlying fear of being judged, blamed, performing and failing (Geinger et al., 2014). Additionally, individuals are expected to determine their own values and interests along with being financially and emotionally self-sufficient (Faircloth, 2014). With this kind of pressure and expectation it is not surprising that parents from individualistic cultures experience increased symptoms of parental burnout. Viewed through the lens of the BR² theory (Mikolajczak & Roskam, 2018) the individualistic intensive parenting approach predominant in New Zealand could act as a significant and dangerous risk factor in regard to parental burnout. In comparison, a collectivist approach to child-rearing, views raising children as the responsibility of the group, the village shares the work. In a collective culture where the community actively participates in child-rearing it is plausible to suggest that these parents experience less judgement, criticism and blame and feel more supported in their parental role. Previous research by Roskam and colleagues (2021) argued that countries deemed to have an individualistic culture experience higher levels of parental burnout over and above socio-demographic variables, parental workload, other cultural values, and economic inequalities. The predominance of individualism amongst the ethnicities represented in New Zealand may be one explanation for 15.7% of this sample having high levels of parental burnout. The results of the current study revealed that symptoms of parental burnout are present in this

sample of New Zealand parents and urgent attention should be given to understanding parental burnout. Further longitudinal research with a larger sample would aid in establishing prevalence of parental burnout across New Zealand and inform future preventative interventions.

The main aim of this study was to examine the associations between parental burnout and parenting practices. Ample research has investigated the effect of parenting practices on the wellbeing of children (e.g. Pinquart, 2016, 2017a, 2017b) however, much less research has examined the effects of parenting practices on parents' wellbeing, such as their experiences of parental burnout. The present study revealed that authoritative parenting practices which are typically considered optimal for the wellbeing of children, are related to better wellbeing for parents, that is lower levels of parental burnout. In contrast, authoritarian parenting practices that typically have undesirable outcomes for children are related to poorer wellbeing for parents, that is higher levels of parental burnout.

More specifically, authoritative parenting practices may buffer against the effects of parental burnout, meaning that parents who use more authoritative parenting practices experience fewer parental burnout symptoms. Authoritative parenting is characterised by high levels of parental warmth, nurturance and behavioural control (Baumrind, 1971; Robinson et al., 1995). Although it is plausible that the time and effort required to parent in an authoritative manner could be related to parents becoming exhausted and overwhelmed by the demands and intensity of their role, leading to parental burnout, this study demonstrated the opposite. That is, parents using an authoritative parenting style connect positively with their children and use this strong connection to create effective behavioural boundaries. An authoritative parenting approach models high levels of warmth, self-regulation and emotional competence when interacting with their children (Aunola et al., 2000; Williams et al., 2009). Based on the premise of Social Learning Theory (Bandura, 1965), children learn behaviours

by observing and copying others in their environment. Parents using authoritative parenting practices are modelling these strategies to their children, therefore children are likely to assimilate this learning, show increased self-regulation, and an ability to manage and control their behaviour. Swit and Breen (2022) found that high emotional regulation in parents was a protective factor in preventing parental burnout. Thus, these findings suggest that the characteristics of authoritative parenting may be protective of parents' experiences of parental burnout. Rather than experiencing increased symptoms of parental burnout as a result of the effort required in attending to and monitoring their children, the current study suggests that parents who favour an authoritative approach actually experience less parental burnout. Future research would benefit from examining the specific characteristics of authoritative parenting that may serve as a protective factor for parental burnout, in particular emotional regulation. A longitudinal study is also recommended in order to determine a causal relationship between authoritative parenting practices and parental burnout.

Moreover, the current study demonstrates that the parenting practices that have been shown to have undesirable outcomes for the well-being of children may also have undesirable outcomes for the well-being of parents. More specifically, authoritarian parenting practices related to higher levels of parental burnout. Authoritarian parenting is characterised by high levels of demandingness, low levels of support and low levels of child autonomy (Baumrind, 1971; Robinson et al., 1995). Authoritarian parents are described as strict, demanding, and punitive. They may not take the time to warmly connect with their children, yet they have high expectations of them, anticipating children will do what they are told often without question or explanation (Aunola et al., 2000; Williams et al., 2009). This retributive environment may lead to the development of coercive family processes (Patterson, 1982) exacerbating stress and negativity, and increasing parents' experiences of parental burnout. An authoritarian approach to parenting may be perceived by parents as being easier, quicker,

and immediately successful in achieving desired compliance of their children; abundant literature suggests that this approach backfires in regard to the negative outcomes for children (Aunola et al., 2000; Pinquart, 2017b). The current study shows that authoritarian parenting practices are related to detrimental outcomes for the parent's wellbeing. Although it may have seemed like authoritarian parenting would create fewer symptoms of parental burnout for parents due to the compliance and obedience of their children, authoritarian parents may experience increased parental burnout symptoms because of the need to manage the negative processes that have occurred as a result of their parenting style. Again a longitudinal study is recommended in order to determine a causal relationship between authoritarian parenting practices and parental burnout.

The results regarding the relationship between psychologically controlling parenting practices and parental burnout were inconclusive. In the current study, the bivariate correlations indicated a positive relationship between psychologically controlling parenting practices and parental burnout. That is, parents who used psychologically controlling parenting practices scored higher on the Parental Burnout Assessment. Although a positive relationship was identified between these two constructs, this association was not shown to be significant in the regression analysis after controlling for demographic variables. The lack of a significant relationship between psychologically controlling parenting practices and parental burnout may be due to two factors. Firstly, the reliability of the psychologically controlling parenting practices self-report measure was questionable. Although the reliability was questionable, this measure was retained on theoretical and hypothesis plausibility. Secondly, psychological control and authoritarian parenting practices are highly correlated ($r=.592, p<.001$). A high correlation between these constructs is likely to have affected the results of the regression analysis. A potential explanation for the high correlation may be explained by the overlap and similarity of psychologically controlling parenting practices

with authoritarian parenting practices. Kuppens and Ceulemans (2018) suggest that psychological control is a dimension of authoritarian parenting practices in the same manner that behavioural control is a dimension of authoritative parenting. Future research on the specific characteristics of parenting practices that exacerbate or mitigate feelings of parental burnout would be useful to inform intervention. Additionally, future research using a more reliable measure of psychologically controlling parenting, as well as over-protective and permissive parenting is warranted to further investigate the association of these parenting practices on parental burnout.

Furthermore, the correlational findings of this study suggest that there are nuances between the four dimensions of parental burnout and various parenting practices. Gaining a greater understanding of the dimensions of parental burnout would provide detail about how to treat and prevent this complaint. This study found that parents who used authoritarian practices had higher scores on the saturation dimension (loss of confidence in their ability and self-belief as a parent) and parents who scored higher on authoritative parenting had lower scores on the distance dimension (parents become emotionally distanced from their children due to the demands of the parental role). One theoretical premise that supports these findings is the notion that parents using authoritative (optimal) parenting practices have a lower level of emotional distance from their children. Thus, less emotional distancing between child and parent may signal stronger attachment relationships and acts as a resource that protects or buffers against parental burnout. Therefore, promoting secure and responsive attachment relationships between children and parents may act as a preventative measure for parental burnout. Although the current study has not specifically tested the relationship between secure attachment relationships and authoritative parenting practices, previous research in this regard indicates a positive relationship between these constructs (Doinita & Maria, 2015; Fatmawati & Maryam, 2020; Jones et al., 2015; Karavasilis et al., 2003; Moazen et al., 2014).

The theoretical premise and the correlational findings indicate that investigation of specific aspects of each dimension of parental burnout and the relationship of these with the characteristics of different parenting practices is an area that would benefit from further investigation. Another promising avenue for future research is longitudinal studies examining the bi-directional and causal associations between parental burnout and parenting practices over time.

Implications

The findings of the current study suggest that there are many risk and resource factors that can be influenced in order to reduce and prevent parental burnout. The obvious channel for intervention is parenting programmes aimed at encouraging authoritative parenting practices and reducing authoritarian parenting practices. Although parenting programmes have the ability to induce positive change, the impact of parenting education is affected by the willingness and motivation of parents to participate (Chaviano et al., 2018).

Factors that act as risks and resources for parental burnout are either internal to parents or external. Internal factors are characteristics and behaviours within individuals that can be changed whereas external factors such as demographics may be more difficult to alter. Parenting practices are an internal resource that with motivation and support, individuals can change. Parental self-regulation is one of these internal aspects that would benefit from increased emphasis in parenting programmes. Parenting programmes are one avenue for promoting this change, however, some parents may experience external barriers to participation (e.g., financial support, childcare) that first need addressing to enable participation in parenting programmes. Many well-validated parenting programmes, are available to support parents in New Zealand e.g., TripleP-Positive Parenting Program (Sanders, 1999), The Incredible Years (Webster-Stratton, 2001), Tuning into Kids (Wilson et al., 2012), yet parental burnout is still present in this sample of parents. Future research that

examines the content and accessibility of parenting programmes in relation to parental burnout is warranted. Specifically which important elements of these parenting programmes protect against parental burnout.

COVID-19

The effects of the COVID-19 pandemic may not become apparent until the future, yet it is probable that this event has and will impact parental burnout (Swit & Breen, 2022). The heightened stress experienced by families during nationwide lockdowns and restrictions may have influenced how some of the parents in this study reported their experiences of parental burnout. Recent research by Swit and Breen (2022) regarding parental burnout during COVID-19 concluded that the lockdown had a minor impact on feelings of parental burnout. However, beyond the immediate reactions to the lockdowns and the ongoing pandemic, there is likely to be continuing impacts for many families. We know that stress enhancing factors are significant risks for parental burnout (Lebert-Charron et al., 2018) and the pandemic could trigger an increase in overall stressors for families, such as financial stress, ongoing COVID related illness, mental health challenges, increased anxiety and the ongoing threat of illness. It is important to continue to study this construct to understand the ways a pandemic impacts our society as there are likely to be lasting impacts both nationally and globally. The more we know about parental burnout, the more that can be done to prevent and treat it.

Practical considerations

Although researchers in this study prioritised how and when data was collected so that they could flexibly manage any issues regarding illness, non-attendance and attrition, data collection was affected by the manifestation of a nationwide lockdown due to the COVID-19 pandemic. This lockdown occurred during the second data collection time point and affected approximately 45% of overall participants. The situation was well managed by offering

parents the choice between completing interviews via zoom, or waiting until the conclusion of lockdown to meet face to face.

Limitations

One limitation of this study is the small sample size ($N=83$). Although we were able to show relationships between parental burnout and parenting practices, a larger, more diverse sample will produce results that are more representative of the New Zealand population. This study uses data from a Christchurch sample which cannot be generalised to the rest of New Zealand parents. The use of kindergartens across different socio-demographic areas (i.e., decile 3, decile 5, and decile 8) in this study attempts to minimise this effect. However, caution must be applied when making nationwide assumptions about parental burnout when using a small sample from only one geographic area. Further research is recommended that includes a larger more varied sample.

The demographic data indicates that compared to the New Zealand population this sample is highly educated (StatisticsNZ, 2018). Empirical evidence suggests there is not a relationship between levels of education and parental burnout (Roskam et al., 2018), therefore, education level was not considered as a predictor variable in this study. In their study of parental burnout during the global COVID-19 pandemic, Van Bakel et al. (2022) and Mikolajczak, Brianda, et al. (2018) identified that parental burnout did not appear to be affected by the level of education of parents as it was a threat to all families regardless of their level of education. However, it is worth noting that in the current study, parental burnout was present and the sample had a high level of education. The high level of education in this sample may be moderated by the high level of individualism also present in this sample. Further research would be required to test this premise.

As this study is a cross-sectional study it may be difficult to interpret the directions of associations between the variables. Measuring parental burnout and parenting practices

simultaneously provides a snapshot in time, but it is not possible to identify causal factors and rule out reverse causality (Field & Field, 2018). Other studies have shown evidence of bidirectionality between numerous parent and child factors. For example, in their study of 205 preschool children with and without developmental delay, Baker et al. (2003) found a reciprocal relationship between child externalising behaviour and parental stress. That is increased parental stress related to increased child externalising behaviour and vice versa. This and other research, e.g., Aunola et al. (2000); Kuczynski and Parkin (2009), suggest that a bidirectional nature exists between many aspects of parenting practices and child behaviour. Therefore, it is plausible to suggest that a bidirectional relationship might occur between parenting practices and wellbeing outcomes for parents such as parental burnout. This study has shown that certain parenting practices may have the ability to predict parental burnout, therefore, it would be interesting to discover if different levels of parental burnout can also predict use of certain parenting practices. A longitudinal study would be required to explore these questions.

A longitudinal project would also provide valuable information regarding the nuances and complexities of parental burnout over time. Examining the long term fluctuations of parental burnout scores might give clues about what aspects of parental burnout change when symptoms increase or decrease. For example, we might see a tapering off of parental burnout symptoms in relation to the age of the children, or we might discover that symptoms peak for parents when children reach a certain age. Information of this nature would further inform the prevention and intervention strategies.

The measures used to assess psychologically controlling, permissive and overprotective parenting practices were questionable or unreliable in this sample. Although the psychologically controlling measure was retained on a theoretical basis, the measures used to assess permissive parenting and overprotective parenting, were excluded from data analysis

due to their low reliability scores. The lack of reliability may have been affected by the small number of items ($n=4$) on each of these scales or the small sample size ($N=83$). Further research in regard to psychologically controlling, permissive and overprotective parenting practices using reliable measures is warranted.

All measures used in the current study are based on self-report which likely increased the chance of response bias (Bornstein, 2020). The answers given by parents when interviewed may have been influenced by impression management. For example, a parent who has limited insight into their own parenting ability may have attempted to present themselves in a manner they deemed to be desirable or expected (Rust & Golombok, 2009). Additionally an individual may not have been personally invested in the research, so may have given impulsive, random or acquiescent answers. While the use of self-report items remains a limitation, the researchers of this study took extra care to mitigate this possibility. They did this by taking extra time to develop a rapport with parents in order to help them feel comfortable to answer questions honestly. This approach, along with administering quantitative surveys during face-to-face interviews likely reduced the impulsive, random or acquiescent answers from parents. The researchers deemed this participatory and inclusive approach to administering surveys and collecting quantitative data was acceptable and well received by parents.

Conclusion

This study examined the relationship between parental burnout and authoritative, authoritarian and psychologically controlling parenting practices. Our findings demonstrated that greater use of authoritative parenting practices related to lower levels of parental burnout and greater use of authoritarian and psychologically controlling parenting practices related to higher levels of parental burnout. Additionally, after controlling for demographic variables, authoritarian parenting practices was the strongest indicator of increased parental burnout

symptoms, followed by authoritative parenting practices which related to decreases in parental burnout symptoms. Psychologically controlling parenting did not relate to parental burnout in the final regression model. These results suggested that parenting practices, specifically authoritative and authoritarian parenting, may be predictors of parental burnout.

To the best of our knowledge, these results present the first known empirical data that considers the impact of parenting practices on parental wellbeing, specifically, parental burnout. These results contribute to the emerging body of knowledge around parental burnout, and they support previous research regarding optimal parenting practices. We have shown that the parenting practices that have positive outcomes for children also have good outcomes for parents in regard to parental burnout. This signifies the importance of implementing interventions that both improve parenting practices and reduce parental burnout.

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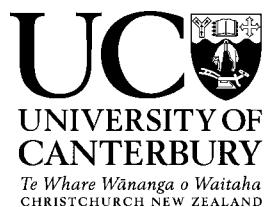
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Appendix A: Parent Information and Caregiver Consent Form



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ERHEC Ref: 2020/04/ERHEC

1 March 2021

Children's Social Behaviour and Teacher and Parent Health and Wellness Information Sheet for Parents/Primary Caregivers

You are invited to participate in a study exploring children's (2- to 5-years old) social and emotional behaviours and how these may influence teachers' and parents' (or primary caregivers') health and wellness over a school year. The purpose of the study is to 1) to explore the prevalence and nature of children's use of social and non-social behaviours, as reported by teachers and parents/caregiver; 2) to explore the prevalence and nature of teachers' and parents' health and wellness, through self-reports; and 3) to examine children's perceptions of friendship, kindness, and princesses and superheroes that are portrayed in common television series and movies. Children will also be invited to play some simple activities on an iPad to assess their attention and memory.

This study is being conducted by Dr Cara Swit (principal investigator), Senior Lecturer in the School of Health Sciences, Dr Porsha London, Researcher at Te Rūnanga o Ngāi Tahu, Dr Seth Harty, Senior Lecturer in the School of Psychology, Speech and Hearing, Dr Valerie Sotardi, Senior Lecturer in School of Educational Studies and Leadership, University of Canterbury, Dr Anne McMaugh, Senior Lecturer in the School of Education, Macquarie University.

You have been approached to take part in this study because KidsFirst Professional Leaders are interested in gathering data on ways in which we can improve the social and emotional development of young children and the health and wellness of teachers and

parents. We will be collecting data from teachers, parents, and children over several years, until your child goes to school.

If you choose to take part in this study, you will be asked to complete the following questionnaires (independently or as an interview with one of the researchers or research assistants) twice per year (Time 1: March/April; Time 2: October/December):

Demographic Survey

You will be asked questions about your age, gender, ethnicity, family structure, and the highest level of education you have obtained. You will also be asked to report any past exposure to natural disasters. If the child participating in this study has siblings, you will be asked to list their age and gender. You will be asked this information so that we can identify as many potential factors that might impact on your health and wellbeing.

Children's Social and Emotional Behaviours

You will be asked questions about the social and emotional behaviour of your child participating in the study. This questionnaire asks you to identify how often your child engages in social and non-social behaviours and their temperament.

Parent-Child and Parent-Teacher Relationships

You will be asked about your relationship and daily interactions with your child and their teachers in the early childhood setting.

Parenting Practices and Health and Wellness

You will be asked about your everyday parenting practices, technology use, parenting stress, and your general happiness.

Completion of these questionnaires is expected to take approximately 60 minutes and they will be completed in a quiet room at the Kindergarten.

We are also interested in understanding more about what happens in your daily life and how you feel. So, once a day for one week in June and August we would like you to answer questions about the activities you completed during the day and how they made you feel. The research team will provide you details with how to download the app and complete the questions.

What will be expected of your child and their teachers involved in the study?

Teachers will complete the same questionnaires as parents, however, the questions will be adapted for teachers and the early childhood education social context.

Child Interviews

Your child will participate in short, interactive interviews that explore their friendships, understanding of kindness, and their favourite princesses and superheroes. The friendship interview will involve your child and other children participating in this study to identify

children they like to play with and don't like to play with. This information will help the researchers understand the reciprocal friendships that your child has with other children. I will also use Duplo toy figurines (i.e. Lego), pictures, and short animations to tell children three scenarios about different social situations. The children will then be asked some questions about what they think about the behaviour and how they'd respond to the situation. An example of a scenario may be: a child is shown two Duplo children and told that the girl snatched the ball from the other girl. The child is then asked about whether it was okay to snatch and what might happen next. Children will also be invited to play some simple activities on an iPad to assess their attention and memory. It is expected that these activities will take approximately 30 minutes to complete with each child. These activities are designed to be fun and interactive, however, children will be given breaks or from the activities whenever they wish.

The interviews with the children will take place at a time when other children, teachers and parents are outside. This will ensure that the participating child's responses aren't influenced by the presence of others and that their responses are confidential.

With your permission and permission from the children and their teachers, the child interviews will be video and audio recorded. These recordings will only be used to analyse the information collected. If you, the child's teacher or the children do not wish to be recorded, they do not have to. During each of the activities, the researcher will also take notes to ensure they have recorded the child's responses accurately.

What will happen if your child doesn't want to do the activities or appears upset?

I will do all I can to ensure that this is a fun experience for your child. If you consent to your child participating, I will talk to them about the study and the type of activities I would like them to do. Participation in this study is entirely voluntary: your child is not obliged to participate even if you decide to participate. If your child chooses not to participate in this study, or requests to withdraw from the tasks, they will be free to return to their regular activities without having to give a reason and without consequence.

What do you need to do?

It would be great for you to talk to your child about the research study. If you are happy for you and your child to participate please complete the consent form below. The questionnaires are included in this research pack. It would be very helpful if you could complete these and return these with the consent form. Please use the enclosed envelope to post them back to me or drop them in the locked box kept at the centre. Centre staff will not have access to your consent form and completed questionnaires. If you would prefer to complete the questionnaires face to face with a researcher (this could be via Skype or telephone or in person), we would be more than happy to do this with you. Please contact Cara Swit (see contact details below) to arrange a time that is most suitable for you to participate in completing the questionnaires. You are more than welcome to bring a support person with you.

What will you receive for your participation?

Your participation is valuable to us, so we will offer you a \$30 grocery voucher for each time point you complete and return your questionnaires (a total of \$60 if you complete the questionnaires two times throughout the year) as a small koha of our appreciation.

In the performance of the tasks and application of the procedures, there are risks of emotional or psychological distress as you recall previous exposure to natural disasters. Some of the questionnaire items may also bring up memories of your own negative social interactions or victimization. At any time you experience discomfort or distress in disclosing this information, you are free to take a break and come back to the questionnaires at a later time, withdraw your participation or choose not to complete these questions. You are also welcome to contact the principal investigator, Cara Swit, to discuss your responses to these questions. There are confidential and anonymous external support and resources that can be offered to you. Any responses that indicate illegal activity where the life or health of any person may be at risk are required to be reported to the appropriate authority (e.g., Oranga Tamariki). In these cases, anonymity will be breached. It is also important for you to know that everyone in the Centre will know who is participating in the study.

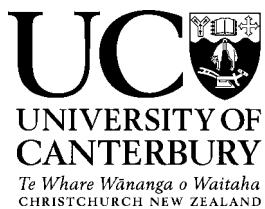
Participation is voluntary and you have the right to withdraw your participation or your child's participation at any stage without penalty. You may ask for your raw data to be returned to you or destroyed at any point. If you withdraw, I will remove information relating to you. However, once the analysis of raw data starts on 1 April 2021, it will become increasingly difficult to remove the influence of your data on the results.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: your identity will not be made public without your prior consent. Any information or personal details gathered in the course of the study are confidential. The results of this project will be presented in the form of journal articles and/or at conferences. No individual will be identified in any publication of the results. To ensure confidentiality, a participant code will be allocated to each participant. Only I, the research team (listed above), and University of Canterbury Master's Research students will have access to the data. All data will be transferred and securely stored on a password-protected external hard drive and will be securely stored in a locked filing cabinet in the researcher's office for a period of ten years.

Please indicate to the researcher on the consent form if you would like to receive a copy of the summary of the results of the project. A copy of your individual results and your child's results will be made available to you, at your request.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in the study, you are asked to complete the consent form and the questionnaires provided in this research pack, and place these in the envelope provided and deposit your responses safely in the locked box at the centre.



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Children's Social Behaviour and Teacher and Parent Health and Wellness

Information Sheet for Parents/Caregivers

- I have been given a full explanation of this project and have had the opportunity to ask questions.
- I understand what is required of me and my child if I agree to take part in the research.
- I understand that participation is voluntary and I or my child may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information I have provided should this remain practically achievable.
- I understand that even though I have provided consent for my child to participate in this study, my child will be required to provide assent before the child interviews are conducted.
- I understand that any information or opinions I or my child provide will be kept confidential to the principal researcher, the research team, and a University of Canterbury Master's student and that any published or reported results will not identify the participants or their organization.
- I understand that all data collected for the study will be kept in locked and secure facilities and/or in password-protected electronic form and will be destroyed after ten years.
- I understand the risks associated with taking part and how they will be managed.
- I understand the risks for my child in taking part and how they will be managed.
- I agree to the child interviews being video and audio recorded in a space within the early childhood setting.
- I understand that my child's permission will be sought for their interview to be video and audio recorded.
- I understand that I can contact the researcher Cara Swit, cara.swit@canterbury.ac.nz for

further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)

- I would like a summary of the results of the project.
- I would like a copy of my individual results.
- I would like a copy of my child's results.
- By signing below, I agree to participate in this research project.

Name: _____ Signed: _____ Date: _____

Email address: _____

Please return your consent form and completed the research pack to Cara Swit using the enclosed envelope. Your research pack can be placed in the locked box at the centre.

Appendix B: Demographic Survey

THRIVE Project Wave 2 2021

Parent's Name

Child's Name

Kindergarten

Q1 To start, I'm going to ask some questions about your age, gender, ethnicity, your education and family/whānau:

Q2 Gender

- Male (1)
 - Female (2)
 - Other (3)
-

Q3 Date of Birth



Q4 Ethnicity

- New Zealand European (1)
 - Māori (2)
 - Samoan (3)
 - Cook Island Māori (4)
 - Tongan (5)
 - Niuean (6)
 - Chinese (7)
 - Indian (8)
 - Filipino (9)
 - Other (10) _____
-

Q5 Highest level of educational qualification?

- No formal qualifications (1)
 - School qualifications (2)
 - Diploma, Certificate (3)
 - Bachelors degree (4)
 - Masters degree or higher (5)
 - Other (6) _____
-

Q6 Family structure

- Biological mother and father (1)
 - Step/blended family (one biological parent and one non-biological parent) (2)
 - Sole parent (3)
 - Grandparent (4)
 - Whāngai (5)
 - Fa'atea (6)
 - Extended family (aunty/uncle as primary caregivers) (7)
 - Adoptive family (8)
 - Same-sex family (9)
 - Other (10) _____
-

Q11 Age and gender of children in your immediate family (e.g. boy 3 years old)

Q12 What age did you first enrol your child (the child who is participating in this study) into an early childhood education setting?

- Under 12 months (1)
 - 1-2 years (2)
 - 2-3 years (3)
 - 3-4 years (4)
 - 4-5 years (5)
-

X→

Q13 How many centres has your child been enrolled in?

- 0 (0)
- 1 (1)
- 2 (2)
- 3+ (3)

Appendix C: Parenting Practices Questionnaire

The following statements relate to **your parenting practices**. Please rate how often you engage in the different parenting practices, listed below.

		Never (0)	Rarely (1)	Sometimes (2)	Usually (3)	Always (4)	
1	I am responsive to my child's feelings and needs	1	2	3	4	5	Authoritative Parenting Subscale
2	I take my child's wishes into consideration before I ask him/her to do something:	1	2	3	4	5	
3	I explain to my child how I feel about their good/bad behaviour	1	2	3	4	5	
4	I encourage my child to talk about their feelings and problems	1	2	3	4	5	
5	I encourage my child to freely "speak his/her mind", even if he/she disagrees with me	1	2	3	4	5	
6	I explain the reasons behind my expectations	1	2	3	4	5	
7	I provide comfort and understanding when my child is upset	1	2	3	4	5	
8	I compliment my child	1	2	3	4	5	
9	I consider my child's preferences when I make plans for the family (e.g., weekends away and holidays)	1	2	3	4	5	
10	I respect my child's opinion and encourage him/her to express them	1	2	3	4	5	
11	I treat my child as an equal member of the family	1	2	3	4	5	
12	I provide my child reasons for the expectations I have for him/her	1	2	3	4	5	
13	I have warm and intimate	1	2	3	4	5	

times together with my child						Authoritarian Parenting Subscale
	1	2	3	4	5	
14 When my child asks me why he/she has to do something I tell him/her it is because I said so, I am your parent, or because that is what I want						
15 I take privileges away from my child (e.g., games, playing with friends)	1	2	3	4	5	
16 I yell when I disapprove of my child's behaviour	1	2	3	4	5	
17 I explode in anger towards my child	1	2	3	4	5	
18 I use criticism to make my child improve his/her behaviour	1	2	3	4	5	
19 I use threats as a form of consequence with little or no justification	1	2	3	4	5	
20 I withhold emotional expressions (e.g., cuddles) as a response to my child's negative behaviour	1	2	3	4	5	
21 I openly criticise my child when his/her behaviour does not meet my expectations	1	2	3	4	5	
22 I find myself struggling to try to change how my child thinks or feels about things	1	2	3	4	5	
23 I feel the need to point out my child's past behavioural problems to make sure he/she will not do them again	1	2	3	4	5	
24 I remind my child that I am his/her parent	1	2	3	4	5	
25 I remind my child of all the things I am doing and I have done for him/her	1	2	3	4	5	
26 I find it difficult to respond to my child's negative	1	2	3	4	5	Permissive

						Parenting Subscale
27	I give into my child when he/she causes a commotion about something	1	2	3	4	5
28	I spoil my child	1	2	3	4	5
29	I ignore my child's bad behaviour	1	2	3	4	5
30	I tend to be overly involved in my children's activities	1	2	3	4	5
						Overprotection Subscale
31	I tend to be overprotective with my child	1	2	3	4	5
32	It is important to supervise all of my child's activities	1	2	3	4	5
33	I readily intervene if there is a chance that my child will fail at something	1	2	3	4	5
						Parental Psychological Control
I bring up my child past mistakes when disapproving of behaviour	1	2	3	4	5	
I tell me child their behaviour is dumb or stupid	1	2	3	4	5	Subscale
I am impatient with my child	1	2	3	4	5	
I don't like to be bothered by my child	1	2	3	4	5	
My mood changes when I'm with my child	1	2	3	4	5	
I act disappointed when my child misbehaves	1	2	3	4	5	
I tell my child they should be ashamed when he/she misbehaves	1	2	3	4	5	
I tell my child we are embarrassed when he/she misbehaves	1	2	3	4	5	
I tell my child that he/she is not as good as other children	1	2	3	4	5	
If my child hurts my feelings, I stop talking to him/her until	1	2	3	4	5	

he/she pleases me again

I remove my affection from my
child when he/she doesn't agree
with me

1

2

3

4

5

Appendix D: Parental Burnout Assessment

We're going to ask you a few questions about your general happiness and satisfaction in life.

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is.

		Strongly Disagree (0)	Disagre e (1)	Neither Agree nor Disagree (2)	Agre e (3)	Strongly Agree (4)
1	I'm so tired out by my role as a parent that sleeping doesn't seem like enough (EXHAUSTION)	1	2	3	4	5
2	I feel as though I've lost my direction as a dad/mum (CONTRAST)	1	2	3	4	5
3	I feel completely run down by my role as a parent (EXHAUSTION)	1	2	3	4	5
4	I have zero energy for looking after my child(ren) (EXHAUSTION)	1	2	3	4	5
5	I don't think I'm the good father/mother that I used to be to my child(ren) (CONTRAST)	1	2	3	4	5
6	I can't stand my role as father/mother any more (SATURATION)	1	2	3	4	5
7	I feel like I can't take any more as a parent (SATURATION)	1	2	3	4	5
8	I have the impression that I'm looking after my child(ren) on autopilot (EXHAUSTION)	1	2	3	4	5
9	I have the sense that I'm really worn out as a parent (EXHAUSTION)	1	2	3	4	5
10	When I get up in the morning and have to face another day with my child(ren), I feel exhausted before I've even started (EXHAUSTION)	1	2	3	4	5
11	I don't enjoy being with my child(ren) (SATURATION)	1	2	3	4	5
12	I feel like I can't cope as a parent (SATURATION)	1	2	3	4	5

13	I tell myself that I'm no longer the parent I used to be (CONTRAST)	1	2	3	4	5
14	I do what I'm supposed to do for my child(ren), but nothing more (DISTANCE)	1	2	3	4	5
15	My role as a parent uses up all my resources (EXHAUSTION)	1	2	3	4	5
16	I can't take being a parent any more (SATURATION)	1	2	3	4	5
17	I'm ashamed of the parent that I've become (CONTRAST)	1	2	3	4	5
18	I'm no longer proud of myself as a parent (CONTRAST)	1	2	3	4	5
19	I have the impression that I'm not myself any more when I'm interacting with my child(ren) (CONTRAST)	1	2	3	4	5
20	I'm no longer able to show my child(ren) how much I love them (DISTANCE)	1	2	3	4	5
21	I find it exhausting just thinking of everything I have to do for my child(ren) (EXHAUSTION)	1	2	3	4	5
22	Outside the usual routines (lifts in the car, bedtime, meals), I'm no longer able to make an effort for my child(ren) (DISTANCE)	1	2	3	4	5
23	I'm in survival mode in my role as a parent (EXHAUSTION)	1	2	3	4	5

SCORING INFORMATION

No items are reverse coded. Overall measure of parental burnout sum all items.

Exhaustion

Items 1, 3, 4, 8, 9, 10, 15, 21, and 23

Distance

Items 14, 20, 22

Contrast

Items 2, 5, 13, 17, 18, 19

Saturation

Items 6, 7, 11, 12, 16

