Parental Burnout During the Second Year of the COVID-19 Pandemic: Exploring the Role of Parenting Stressors and Coparenting Support

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Abstract
The COVID-19 pandemic brought about many changes in family routines and introduced new stressors for parents. While stressors can lead to parental burnout, coparenting support may mitigate the effects of parental stress on parental burnout. The current study explored the effects of parental stress, COVID-19 stress, and coparenting support on parental burnout during the second year of the pandemic. Participants consisted of one hundred fifty-five parents in the USA (M = 39.6, SD = 7.38; female = 94.8%). Results suggested parental stress was positively associated with parental burnout while coparenting support was negatively associated with parental burnout. These findings highlight the importance of addressing parental stress and support to minimize the risk of parental burnout.

Keywords
parental stress, coparenting support, parental burnout, COVID-19

The outbreak of coronavirus disease 2019 (COVID-19) was not only a threat to public health (Palacios Cruz et al., 2021), but the pandemic also posed risks for families due to its financial and social implications (e.g., Dawes et al., 2021; Prime et al., 2020). Lockdowns and social restrictions presented challenges for parents and families, including school closures, reduced interactions with children’s peers, disrupted child and family routines, job loss, changes in support networks, and COVID-19-related stress (Adams et al., 2021; Dawes et al., 2021; Posel et al., 2021; Rao & Fisher, 2021). Thus, the COVID-19 pandemic has introduced a number of new stressors for many parents.

Parenting is complex and demanding, bringing periods of stress and even feelings of burnout for some parents (Abidin, 1990; Roskam et al., 2018). Parental burnout is defined by intense exhaustion due to parenting, loss of fulfillment as a parent, emotional distancing from one’s child, and a perceived contrast between one’s previous and current parental self (Mikolajczak et al., 2019). These feelings may be a natural reaction to the stress and demands of childrearing. For 5–20% of parents, chronic or intense stress may lead to parental burnout (Roskam et al., 2018; Séjourné et al., 2018), which can have wide-ranging consequences for parents, including substance use, somatic symptoms, hypothalamic–pituitary–adrenal axis dysregulation as well as suicidal and escape ideations (Brianda et al., 2020a, 2020b; Mikolajczak et al., 2018a, 2019). Research on parental burnout is rapidly growing (Mikolajczak et al., 2019), and studies suggest parents experienced an increased risk for burnout during the pandemic (Bastaanssen et al., 2021; Griffith, 2020; van Bakel et al., in press), as well as the negative outcomes associated with parental burnout. Due to the impact parental burnout can have on parental mental and physical health (Brianda et al., 2020b; Mikolajczak et al., 2019), parenting behaviors (Mikolajczak et al., 2019), and child well-being (Brianda et al., 2020a; Mikolajczak et al., 2018a, 2019), it is important to examine the risk and protective factors associated with parental burnout during the COVID-19 pandemic.

A major risk factor for parental burnout is parental stress, particularly if stressors are experienced as overwhelming. Natural disasters and pandemics are events that can bring about significant stressors for parents that are abrupt and intense (Frankel et al., 2021; Hausman et al., 2020). Furthermore, the COVID-19 pandemic introduced stressors that were both unpredictable and long-lasting for many parents as the pandemic continued for multiple years. Thus, the nature of these stressors may have placed parents at risk for parental burnout, especially as the pandemic continued into the second year.

Theoretical Framework
The COVID-19 pandemic brought about new challenges and demands for many parents and their families, increasing the risk...
for parental burnout. Many parents navigated working and schooling their children from home in the absence of previous resources such as daycare or after-school programs for children. The Balance Between Risks and Resources (BR²) theory suggests parental burnout is due to a chronic imbalance between perceived parenting demands and resources (Mikolajczak & Roskam, 2018). Parenting demands include risk factors that increase parenting stress while resources refer to protective factors that minimize parental stress. Caring for children during the pandemic introduced new parenting demands; however, coparenting support may have served as a parental stress-reducing factor (Mikolajczak & Roskam, 2018). Furthermore, individual experiences of demands and resources can vary among parents, and high levels of stress and low levels of resources do not necessarily lead to parental burnout on their own (Mikolajczak & Roskam, 2020). According to BR², parental burnout is a result of greater demands than resources chronically (Mikolajczak et al., 2019). The longer parents experience higher parenting demands in relation to available resources, the greater the risk for parental burnout (Mikolajczak & Roskam, 2018).

Stressors experienced by an individual family member can contribute to stress within the broader family context. According to family stress theory (Patterson, 2002), a family’s resources to manage stressors and the meaning a family gives stressful events can contribute to a crisis that alters, and potentially improves, family functioning. This model highlights the importance of social support and family system resources for positive family functioning and well-being. The COVID-19 pandemic may have introduced both stressors and family system resources for parents. For some families, the long-term nature of their parenting stressors may have provided new opportunities to support one another within the family. For example, some families’ routines suddenly changed with fewer work and school commutes, fewer extracurricular activities, more family time, and increased coparenting support (Bender et al., 2022; He et al., 2021; Mikolajczak & Roskam, 2020). Given the prolonged stressors and changes to many families’ daily lives due to COVID-19, it is important to examine the risk and protective factors for burnout that parents experienced during the second year of the pandemic.

**Risk and Protective Factors Associated with Parental Burnout**

Many parents experienced increased parental stress during the COVID-19 pandemic as well as stress due to the pandemic itself (Adams et al., 2021; Calvano et al., 2021). Therefore, both parental stress and COVID-19 stress may have contributed to parental burnout for parents. Parenting stressors can include providing physical care, emotional support, and financial support for children (Blanchard et al., 2021; Griffith, 2020; Pew Research Center, 2020), all of which may have changed for parents during the pandemic. A study conducted by Joyce (2022) in the United States of America during the first year of the pandemic found an association between parental stress and parental burnout. In a study conducted in Norway, parental stress significantly predicted parental burnout after controlling for insomnia, self-efficacy, parental satisfaction, metacognitions and unhelpful coping strategies (Skjerdingstad et al., 2021). In addition to parental stress, the pandemic itself may have also introduced additional stress in the form of concerns for physical health, safety, and pandemic-related changes in family life. For instance, concerns about COVID-19 among parents in the United States of America predicted greater parental burnout (Prikhidko et al., 2020). However, few studies have examined the effects of COVID-19 stress on parental burnout specifically. For example, one study found COVID-19 stress was associated with parental exhaustion during the lockdown in Italy (Marchetti et al., 2020). Another study reported lockdown measures during COVID-19 were associated with very small but significant changes in parental burnout during the pandemic compared to pre-pandemic (Le Vigouroux et al., 2022b). Thus, additional research is needed to understand the effects of parental stress and COVID-19 stress on parental burnout.

In addition to risk factors, it is important to examine protective factors available to parents during the pandemic. The presence of a coparent may have provided support and stress relief for some parents. Coparenting refers to parents working collaboratively together to care for their child(ren) and the degree to which parents support or undermine one another in their role as parents (Feinberg, 2003). Coparenting support can reduce parenting stress when parents agree upon parenting practices, actively share parenting responsibilities, and value one another’s contributions as coparents (Durstchi et al., 2017; Mikolajczak et al., 2018b). During the lockdown period in Italy, coparenting support was associated with lower levels of parental stress (Giannotti et al., 2021). Coparenting support was also associated with less COVID-19-related stress among mothers in North America (Pruett et al., 2021). Additionally, another study found cooperative coparenting mitigated the effects of parental stress on harsh parenting during the lockdown in New Zealand (McRae et al., 2021). However, few studies have provided empirical evidence for the association between coparenting support and parental burnout, and even fewer studies have examined this relationship during the COVID-19 pandemic. In one of the few studies examining this relationship during the pandemic, Bastiaansen et al. (2021) found cooperative coparenting buffered the effect of COVID-19 lockdown measures on parental burnout for fathers but not for mothers. Furthermore, Favez et al. (2022) found negative coparenting behaviors that exposed children to interparental conflict were associated with higher levels of parental burnout; however, endorsing the other partner’s parenting was associated with lower parental burnout. Thus, emerging research suggests coparenting support predicts lower levels of parental burnout and may mitigate the effects of parental stress on burnout.

**The Current Study**

The COVID-19 pandemic introduced many stressors for parents that abruptly changed daily routines. As the pandemic entered the second year, experiencing longer-term stressors placed parents at an increased risk for parental burnout. At the same time, parents may no longer have had access to their support system due to public health mandates and concerns for safety.
While many studies have explored associations between parental stress and parental burnout, few have examined coparenting support in relation to parental burnout during the pandemic. The pandemic accelerated growing awareness of the need to focus on parenting experiences and parental burnout within developmental psychology (Mikolajczak & Roskam, 2020). Year two of the pandemic presents an opportunity to explore and evaluate the associations among risk and protective factors for parental burnout in the context of global, chronic parenting stressors. In the current study, we examined the unique effects of parental stress, COVID-19 stress, and coparenting support on parental burnout. We hypothesized (a) parental stress and COVID-19 stress would be positively associated with parental burnout, (b) coparenting support would be negatively associated with parental burnout, and (c) coparenting support would moderate the relationship between parental stress and parental burnout.

### Method

#### Participants

One hundred fifty-five parents in the United States of America participated in this study, as part of a larger study of parenting experiences during the COVID-19 pandemic. Participants ranged in age from 18 to 69 years ($M = 39.6$, $SD = 7.38$; female = 94.8%). The majority of participants identified as...
White/European (80%), followed by those who identified as multiracial (6.5%), Asian/Asian American (5.2%), Latina/o/x (4.5%), African American/Black (0.6%), American Indian/Alaska Native (0.6%), and other (1.9%). A total of 86.4% of parents in this study reported they were married and 80.6% had an undergraduate degree or higher. Participants reported having a range of 1–5 children ($M_{children} = 2$, $SD = 0.96$; $M_{age} = 7.83$, $SD = 5.19$). For additional sociodemographic information, see Table 1.

**Measures**

**Parental stress.** Parents completed the 18-item Parental Stress Scale (Berry & Jones, 1995) using a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). Sample item: “I feel overwhelmed by the responsibility of being a parent.” Raw scores of negatively worded items were reversed. The item scores were then summed, with higher scores indicating greater parental stress ($\alpha = 0.88$).

**COVID-19 stress.** Parents completed the 36-item COVID Stress Scale (Taylor et al., 2020) using a 5-point scale ranging from 0 (not at all) to 4 (extremely). The measure consists of 5 subscales (danger and contamination fears, fears about economic consequences, xenophobia, compulsive checking and reassurance seeking, and traumatic stress symptoms). Sample item: “I had trouble concentrating because I kept thinking about the virus.” For the current study, all items were summed to create a total COVID-19 stress score, with higher scores indicating greater stress related to the COVID-19 pandemic ($\alpha = 0.93$).

**Coparenting support.** Parents completed items of the Coparenting Relationship Scale (CRS) that corresponded to the coparenting support subscale (Feinberg et al., 2012). The CRS assesses four domains of coparenting (childrearing agreement, support and undermining, satisfaction with division of labor, and family management). We used the coparenting support subscale for this study, which consists of six items that assess a parent’s perception of coparenting support they receive from a partner. Participants responded to questions using a 7-point scale ranging from 0 (not true of us) to 6 (very true of us). Items from the subscale are summed with higher scores indicating a greater sense of coparenting support ($\alpha = 0.92$).

**Parental burnout.** Parents completed the 23-item Parental Burnout Assessment (PBA; Roskam et al., 2018) on the frequency of their feelings of burnout as a parent during COVID-19 using a 7-point scale ranging from 0 (never) to 6 (every day). The PBA assesses four key components of parental burnout: emotional exhaustion, emotional distancing from children, loss of pleasure in the parental role, and contrast with previous parental self. Items are summed to create a global burnout score for each participant, with higher scores indicating greater parental burnout. We did not have specific hypotheses related to the subscales; therefore, the global score for each participant was used for this study ($\alpha = 0.97$).

**Sociodemographic items.** The following sociodemographic factors were included in this study for each participant: age, gender, race, relationship status, parental status (e.g., single parent, coparent in the same household), education level, household income before and during the pandemic, number of children, child age, child gender, location (e.g., urban), region of the country, and religion. The majority of participants in the current study reported no change in their household income during the pandemic (72.9%). Approximately 15% reported a decrease in household income and 7% reported an increase in household income. Due to the stress that COVID-19 infection in the household can add to parenting, participants were also asked to indicate if anyone in their household has, or has had COVID-19, at the time they completed the questionnaire. For additional details on these factors see Table 1.

**Procedures**

Data collection took place online using Qualtrics. Flyers containing information about the purpose of the study and procedures for participation were distributed to parenting groups on social media and organizations serving parents and families throughout the United States of America (e.g., parenting Facebook groups, neighborhood parenting groups). To provide consent and complete an anonymous online questionnaire, participants clicked on a link provided on the flyer. Data collection was completed between January 2021 and June 2021. Procedures were conducted in accordance with the APA Code of Ethics and the university institutional review board where the study was approved.

**Analytic Approach**

All statistical analyses were conducted in R (version 4.1.2). Listwise deletion was used to handle missing data. Prior to performing the main analyses, we tested the effect of participant gender on the key variables. No significant gender differences emerged among the variables (all $p$-values $> 0.05$). Descriptive statistics and zero-order correlations were conducted as preliminary analyses (see Table 2).

A hierarchical regression analysis was performed to evaluate the effects of risk and protective factors associated with parental burnout during the second year of the pandemic. In the first step, sociodemographic variables (i.e., age, gender, number of children, change in household income, and COVID-19 diagnosis in the household) were entered. Previous research suggests parental burnout is related to age (Le Vigouroux et al., 2022a; Woine et al., 2022), gender (Kerr et al., 2021), number of children in the household (Le Vigouroux & Scola, 2018), and change in household income (Griffith, 2020). In addition, knowing someone diagnosed with COVID-19 in a close setting (e.g., a family member or a close friend) is associated with greater psychological distress (Tanoue et al., 2020).
Hence, these sociodemographic factors were included as covariates of parental burnout.

Each risk and protective factor were added one at a time to the regression model to evaluate the contribution of each variable in terms of explained variance in parental burnout. Then each model was compared to the previous model to determine if it explained significantly more variance in parental burnout. The two risk factors, parental stress and COVID-19 stress, were entered in steps 2 and 3. The protective factor, coparenting support, was added in step 4. Lastly, the interaction between risk and protective factors was examined in the final step.

**Results**

Means, standard deviations, and correlations are presented in Table 2. With regard to the possible range of scores for each scale, the mean scores for participants in this sample were below the midpoint for parental stress ($M = 43.73$, $SD = 10.41$), and near the bottom quartile for both COVID-19 stress ($M = 34.71$, $SD = 19.18$) and parental burnout ($M = 35.76$, $SD = 29.19$). However, the mean for coparenting support was at the upper end of the possible range ($M = 5.45$, $SD = 1.48$). As hypothesized, parental stress ($r = 0.72$, $p < .001$) and COVID-19 stress ($r = 0.19$, $p = .03$) were positively correlated with parental burnout, and coparenting support ($r = -.29$, $p = .003$) was negatively correlated with parental burnout. No sociodemographic variables were significantly correlated with parental burnout.

**Predictors of Parental Burnout**

Hierarchical regression analyses were conducted to test the unique effects of parental stress, COVID-19 stress, and coparenting support on parental burnout. Results from the regressions are presented in Table 3. Sociodemographic factors were entered in the first step as covariates. Age, gender, number of children in the household, change in household income, and having someone in the household diagnosed with COVID-19 did not significantly predict parental burnout, $R^2 = 0.01$, $F(5, 85) = 0.18$, $p = ns$.

Next, parental stress, COVID-19 stress, and coparenting support were entered into the model one at a time, controlling for sociodemographic factors. Each model accounted for a significant increase in explained variance for parental burnout, with the exception of model 3 (see Table 3). Model 4 explored the unique effects of parental stress, COVID-19 stress, and coparenting support on parental burnout, $R^2 = 0.58$, $F(8, 82) = 14.19$, $p < .001$. Parental age ($\beta = -0.16$, $t = -2.10$, $p = .04$, 95% CI $[-1.25, -0.03]$), parental stress ($\beta = 0.73$, $t = 9.64$, $p < .001$, 95% CI $[1.69, 2.56]$), and coparenting support ($\beta = -0.18$, $t = -2.44$, $p = .02$, 95% CI $[-0.62, -0.61]$) each significantly predicted parental burnout while controlling for the remaining variables in the model. Among participants in this sample, increased parental age predicted less parental burnout. Examining the stress and support variables, higher parental stress predicted greater parental burnout. Conversely, higher coparenting support predicted lower levels of parental burnout. Thus, parental stress and coparenting support during the COVID-19 pandemic predicted parental burnout while stress related to COVID-19 did not.

To test the moderating effect of coparenting support, the interaction between parental stress and coparenting support was added to the model. Although the model was statistically significant, $F(9, 81) = 12.59$, $p < .001$, adding the interaction did not significantly increase the variance explained. Additionally, the interaction was not statistically significant, suggesting coparenting did not moderate the relationship between parental stress and parental burnout.

**Discussion**

Drawing upon BR$^2$ (Mikolajczak et al., 2019) and family stress theory (Patterson, 2002), this study explored risk and protective factors associated with parental burnout during the second year of the COVID-19 pandemic in the United States of America. The first hypothesis that parental stress would predict parental burnout was supported. This finding is consistent with studies published earlier in the pandemic, which found parents experienced moderate to high levels of stress during the pandemic (Calvano et al., 2021; Sahithya et al., 2020). Likewise, parents reported they felt more stressed and burned out in their role as a parent (Le Vigouroux et al., 2022b). This finding also lends support to other parenting studies conducted during the pandemic, which similarly found parental stress predicted parental burnout (Skjerdingstad et al., 2021). The finding that parents experienced parenting demands and stressors during the pandemic that exceeded their resources and contributed to parental burnout is also consistent with family stress theory (Patterson, 2002).

Due to the additional stress and demands parents experienced during COVID-19, we hypothesized stress directly related to COVID-19 (e.g., health concerns) would predict parental burnout over and above parental stress. This hypothesis was not supported. Participants in this sample reported levels of COVID-19 stress at the lower range of the scale and consistent with those reported in other studies using this measure with adults (Asmundson et al., 2020; Carlander et al., 2022). It is possible that stress due to concerns about COVID-19 may contribute to parental burnout in other samples, particularly among parents who experience higher levels of COVID-related stress. Although they did not include parental burnout, Adams et al. (2021) found worry and anxiety related to COVID-19 were common stressors for parents who experienced moderate to high levels of stress during the pandemic. In line with family stress theory, parents in this study may have experienced stress due to the pandemic; however, it may not have reached a level that exceeded their resources to manage the stress within their family. Other proximal stressors, such as parental stress, may be more prominent in predicting parental burnout.
Given the important role parenting resources and support can play in mitigating family stress, we expected coparenting support to be negatively associated with parental burnout. This hypothesis was supported. This finding is consistent with BR² and supports previous findings demonstrating coparenting support is a protective factor against parental burnout (Mikolajczak & Roskam, 2018). Few studies have explored the effect of coparenting support on parental burnout (Bastiaansen et al., 2021), and even less is known regarding the effect of coparenting support on parental burnout during COVID-19. Thus, the current finding is important in the context of the ongoing COVID-19 pandemic. It is important to note participants in this sample reported high levels of coparenting support. Parents in this study were moderately stressed as parents and felt highly supported. Moreover, few parents experienced the loss of childcare or household income, both of which have been associated with parental burnout (Joyce, 2022; Swit & Breen, 2022). This may have contributed to the majority of the sample scoring below the cutoffs used in previous studies for parental burnout (Roskam et al., 2021; Roskam et al., 2018). Nevertheless, it is important to identify potential risks for burnout among parents who have not yet reached the cutoff point.

Finally, we tested the moderating effect of coparenting support. The findings were not statistically significant, suggesting coparenting support did not buffer against the negative effect of parental stress on parental burnout in the current study. Although previous studies have found coparenting support protected against parental burnout (Mikolajczak & Roskam, 2018), findings on parenting during the COVID-19 pandemic were mixed. For example, in a study conducted by Bastiaansen et al. (2021) the relationship between pandemic restrictions and parental burnout was not impacted by coparenting in general. However, coparenting did mitigate the impact of the restrictions on parental burnout among fathers. Thus, their findings suggest coparenting support may offer protection against parental burnout, and they also point to an area for future research as the effects may differ for fathers and mothers.

It is important to note that parental age was negatively associated with parental burnout in this sample during the second year of the COVID-19 pandemic. This finding is consistent with those from studies of parenting in the early stages of the pandemic (Skjerdingstad et al., 2021; Sorkkila & Aunola, 2021; Woine et al., 2022). It could be that older age as a parent offered certain protective factors, such as increased parenting experience (Woine et al., 2022), that helped parents cope with parenting stressors as pandemic-related changes continued into the second year.

As mentioned previously, many parents in this study did not meet the cutoff for parental burnout used by Roskam et al. (2021), which requires a score of 92 or above. The 6% of the parents who met the cutoff in this sample is within the 5–20% range reported in pre-pandemic studies (Roskam et al., 2018; Séjourné et al., 2018). Our finding is also consistent with other studies reporting similar or lower levels of burnout among parents during COVID-19 (Bastiaansen et al., 2021; Le Vigouroux et al., 2022; Swit & Breen, 2022; Woine et al., 2022).

Although several studies have reported increases in parenting stress and stress due to the pandemic, COVID-19 stress did not significantly predict parental burnout among participants in this study. Furthermore, parents in the current study reported low levels of stress related to COVID-19. It is possible that worries and concerns about contracting the virus waned and other parenting stressors became more salient during the second year of the pandemic, especially as vaccination distribution began among adults. While COVID-19 introduced new stressors for parents and families globally, stress directly related to COVID-19 did not contribute to burnout for parents in this study. Rather, parental stress and coparenting support were both important risk and protective factors for parental burnout respectively. Importantly, these factors are also both associated with parental burnout in non-pandemic times as well. The current findings contribute to the broader literature on parental burnout and further highlight the significance of parental stress and support. Thus, the risk and protective factors parents experienced during the pandemic may have similar impacts on parental burnout during other stressful periods as well. The current findings contribute to the broader literature on parental

### Table 2. Means, Standard Deviations, and Correlations among Covariates, Stress, and Support Variables.

| Variable                          | M    | SD    | Range | 1     | 2     | 3     | 4     | 5     | 6     | 7     | 8     | 9     |
|-----------------------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1. Age                            | 39.6 | 7.38  | —     | —     | —     | —     | —     | 0.07  | —     | —     | —     | —     |
| 2. Gender                         |      |       | —     | —     | —     | —     | —     | —     | —     | —     | —     | —     |
| 3. Number of Children             | 2    | 0.96  | —     | 0.09  | 0.01  | —     | —     | —     | —     | —     | —     | —     |
| 4. Change in Household Income     | -0.17| 1.05  | —     | 0.03  | 0.09  | 0.07  | —     | —     | —     | —     | —     | —     |
| 5. Household COVID-19 Diagnosis   |      |       | 0.21* | 0.12  | 0.02  | 0.10  | —     | —     | —     | —     | —     | —     |
| 6. Parental Stress                | 43.73| 10.41 | 18–90 | -0.03 | -0.08 | -0.10 | 0.03  | 0.00  | —     | —     | —     | —     |
| 7. COVID-19 Stress                | 34.71| 19.18 | 0–144 | -0.08 | 0.03  | -0.09 | -0.08 | -0.13 | 0.16  | —     | —     | —     |
| 8. Coparenting Support            | 5.45 | 1.48  | 0–6   | -0.09 | 0.12  | 0.01  | -0.02 | -0.04 | -0.18 | -0.07 | —     | —     |
| 9. Parental Burnout               | 35.76| 29.19 | 0–138 | -0.09 | 0.02  | 0.02  | 0.04  | 0.04  | 0.72***| 0.19*  | -0.29***| —     |

Note. Gender: 1 = male, 2 = female; Household COVID-19 diagnosis: 1 = yes, 2 = no. *p < .05, ***p < .001.
burnout and further highlight the significance of parental stress and support.

**Implications and Future Directions**

Minimizing and managing parental stress is critical for parental and family well-being, especially during stressful periods due to the increased risk for parental burnout. It is important to view parental stress as a serious concern that needs to be balanced with adequate resources. According to BR², even when faced with significant parenting demands, if there are sufficient resources to balance and meet the demands, parental burnout may not occur.

Clinicians working with parents and families may want to focus on providing individual parenting services to reduce parental stress as well as family services to improve coparenting support. Clinician therapeutic support may offer important benefits and help reduce parental burnout (Brianda et al., 2020a). When experiencing stressors, such as a pandemic, or for clients who cannot attend therapy in-person, teletherapy may present clinicians with an opportunity to provide support for parents experiencing novel or chronic stressors (Milot, 2021).

Research on parental burnout is relatively new but has grown internationally in recent years (Aguiar et al., 2021; Aunola et al., 2021; Chen et al., 2022; Mikolajczak et al., 2019; van Bakel et al., 2018). Future studies could identify risk factors contributing to parental burnout and explore the mechanisms through which they exert their influence. Several studies conducted during the COVID-19 pandemic have provided initial information to better understand sociodemographic differences in experiences of parental burnout (Fontanesi et al., 2020; Table 3.)

### Table 3. Hierarchical Regression Model of the Predictors of Parental Burnout.

| Variable                                | B    | 95% CI for B | SE B | β     | R²   | ΔR² |
|-----------------------------------------|------|--------------|------|-------|------|-----|
| Step 1                                  |      |              |      |       |      |     |
| Constant                                | 56.06* | 8.19         | 103.92 | 24.07 | 0.01 | 0.01 |
| Age                                     | −0.29 | −1.21        | 0.62  | 0.46  | −0.07 |     |
| Gender                                  | −0.71 | −25.86       | 24.43 | 12.65 | −0.01 |     |
| Number of children                      | −1.80 | −9.02        | 5.42  | 3.63  | −0.05 |     |
| Change in income                        | 0.85  | −5.51        | 7.20  | 3.20  | 0.03  |     |
| Household COVID-19 Diagnosis            | −1.87 | −20.18       | 16.43 | 9.20  | −0.02 |     |
| Step 2                                  |      |              |      |       |      |     |
| Constant                                | 49.15** | 16.63        | 81.67 | 16.35 | 0.55  | 0.54*** |
| Age                                     | −0.58 | −1.20        | 0.04  | 0.31  | −0.14 |     |
| Gender                                  | 11.16 | −6.07        | 28.38 | 8.66  | 0.10  |     |
| Number of Children                      | 2.08  | −2.88        | 7.04  | 2.50  | 0.06  |     |
| Change in Income                        | −0.73 | −5.05        | 3.60  | 2.17  | −0.02 |     |
| Household COVID-19 Diagnosis            | −2.96 | −15.38       | 9.47  | 6.25  | −0.04 |     |
| Parental Stress                          | 2.20*** | 1.76         | 2.63  | 0.22  | 0.75*** |     |
| Step 3                                  |      |              |      |       | 0.00  |     |
| Constant                                | 46.95** | 11.61        | 82.28 | 17.77 |      |     |
| Age                                     | −0.58 | −1.20        | 0.05  | 0.31  | −0.14 |     |
| Gender                                  | 10.61 | −7.03        | 28.25 | 8.87  | 0.09  |     |
| Number of Children                      | 2.19  | −2.84        | 7.22  | 2.53  | 0.07  |     |
| Change in Income                        | −0.71 | −5.06        | 3.64  | 2.19  | −0.02 |     |
| Household COVID-19 Diagnosis            | −2.47 | −15.31       | 10.37 | 6.45  | 0.03  |     |
| Parental Stress                          | 2.18*** | 1.73         | 2.63  | 0.23  | 0.75*** |     |
| COVID-19 Stress                          | 0.04  | −0.19        | 0.27  | 0.12  | 0.03  |     |
| Step 4                                  |      |              |      |       |      |     |
| Constant                                | 47.66** | 13.33        | 82    | 17.26 | 0.55  | 0.03* |
| Age                                     | −0.64* | −1.25        | −0.03 | 0.31  | −0.16* |     |
| Gender                                  | 12.59 | −4.62        | 29.81 | 8.65  | 0.11  |     |
| Number of Children                      | 2.24  | −2.65        | 7.13  | 2.46  | 0.07  |     |
| Change in Income                        | −0.71 | −4.93        | 3.52  | 2.12  | −0.02 |     |
| Household COVID-19 Diagnosis            | −2.48 | −14.95       | 10    | 6.27  | −0.03 |     |
| Parental Stress                          | 2.12*** | 1.69         | 2.56  | 0.22  | 0.73*** |     |
| COVID-19 Stress                          | 0.03  | −0.19        | 0.26  | 0.11  | 0.02  |     |
| Coparent Support                         | −3.31* | −6.02        | −0.61 | 1.36  | −0.18* |     |

Note. Gender: 1 = male, 2 = female; Household COVID-19 Diagnosis: 1 = yes, 2 = no; CI = confidence interval; LL = lower limit; UL = upper limit. *p < .05, **p < .01, ***p < .001.
Le Vigouroux et al., 2022b; Skjerdingstad et al., 2021). However, a study by Woine et al. (2022) found that sociodemographic and situational variables (e.g., teleworking, homeschooling) explained a very small proportion of the variance in parental burnout. In contrast, parental cognitive appraisals of their parenting during the pandemic were primary contributors to parental burnout. Additional research is needed to further explore how parental stress and other factors contribute to parental burnout, for whom, and under what conditions.

Longitudinal studies could also explore the impact of parental stress and coparenting, especially the trajectories of parental burnout and the effects of burnout on families over time (Griffith, 2020). Not all parents who lack coparenting or social support develop parental burnout. Understanding how and when the imbalance of risk factors and resources leads to parental burnout is important to better support parents, children, and families (Mikolajczak & Roskam, 2020). Lastly, it is important to explore the development and impact of parental burnout among diverse cultures and family structures. Thus, future studies could build upon existing research to better understand both the risk and protective factors contributing to parental burnout in diverse parenting contexts (Roskam et al., 2020, 2022).

Limitations

The present findings must be interpreted in light of several limitations. First and foremost, the small sample size in this study precluded further analyses involving additional variables. To understand the effect of chronic and acute parental stress on burnout, future research should examine potential moderators (e.g., parent gender, social support; Etzion, 1984; Roskam & Mikolajczak, 2020) and mediators (e.g., emotional regulation; Gomes et al., 2013), alongside sociodemographic variables. Relatedly, researchers could further investigate how parental stress and burnout might affect child development. Second, the present study involved predominantly White, educated mothers residing in the western United States, whose families did not experience major financial loss or job loss. Experiencing a major decrease in household income was associated with parental burnout, while loss of paid work was unrelated to parental burnout, during the COVID-19 lockdown (Swit & Breen, 2022). Hence, future research should include a more diverse sample at varying levels of socioeconomic status before versus during COVID-19 or other major life events. Third, at the time of data collection, many parents were working from home and their children were schooling from home, depending on the lockdown and public health mandates across the United States of America. The changes in work and school settings might have served as third variable affecting parental stress, coparenting support, and burnout during the pandemic. Fourth, the study included self-report, which could lead to method bias (Podsakoff et al., 2012). Future research should use a multi-method, multi-informant approach by recruiting multiple reporters and collecting physiological data of stress (e.g., stress hormones over time) to reduce the method bias. Finally, the present study involved cross-sectional data, which precluded us from drawing conclusions on the directionality of effects. It is also uncertain whether stress and burnout are related over time. Hence, longitudinal studies merit future investigation.

Conclusion

The COVID-19 pandemic introduced new challenges in parenting. For many parents, stressors in parenting and childcare continued during the second year of the pandemic. In the current study, parenting stress was a major risk factor for parental burnout while coparenting support was negatively associated with parental burnout. Stress directly related to the pandemic did not uniquely contribute to parental burnout. Although many parents experienced concerns about COVID-19, stressors directly related to the complex activity of parenting itself appear to be a more important risk factor related to parental burnout. Addressing parental burnout is important, not only to prioritize parental mental health, but also due to the effects parental burnout can have on children and families. Taking a lifespan approach to human development, and understanding the experiences and needs of parents is a critical way to support family well-being.

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References

Abidin, R. R. (1990). Parenting stress index manual. Pediatric Psychology Press.

Adams, E. L., Smith, D., Caccavale, L. J., & Bean, M. K. (2021). Parents are stressed! Patterns of parent stress across COVID-19. Frontiers in Psychiatry, 12, Article 626456. https://doi.org/10.3389/fpsyt.2021.626456

Aguiar, J., Matias, M., Braz, A. C., César, F., Coimbra, S., Gaspar, M. F., & Fontaine, A. M. (2021). Parental burnout and the COVID-19 pandemic: How Portuguese parents experienced lockdown measures. Family Relations, 70(4), 927–938. https://doi.org/10.1111/fare.12558

Asmundson, G. J. G., Paluszek, M. M., Landry, C. A., Rachor, G. S., McKay, D., & Taylor, S. (2020). Do pre-existing anxiety-related
and mood disorders differentially impact COVID-19 stress responses and coping? Journal of Anxiety Disorders, 74, Article 102271. https://doi.org/10.1016/j.janxdis.2020.102271

Aunola, K., Sorkkila, M., Tolvanen, A., Tassou, A., Mikolajczak, M., & Roskam, I. (2021). Development and validation of the brief parental burnout scale (BPBS). Psychological Assessment, 33(11), 1125–1137. https://doi.org/10.1037/pas0001064

Bastiaansen, C., Verspeek, E., & van Bakel, H. (2021). Gender differences in the mitigating effect of co-parenting on parental burnout: The gender dimension applied to COVID-19 restrictions and parental burnout levels. Social Sciences, 10(4), 127. Article 127. https://doi.org/10.3390/socsci10040127

Bender, S., Brown, K. S., Hensley Kasitz, D. L., & Vega, O. (2022). A network approach to parental burnout. Psychoneuroendocrinology, 117, Article 104681. https://doi.org/10.1016/j.psyneuen.2020.104681

Brianda, M. E., Roskam, I., & Mikolajczak, M. (2020). Hair cortisol concentration as a biomarker of parental burnout. Psychoneuroendocrinology, 117, Article 104681. https://doi.org/10.1016/j.psyneuen.2020.104681

Calvano, C., Engelke, L., Di Bella, J., Kindermann, J., Renneberg, B., & Winter, S. M. (2022). Families in the COVID-19 pandemic: Parental stress, parent mental health and the occurrence of adverse childhood experiences—results of a representative survey in Germany. European Child & Adolescent Psychiatry, 31(7), 1–13. https://doi.org/10.1007/s00787-021-01739-0

Carlander, A., Lekander, M., Asmundson, G. J. G., Taylor, S., Olofsson Bagge, R., & Lindqvist Bagge, A. S. (2022). COVID-19 related distress in the Swedish population: Validation of the Swedish version of the COVID Stress Scales (CSS). PLoS One, 17(2), e0263888. Article e0263888. https://doi.org/10.1371/journal.pone.0263888

Chen, M., Bai, Y., Fu, M., Huang, N., Ahmed, F., Shahid, M., Wang, X., Liu, C., Feng, X. L., & Guo, J. (2022). The associations between parental burnout and mental health symptoms among Chinese parents with young children during the COVID-19 pandemic. Frontiers in Psychiatry, 13, Article 819199. https://doi.org/10.3389/fpsyt.2022.819199

Dawes, J., May, T., McKinlay, A., Fancourt, D., & Burton, A. (2021). Impact of the COVID-19 pandemic on the mental health and well-being of parents with young children: A qualitative interview study. BMC Psychology, 9(1), 194. Article 194. https://doi.org/10.1186/s40359-021-00701-8

Durtshi, J. A., Soloski, K. L., & Kimmes, J. (2017). The dyadic effects of supportive coparenting and parental stress on relationship quality across the transition to parenthood. Journal of Marital and Family Therapy, 43(2), 308–321. https://doi.org/10.1111/jmft.12194

Etzion, D. (1984). Moderating effect of social support on the stress–burnout relationship. Journal of Applied Psychology, 69(4), 615–622. https://doi.org/10.1037/0021-9010.69.4.615

Favez, N., Max, A., Bader, M., & Tissot, H. (2022). When not teaming up puts parents at risk: Coparenting and parental burnout in dual-parent heterosexual families in Switzerland. Family Process, 00, 1–15. https://doi.org/10.1111/famp.12777

Feinberg, M. E. (2003). The internal structure and ecological context of coparenting: A framework for research and intervention. Parenting: Science and Practice, 3(2), 95–132. https://doi.org/10.1207/S15327922PAR0302_01

Feinberg, M. E., Brown, L. D., & Kan, M. L. (2012). A multi-domain self-report measure of coparenting. Parenting: Science & Practice, 12(1), 1–21. https://doi.org/10.1080/15295192.2012.638870

Fontanesi, L., Marchetti, D., Mazzu, C., Di Giandomenico, S., Roma, P., & Verrocchio, M. C. (2020). The effect of the COVID-19 lockdown on parents: A call to adopt urgent measures. Psychological Trauma: Theory, Research, Practice, and Policy, 12(S1), S79–S81. https://doi.org/10.1037/trt0000672

Frankel, L. A., Kuno, C. B., & Sampige, R. (2021). The relationship between COVID-related parenting stress, nonresponsive feeding behaviors, and parent mental health. Current Psychology, 1–12. https://doi.org/10.1007/s12144-021-02333-y

Giannotti, M., Mazzoni, N., Bentenuto, A., Venuti, P., & de Falco, S. (2022). Family adjustment to COVID-19 lockdown in Italy: Parental stress, coparenting, and child externalizing behavior. Family Process, 61(2), 745–763. https://doi.org/10.10111/famp.12686

Gomes, A. R., Faria, S., & Gonçalves, A. M. (2013). Cognitive appraisal as a mediator in the relationship between stress and burnout. Work & Stress, 27(4), 351–367. https://doi.org/10.1080/02678373.2013.840341

Griffith, A. K. (2020). Parental burnout and child maltreatment during the COVID-19 pandemic. Journal of Family Violence, 37(5), 725–731. https://doi.org/10.1007/s10896-020-00172-2

Hausman, E. M., Black, S. R., Bromet, E., Carlson, G., Danzig, A., Kotov, R., & Klein, D. N. (2020). Reciprocal effects of maternal and child internalizing symptoms before and after a natural disaster. Journal of Family Psychology, 34(7), 836–845. https://doi.org/10.1037/fam0000653

He, M., Cabrera, N., Renteria, J., Chen, Y., Alonso, A., McDorman, S. A., Kerlow, M. A., & Reich, S. M. (2021). Family functioning in the time of COVID-19 among economically vulnerable families: Risks and protective factors. Frontiers in Psychology, 12, Article 730447. https://doi.org/10.3389/fpsyg.2021.730447

Joyce, A. (2022). Controlling the uncontrollable: Stress, burnout, and parenting during a pandemic. The Family Journal. https://doi.org/10.1177/10664807221079289

Kerr, M. L., Rasmussen, H. F., Fanning, K. A., & Braaten, S. M. (2021). Parenting during COVID-19: A study of parents’ experiences across gender and income levels. Family Relations, 70(5), 1327–1342. https://doi.org/10.1111/fare.12571
Sorkkila, M., & Aunola, K. (2021). Resilience and parental burnout among Finnish parents during the COVID-19 pandemic: Variable and person-oriented approaches. *The Family Journal, 30*(2), 139–147. https://doi.org/10.1177/10664807211027307

Swit, C. S., & Breen, R. (2022). Parenting during a pandemic: Predictors of parental burnout. *Journal of Family Issues*. https://doi.org/10.1177/0192513X211064858

Tanoue, Y., Nomura, S., Yoneoka, D., Kawashima, T., Eguchi, A., Shi, S., Harada, N., & Miyata, H. (2020). Mental health of family, friends, and co-workers of COVID-19 patients in Japan. *Psychiatry Research*, 291, Article 113067. https://doi.org/10.1016/j.psychres.2020.113067

Taylor, S., Landry, C. A., Paluszek, M. M., Fergus, T. A., McKay, D., & Asmundson, G. J. (2020). Development and initial validation of the COVID Stress Scales. *Journal of Anxiety Disorders*, 72, Article 102232. https://doi.org/10.1016/j.janxdis.2020.102232

van Bakel, H., Hall, R., Bastiaansen, C., Schwabe, I., Roskam, I., & Mikolajczak, M. (in press). Tough or easy? Prevalence rates of parental burnout around the world before and during the COVID-19 pandemic.

van Bakel, H., Van Engen, M., & Peters, P. (2018). Validity of the parental burnout inventory among Dutch employees. *Frontiers in Psychology*, 23, Article 697. https://doi.org/10.3389/fpsyg.2018.00697

Woine, A., Mikolajczak, M., Gross, J., Van Bakel, H., & Roskam, I. (2022). The role of cognitive appraisals in parental burnout: A preliminary analysis during the COVID-19 quarantine. *Current Psychology*, 1–14. https://doi.org/10.1007/s12144-021-02629-z