

# When not teaming up puts parents at risk: Coparenting and parental burnout in dual-parent heterosexual families in Switzerland

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## Abstract

Parental burnout refers to loss of energy and pleasure in the parental role. It is predictive of psychopathological outcomes in parents and dysfunctional parenting behaviors. Support of parental duties is central to alleviation of parental burden and prevention of burnout. Coparenting is the concept related to interparental mutual support in rearing a child. However, the links between coparenting and parental burnout have yet to be assessed. We thus aimed in this study to assess which dimensions of coparenting are linked with parental burnout. A total of 306 participants from the French-speaking part of Switzerland (120 fathers, 186 mothers) completed online questionnaires about parental burnout, their coparental relationship, and sociodemographic characteristics. We performed hierarchical regressions, entering sociodemographic characteristics in a first block and coparenting dimensions in a second block. Results showed that (i) a higher number of children and having younger children are linked to higher burnout; (ii) coparenting exposure to conflict is related to higher burnout, whereas endorsement of the partner's parenting is related to lower burnout; and (iii) no interaction effect occurs between sociodemographic characteristics and coparenting variables. Coparenting thus significantly contributes to the

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occurrence of burnout syndrome. Working on the coparental relationship preventively in parental educational programs or at a relational systemic level in therapy may help prevent burnout. Treating one parent only may not be sufficient to alleviate burnout, as negative coparenting could counter the effect of individual therapy.

#### KEYWORDS

coparenting, endorsement of partner parenting, exposure to conflict, parental burnout

## INTRODUCTION

Being a parent is becoming an increasingly complex task. Parents in the workforce are simultaneously expected to be efficient workers and caregivers and thus able to handle a double organizational agenda. They must cope with the demands of both occupational and family contexts at an instrumental and emotional level. These demands result in an increased burden, especially in women who are in charge of most of the domestic organization (Borelli et al., 2017; McGill, 2014). Moreover, parents must also manage the organization of roles within the family, something that is no longer preestablished in the way it used to be. Traditionally, parental roles in Western countries were determined according to specialized role sharing: the father in the workforce as “breadwinner,” the mother at home as “caregiver” (McGlynn, 2006). Since the middle of the 20th century, a progressive shift toward more egalitarian roles has occurred in which parental duties are shared, even though social pressure to maintain traditional roles remains strong (Toulemon, 2016). For example, in 2020 in Switzerland, women spent more time on domestic and family work than men did (28.7 vs. 19.1 hours per week, respectively), although the time spent by men on domestic work has been increasing in the last 10 years (Federal Statistical Office, 2021). An egalitarian shift implies that roles have to be negotiated between parents—either explicitly or informally in the tasks that each one assumes spontaneously—to specify who will do what. Role sharing may be mutually satisfying or, in contrast, may lead to enduring dissatisfaction if it does not meet each parent’s expectations (Favez et al., 2021a; Kotila et al., 2013).

An excessive burden may lead parents to feel a loss of energy and pleasure in their parental role (Bronte-Tinkew & Horowitz, 2010), a phenomenon that is more and more frequently described. Pelsma et al. (1989) coined the construct “parental burnout” to describe the distress specifically related to parental roles. Parental burnout has been described as constituting three types of symptoms (Roskam et al., 2018): exhaustion in the parental role (a feeling of being unable to accomplish parental chores and duties); emotional distancing (a feeling of not being concerned or engaged in the parental role); and loss of pleasure in being with the children (the parent is fed up and daily activities with the child are accomplished mechanically, or even with negative emotions). These symptoms are a clear break in the life trajectory of the parents, as they were not present from the beginning of parental life; the symptoms thus induce a contrast in the experience of being a parent over time and are not a consequence of a general depressive state (Mikolajczak et al., 2018). In Western countries, the prevalence of parental burnout is at least 5%, affecting mainly mothers, but it may be present in fathers as well. Lifelong prevalence is still unknown (Roskam et al., 2021). Negative outcomes of parental burnout are multiple: It affects, on the one hand, the parent at an individual level, with the occurrence of sleep disturbances, somatic complaints, addictions, or even suicidal ideations, and, on the other hand, induces disturbances in the parent(s)–child relationship following disruptions in parental behavior, so that it has an impact on the child as well (Gillis & Roskam, 2019).

According to Belsky's (1984) process model of parenting, three types of determinants affect parental functioning: first, the psychological resources of parents, for example, their cognitive–motivational competences, which have been studied through coping skills in the context of parental burnout (Le Vigouroux et al., 2017); second, characteristics of the children such as a difficult temperament or health issues that put a strain on parents (Crouter & Booth, 2003); third, contextual sources of stress and support, including a social network, marital relations, and work. Studies have shown that the major source of support mentioned by parents is the other parent (DeMaris & Mahoney, 2017). Disagreement between parents and relational dissatisfaction may undermine support and leave each parent feeling alone to face parental tasks and duties (Gallegos et al., 2019; Murphy et al., 2017), whereas a supportive relationship is associated with lower parenting stress (Fagan & Lee, 2014). Mutual support in parenting tasks and duties is referred to as coparenting (Feinberg et al., 2012; McHale, 2007), a specific domain of the interparental relationship that is related to, yet distinct from, the marital relationship (Schoppe-Sullivan et al., 2004). Coparenting was not mentioned in Belsky's model, as it was uncommon for researchers to examine coparenting behaviors when the model was proposed. With slight modification to the model variables, we aimed to examine the influence of coparenting behaviors, which represent the quality of interparental relationship as a source of support, on parental burnout.

Coparenting is considered central to family functioning according to family systems theory (Minuchin, 1974). Numerous studies have shown that in a dual-parent family organization, a coparental relationship in which there is active collaboration between parents and mutual orientation toward parenting tasks is a favorable context for the emotional and cognitive development of the child (Favez et al., 2012; Teubert & Pinquart, 2010). This is true even when parents are unmarried, separated, or divorced (Kamp Dush et al., 2011; McHale et al., 2012). This specific relationship between parents was first conceptualized as being either supportive or conflicted (Minuchin, 1974). Subsequent studies in this domain allowed researchers to refine the description of the coparenting relationship and led to multidimensional models of coparenting, showing the complexity of the processes involved in this relationship at a behavioral and representational level. Collaboration may thus be implemented in different positive domains, such as emotional and instrumental support, child-rearing agreement (relative to parenting and education), fair division of labor (effective sharing of tasks), joint management of family dynamics (the way parents manage relationships within the family), and a sense of “we-ness” that leads to the experience of being part of and working as a team. The coparental relationship may, however, be marked by the absence of collaborative behaviors and/or by negative behaviors such as repeated and unresolved bouts of conflicts, competition to gain the interest of the child, disengagement of one of the parents in parental duties, and undermining of the other's parenting. Positive and negative behaviors are not necessarily mutually exclusive; a certain level of conflict may, for example, coexist with moderate support (Feinberg, 2003; Feinberg et al., 2012; McHale, 2007). Studies have shown that these domains of coparenting are not all predictive of the same outcomes in parents and in children (Cabrera et al., 2012; Teubert & Pinquart, 2010).

## Current study

To date, data on the links between coparenting and parental burnout are almost nonexistent, even though it is essential to understand the possible role of coparenting in burnout. Indeed, whereas burnout is an individual diagnosis and may be treated as such, a link with coparenting implies the need for a therapeutic approach that takes into account both parents and their relationship. From the literature cited earlier, we hypothesized in this study that higher negative coparenting behaviors and lower positive coparenting behaviors

are related to higher burnout symptoms. We postulated that this effect is exerted over and above structural strains on the family, as several sociodemographic factors have been shown to affect coparenting and burnout: being a mother (Lindsey et al., 2005), younger age of children (Mikolajczak et al., 2018), high number of children (Bronte-Tinkew & Horowitz, 2010; Kuo et al., 2017), high number of work hours (Mikolajczak et al., 2018), or low socioeconomic status (McDaniel et al., 2018; Schoppe-Sullivan & Mangelsdorf, 2013). We also tested interaction effects between coparenting and sociodemographic factors to assess possible cumulative effects on burnout.

## METHOD

### Overview

This study was the Swiss part of a larger multisite study on parental burnout in different countries worldwide (International Investigation of Parental Burnout) conducted by an international consortium led by the Catholic University of Louvain in Belgium. We were interested in studying the links between burnout and coparenting, given the specificities of parental role sharing in Switzerland; coparenting was not surveyed in the larger study, and so it was added specifically to this part of the survey. This paper therefore relates only to the data collected in Switzerland.

### Sample

Recruitment was conducted through announcements in parents' associations, public hospitals, and pediatric offices; it was open to all parents. We first recruited 399 parents (146 fathers, 253 mothers). The vast majority of participants (83.2%) lived in a dual-parent heterosexual family (86.3% of fathers, 81.4% of mothers); 9% lived in a single-parent family (4.8% of fathers, 11.5% of mothers), 7% in a stepfamily (8.2% of fathers, 6.3% of mothers), 0.5% in a queer family (0.7% of fathers, 0.4% of mothers), and 0.3% in a multigenerational family (no fathers, 0.4% of mothers). We did not initially plan to restrict the study to dual-parent heterosexual families, but because the number of participants living in other arrangements was small ( $N = 57$ ), we focused our analyses on this group. Regarding income, 92% were in the workforce (98.6% of fathers, 88.1% of mothers); a preliminary check showed that parents not in the workforce ( $N = 32$ ) had a higher level of burnout, and so we excluded them from the sample. We set the age limit for children at 24 years (on average the age at which children leave the parental home in Switzerland; Federal Statistical Office, 2019); parents with children above this age were excluded ( $N = 4$ ). The final sample was thus a convenience sample of 306 parents (120 fathers, 186 mothers). Descriptive data on their sociodemographic characteristics are presented in Table 1.

Most of the 306 participants were born in Switzerland (67.6%; 64.2% of fathers, 69.9% of mothers) and/or are Swiss citizens (77%; 78.2% of fathers, 74.8% of mothers). All participants declared that they lived in a middle-class to upper-middle-class neighborhood.

### Procedure

Parents who agreed to participate were invited to answer an online questionnaire for which a link was provided; for this study, we asked them to answer 76 questions. The questionnaire was in French, the language of the region in which the study was conducted. The study was

**TABLE 1** Descriptive statistics for the sociodemographic variables ( $N = 306$ )

Variable	Parents		Mothers ( $n = 186$ )		Fathers ( $n = 120$ )		Mothers vs. fathers $t$ Test ( $df = 304$ )
	Mean ( $SD$ )	Min-max	Mean ( $SD$ )	Min-max	Mean ( $SD$ )	Min-max	
Age of parents (years)	39.71 (6.56)	25–57	39.44 (6.10)	26–55	40.14 (7.23)	25–57	-0.92, <i>ns</i>
Mean age of older child (years)	8.00 (5.79)	1–23	8.17 (5.69)	1–23	7.74 (5.97)	1–23	0.63, <i>ns</i>
Mean age of younger child (years)	5.26 (4.73)	1–21	5.39 (4.61)	1–20	5.06 (4.94)	1–21	0.57, <i>ns</i>
Number of children in household	1.89 (0.77)	1–4	1.96 (0.80)	1–4	1.79 (0.73)	1–4	1.88, <i>ns</i>
Number of study years	16.74 (3.67)	6–30	16.75 (3.59)	9–30	16.73 (3.80)	6–29	0.64, <i>ns</i>
Work hours (in percentage)	76.29 (20.32)	0–100	70.37 (19.47)	0–100	85.09 (18.33)	30–100	-6.53***
Partner work hours (in percentage)	83.93 (26.77)	0–100	90.51 (20.76)	0–100	74.13 (31.41)	0–100	5.40***

Abbreviations: max, maximum; min, minimum; *ns*, not statistically significant.\*\*\* $p < .001$ .

completely anonymous, as we requested no identifying data (e.g., name, date of birth). It was conducted before the start of the coronavirus pandemic.

The general study was approved by the ethical committee of the Catholic University of Louvain in Belgium and the specific Swiss part by the ethical committee of the State of Vaud in Switzerland.

## Instruments

### Coparenting Relationship Scale

The Coparenting Relationship Scale (CRS) contains 35 items along seven dimensions of coparenting (Feinberg et al., 2012; French version, Favez et al., 2021b). Five dimensions refer to positive coparenting behaviors (one example item is provided for each dimension): “agreement” (four items,  $\alpha = .82$  in this study; “My partner and I have the same goals for our child”), “closeness” (five items,  $\alpha = .80$ ; “We are growing and maturing together through experiences as parents”), “support” (six items,  $\alpha = .93$ ; “My partner asks my opinion on issues related to parenting”), “endorsement of partner's parenting” (seven items,  $\alpha = .90$ ; “My partner pays a great deal of attention to our child”), and “division of labor” (two items,  $\alpha = .50$ ; “My partner does not carry his or her fair share of the parenting work”). Thirteen items that are negatively worded were reverse scored. Two dimensions refer to negative coparenting behavior: “exposure to conflict” (five items,  $\alpha = .90$ ; “How often in a typical week do you yell at each other within earshot of the child”) and “undermining” (six items,  $\alpha = .86$ ; “My partner sometimes makes jokes or sarcastic comments about the way I am as a parent”). Each item was assessed on a 7-point scale ranging from 0 (*not true of us*) to 6 (*very true of us*), except for items in the exposure to conflict dimension, for which items are assessed on a 7-point scale ranging from 0 (*never*) to 6 (*very often—several times a day*). Scores were obtained for each dimension by computing the means of the related items.

### Parental Burnout Assessment

The Parental Burnout Assessment (PBA), originally developed in French, contains 23 items along four dimensions, representing the three types of symptoms and the change in time induced by burnout (one example item is provided for each dimension): “exhaustion in parental role” (nine items;  $\alpha = .95$  in this study; “I have zero energy for looking after my child(ren)”), “contrast in parental self” (six items;  $\alpha = .93$ ; “I’m no longer the parent I used to be”), “feelings of being fed up” (five items;  $\alpha = .90$ ; “I can’t stand my role as father/mother any more”), and “emotional distancing” (three items;  $\alpha = .77$ ; “I do what I’m supposed to do for my child(ren), but nothing more”). Each item was assessed on a 7-point scale ranging from 0 to 6, with 0 = *never*, 1 = *a few times a year or less*, 2 = *once a month or less*, 3 = *a few times a month*, 4 = *once a week*, 5 = *a few times a week*, and 6 = *every day*. Scores were obtained for each dimension by computing the means of the related items. A total score was computed as the mean of the 23 items ( $\alpha = .97$  in this study). The higher the score, the higher the burnout (Roskam et al., 2018).

### Sociodemographic data

We used an ad hoc questionnaire to collect sociodemographic data: age of parents (years), nationality, country of birth, number of children living at home, age of oldest child (years), age

of youngest child (years), neighborhood (lower, middle, upper-middle), gender (male/female), occupation (yes/no), work hours (percentage, 100% being full time), work hours of partner, and study level (number of years successfully achieved).

## Statistical analyses

We conducted statistical analyses in four steps. First, we conducted descriptive analyses for all variables under study, including bivariate correlations between study variables and *t*-tests between groups (mothers vs. fathers). Second, to select the relevant dimensions of coparenting as predictors of burnout, we performed a stepwise regression by entering the six dimensions of the CRS as predictors for the PBA total score. The seventh dimension, division of labor, was not considered in the analyses given its low internal consistency. Third, we conducted a hierarchical regression on the PBA total score. Sociodemographic variables were entered as a first step; only variables that were significantly linked with burnout in bivariate analyses were included. The selected coparenting dimensions were entered as a second step. Interaction terms, entered as a third step, consisted of the cross-product of sociodemographic variables and coparenting dimensions. Variables were centered for computing the interaction terms. Fourth, to specify the symptoms of burnout that the selected coparenting dimensions are linked to in more detail, we tested one hierarchical regression for each PBA dimension. The significance level was set to .0125 for these models, in accordance with Bonferroni's correction for multiple comparisons (.05/4). Residual analyses revealed no outliers. Predictors were not multicollinear; average variance inflation factors were between 1.040 and 1.197, far below the maximum acceptable threshold of 5.0 (Chatterjee & Simonoff, 2013). No tolerance value was below 0.2. All analyses were performed in IBM SPSS 26 software.

## RESULTS

### Descriptive analyses

Descriptive data (means, standard deviations, and correlations) for coparenting and burnout are displayed in Table 2. Correlations between coparenting and burnout were numerous. All positive coparenting dimensions were significantly negatively linked with all burnout dimensions and with the total score, and the negative coparenting dimensions were positively linked with all burnout dimensions and with the total score.

Regarding the links with the sociodemographic variables, correlation analyses showed that the older the youngest child, the less the parents reported exhaustion in the parental role ( $r = -.190, p < .001$ ) and feelings of being fed up ( $r = -.160, p = .008$ ); their total score was lower ( $r = -.150, p = .012$ ). There were strong positive correlations between number of children and all dimensions of burnout, as well as with the total score (all correlations significant between  $p = .002$  and  $p < .001$ ). The higher the working hours of the parents, the less they reported feelings of being fed up ( $r = -.117, p = .044$ ); their total score was lower ( $r = -.114, p = .049$ ). On the other hand, age of the parent, age of the oldest child, education level, and work hours of the partner were not linked with any PBA dimensions.

Links between gender and burnout showed that the mothers' scores were significantly higher on all dimensions of burnout: exhaustion in parental role,  $t(304) = 2.50, p = .013$ ; contrast in parental self,  $t(304) = 2.50, p = .013$ ; feelings of being fed up,  $t(304) = 2.18, p = .030$ ; emotional distancing,  $t(304) = 2.00, p = .046$ ; and total score,  $t(304) = 2.59, p = .010$ .

**TABLE 2** Coparenting and burnout: descriptive statistics and correlations ( $N = 306$ )

Variable	<i>M</i> ( <i>SD</i> )	1	2	3	4	5	6	7	8	9	10
1. CRS Agreement	4.48 (1.25)	–									
2. CRS Closeness	3.73 (1.31)	.595	–								
3. CRS Exposure to conflict	1.49 (1.12)	–.535	–.381	–							
4. CRS Support	3.86 (1.56)	.600	.701	–.466	–						
5. CRS Undermining	0.81 (0.97)	–.679	–.501	.612	–.569	–					
6. CRS Endorsement of partner's parenting	4.41 (1.27)	.597	.665	–.366	.709	–.548	–				
7. PBA Exhaustion in parental role	1.63 (1.34)	–.309	–.249	.353	–.277	.341	–.333	–			
8. PBA Contrast in parental self	0.99 (1.19)	–.286	–.274	.402	–.322	.343	–.314	.771	–		
9. PBA Feelings of being fed up	1.12 (1.13)	–.245	–.244	.311	–.252	.273	–.287	.884	.795	–	
10. PBA Emotional distancing	1.05 (1.01)	–.329	–.291	.301	–.390	.355	–.322	.709	.742	.676	–
11. PBA Total score	1.27 (1.12)	–.317	–.280	.381	–.320	.356	–.344	.960	.901	.934	.804

*Note:* All correlations significant at  $p < .001$ .

Abbreviations: CRS, Coparenting Relationship Scale; PBA, Parental Burnout Assessment.



## Coparenting and burnout

Stepwise regression showed that coparenting was a significant predictor of the PBA total score,  $F(2, 303)$ ,  $F = 36.32$ ,  $p < .001$ . Two dimensions among the six were significant predictors: exposure to conflict,  $b = 6.76$ ,  $SE = 1.28$ , 95% confidence interval (CI) [4.25, 9.27],  $\beta = .294$ ,  $p < .001$ , and endorsement of the partner's parenting,  $b = -4.79$ ,  $SE = 1.12$ , 95% CI [-7.01, -2.59],  $\beta = -.237$ ,  $p < .001$ . These dimensions were included in the hierarchical regressions.

The hierarchical regressions showed first, that the model is significant for the PBA total score, explaining 27% of the variance (see Table 3). The first step in which sociodemographic variables were entered explained a significant part of the variance (9%), and the second step in which all coparenting dimensions were entered explained a significant additional part of the variance (18%). Regarding interaction effects, added as a third step in the model, none of them had a significant effect, suggesting no moderation effects (the results of this last step are thus not provided).

A high number of children and the coparenting dimension exposure to conflict were predictive of higher burnout; the younger child being older and endorsement of the partner's parenting were predictive of lower burnout.

We then tested the effects of exposure to conflict and endorsement of the partner's parenting for each burnout dimension considered separately (see Table 4). Results showed that the four models were significant at the .0125 level. For exhaustion in the parental role, the model explained 26% of the variance. The significant predictor of higher exhaustion was the coparenting dimension exposure to conflict; on the other hand, the younger child being older and the coparenting dimension endorsement of the partner's parenting were predictive of lower exhaustion.

Regarding contrast in parental self, the final model explained 24% of the variance. The predictors of higher contrast were number of children (the more children in the family, the

**TABLE 3** Hierarchical regression analysis examining predictors of burnout ( $N = 306$ )

Variable	PBA total score				
	<i>B</i>	<i>SE</i>	95% CI	$\beta$	<i>p</i>
<i>Demographic variable</i>					
Gender (being a mother)	.252	.149	[-0.43, .546]	.107	.093
Age of youngest child	-.045	.015	[-.074, -.017]	-.187	.002
Number of children	.315	.093	[.132, .498]	.205	.001
Work hours	-.003	.004	[-.010, .004]	-.052	.418
$\Delta R^2$	.09***				
<i>Adding coparenting</i>					
Gender (being a mother)	.130	.135	[-.137, .396]	.055	.338
Age of youngest child	-.056	.013	[-.082, -.030]	-.231	.000
Number of children	.287	.084	[.122, .452]	.187	.001
Work hours	-.002	.003	[-.008, .004]	-.036	.535
CRS Exposure to conflict	.283	.057	[.170, .396]	.278	.000
CRS Endorsement	-.231	.053	[-.336, -.127]	-.251	.000
$\Delta R^2$ (Total $R^2$ )	.18*** (.27)				
Final model	$F(6, 262) = 16.36***$				

Abbreviations: CI, confidence interval; CRS, Coparenting Relationship Scale; PBA, Parental Burnout Assessment.

\*\*\* $p < .001$ .

higher the contrast) and the coparenting dimension exposure to conflict; on the other hand, the younger child being older and the coparenting dimension endorsement of the partner's parenting were predictive of lower contrast. Regarding feelings of being fed up, the final model explained 22% of the variance. The predictors were the same as those for contrast in parental self: number of children, exposure to conflict, younger child being older, and endorsement of partner's parenting, with links in the same direction. Regarding emotional distancing, the final model explained 21% of the variance. The predictors of higher distancing were number of children (the more children in the family, the higher the distancing) and the coparenting dimension exposure to conflict; on the other hand, the coparenting dimension endorsement of the partner's parenting was predictive of lower distancing.

## DISCUSSION

We aimed in this study to assess the links between coparenting and parental burnout. We expected that negative coparenting—coparenting with low collaboration and possibly overt conflicts and undermining of the other's parenting—would be linked with higher reported burnout, whereas positive coparenting would be linked with lower reported burnout. Our results partially supported our hypotheses; they allowed us to highlight the role of two specific dimensions of coparenting: exposure to conflict and endorsement of the partner's parenting.

Exposure to conflict, as assessed with the CRS, was related to the expression of overt conflict in front of the child; that is, both parents act out their disagreement. The deleterious impact of these disputes on the child's emotional functioning has been well documented (Cummings & Davies, 2010; Teubert & Pinquart, 2010); our results showed that they constitute a risk factor for parents as well, presumably because they represent a disruption in one of the contextual determinants of parenting, that is, the support that parents bring to each other, in particular on the affective level in terms of empathy, reciprocal validation, and exchange of positive emotions. Overt conflicts may indeed arise in relationships in which negativity has superseded positive emotions to such an extent that the parents do not inhibit the expression of their negative emotions even when the child is present. As has been shown in studies on the marital relationship (Gottman & Notarius, 2000), high negativity in disputes taxes the emotional resources of the partners and leads them into a vicious circle: Each dispute makes it more likely than another one will occur because stress and frustration increase each time in both partners. Our data suggest that it may lay the groundwork for parental burnout, as it was linked with all of its dimensions: feeling exhausted, being fed up with the parental role, feeling emotionally distant from the child, and living the parental experience in marked contrast today compared with previously.

The second dimension linked to burnout was the endorsement of the partner's parenting. This dimension is related to the way the respondent assesses the parenting of the other parent; assessing the other as competent, involved, and reliable implies that the parent knows that she or he can count on the partner's support and so it alleviates the burden felt when facing parenting tasks. This dimension may act as a buffer between the “objective” burden of the parent (number of tasks assumed, number of hours spent at work and caring for children, for example) and burnout. Knowing that the partner is reliable (or not) may thus be more strongly related to burnout than the number of tasks assumed by the parent; this may show the importance of the representation of the parenting of the other parent in addition to the actual parenting behaviors (Favez et al., 2019; McHale & Rotman, 2007), in particular, the importance of trust in the other parent's abilities (McHale & Irace, 2011). Endorsement was linked to all dimensions of burnout.

The other coparenting dimensions were not linked with burnout. These dimensions are related to the way the respondent assesses either how the other parent behaves toward her/

**TABLE 4** Hierarchical regression analyses examining predictors of separate burnout dimensions ( $N = 306$ )

Variable	PBA Exhaustion in parental role				PBA Contrast in parental self				PBA Feelings of being fed up				PBA Emotional distancing							
	<i>B</i>	<i>SE</i>	95% CI	$\beta$	<i>p</i>	<i>B</i>	<i>SE</i>	95% CI	$\beta$	<i>p</i>	<i>B</i>	<i>SE</i>	95% CI	$\beta$	<i>p</i>					
<i>Demographic variable</i>																				
Gender (mother)	.319	.179	[-.032, .671]	.114	.075	.231	.161	[-.085, .548]	.092	.152	.209	.152	[-.089, .508]	.088	.169	.159	.136	[-.108, .427]	.075	.241
Age youngest child	-.063	.017	[-.097, -.029]	-.217	.000	-.030	.016	[-.061, .000]	-.117	.053	-.048	.015	[-.077, -.019]	-.193	.001	-.019	.013	[-.045, .007]	-.088	.147
Number of children	.265	.111	[.046, .484]	.145	.018	.380	.100	[.183, .577]	.232	.000	.316	.094	[.130, .502]	.203	.001	.334	.084	[.168, .500]	.241	.000
Work hours	-.003	.004	[-.012, .005]	-.050	.433	-.002	.004	[-.010, .005]	-.039	.541	-.003	.004	[-.010, .004]	-.057	.375	-.002	.003	[-.008, .004]	-.041	.527
$\Delta R^2$	.07***																			
<i>Adding coparenting</i>																				
Gender (mother)	.173	.163	[-.148, .494]	.062	.291	.124	.148	[-.167, .415]	.049	.402	.102	.142	[-.178, .383]	.043	.474	.060	.127	[-.190, .310]	.028	.639
Age youngest child	-.076	.016	[-.107, -.045]	-.262	.000	-.040	.014	[-.068, -.012]	-.153	.006	-.057	.014	[-.085, -.030]	-.232	.000	-.028	.012	[-.053, -.004]	-.128	.024
Number of children	.228	.101	[.030, .427]	.125	.024	.362	.092	[.182, .542]	.220	.000	.289	.088	[.115, .463]	.186	.001	.308	.079	[.154, .463]	.223	.000
Work hours	-.002	.004	[-.010, .005]	-.035	.549	-.001	.003	[-.008, .005]	-.024	.682	-.002	.003	[-.009, .004]	-.044	.466	-.001	.003	[-.007, .005]	-.027	.652
CRS Exposure to conflict	.303	.069	[.168, .439]	.250	.000	.346	.063	[.223, .469]	.317	.000	.221	.060	[.102, .339]	.214	.000	.200	.054	[.094, .305]	.217	.000
CRS Endorsement	-.292	.064	[-.418, -.166]	-.266	.000	-.169	.058	[-.283, -.055]	-.171	.004	-.214	.056	[-.324, -.104]	-.229	.000	-.201	.050	[-.299, -.103]	-.242	.000
$\Delta R^2$ (Total $R^2$ )	.19*** (.26)																			
Final model	$F(6, 262) = 15.03***$																			
	.13*** (.21)																			
	$F(6, 262) = 11.80***$																			

Abbreviations: CI, confidence interval; CRS, Coparenting Relationship Scale; PBA, Parental Burnout Assessment.

\*\*\* $p < .001$ .

him (support, undermining), or the team they form (agreement, closeness). These dimensions are thus self- or “we”-oriented, whereas the dimension of endorsement of the other's parenting is other-oriented; they may thus be more related to the coping skills of the parent, and only indirectly related to burnout (their influence on burnout may be mediated by coping skills), whereas trusting the other is more directly involved in burnout. Additional studies, including assessment of coping skills, are necessary to test this hypothesis of mediation. Moreover, unlike the dimension of exposure to conflict, none of these other dimensions imply direct behaviors in front of the child; overt conflict is particularly emotionally demanding and taxes the resources of the parent, hence the direct link with burnout.

Even after coparenting is taken into consideration, the number of children and the age of the youngest child were still significantly related to burnout. First, the more children there were, the higher the burnout. This link seems logical, as the burden increases with number of children. However, previous studies did not find a link between number of children and burnout (see Sánchez-Rodríguez et al., 2019). Social policies could explain this discrepancy; in Switzerland, support of families does not increase with number of children, in contrast to the case in other European countries. Switzerland is known for its rather limited structural support for childcare and parenthood. Families mostly have to pay for childcare, constituting a significant share of household income (Levy & Widmer, 2013). Interestingly, when we considered the dimensions of burnout in detail, the number of children was related to three dimensions only, as the link with exhaustion was not significant (at a threshold of .0125, set for multiple comparisons). The impact of number of children may thus be buffered by other variables related to exhaustion, such as age of the youngest child or coparenting. Second, the younger the child was, the higher the burnout. This association may be related to the lower autonomy of a young child, who requires more attention and care (Mikolajczak et al., 2018); however, the age of the younger child was linked with three dimensions of burnout but not with the dimension of emotional distancing; the latter may be more indicative of disillusion with the experience of parenting than the result of an overload of tasks.

Although mothers have been shown to be more likely to present burnout, this was only a tendency in our sample (significance level between .05 and .10), and it disappeared after coparenting was taken into account. Mothers are known to assume a greater number of parental tasks than fathers are in Western societies, even in the most egalitarian families, which is considered a risk factor for burnout (Borelli et al., 2017). The impact of these tasks on the emotional functioning of mothers may be less than that of the coparental relationship, or coparenting may mediate this impact, a hypothesis that needs to be tested in future studies. A similar observation can be made regarding the absence of effect of work hours on burnout; as an “objective burden,” a high number of work hours has been shown to be a risk factor for parental burnout (Mikolajczak et al., 2018). Here also, it may act as a more distal variable whose effect is supplanted or mediated by other sociodemographic variables (e.g., number of children or age of youngest child) and coparenting.

These results have important clinical implications: Treating burnout in one parent should be done by considering the relationship with the other parent, even if the latter does not show signs of burnout. Going one step beyond the results of this study, we consider that highlighting the importance of coparenting is an argument in favor of therapeutic work with both parents: Considering one parent alone, outside of the coparental context, may be ineffective, as the tensions that the parent faces at home may run counter to the effect of therapy. The focus on parenting could be expanded to at least include the proximal family context in which the parent facing burnout evolves.

Several limitations of this study can be mentioned. First, our sample was homogeneous at different levels, and so we were unable to test the influence of other variables pertaining to Belsky's (1984) model of parenting. Possible variations due to socioeconomic status were

not assessable, as most participants belonged to the middle- to upper-middle-class range of the population. Moreover, the large majority of study participants lived in a heterosexual dual-parent family arrangement, and so we had to restrict our analyses to this group. Our results may thus not be valid for other types of families. We also relied on coparenting models for which joint parenting is at the core of family functioning; however, “new” forms of families have shown that coparenting may take other forms, such as a joint project to have a child but explicitly not to share parenting (Jadva et al., 2015). We did not intend to minimize the importance of these (and other) variables in our study, but their generalizability is restrained by the nature of our sample. Second, coparenting is the only family-related variable that we assessed. Further studies are needed to explore the extent to which other family variables may play a role in burnout. Third, data were nondyadic: we recruited our sample by outreach to individuals and so were unable to control for possible dependencies in the data due to the unlikely but possible participation of couples; enrollment of couples would allow us to test dyadic influences on burnout. Fourth, our data were cross-sectional; because of the way in which we collected data (anonymous recruitment), it was not possible to recontact participants. Longitudinal data are warranted to better understand possible causality between variables, as we cannot rule out the hypothesis that low burnout may lead to higher evaluation of the coparenting relationship.

Our study is the first to consider coparenting in the context of parental burnout. Notwithstanding its limitations, it shows that coparenting, a variable that has long been overlooked in studies on parenting, plays a role in the occurrence of parental burnout, representing a determinant of parenting that can be added to Belsky's model (1984). Moreover, our study highlights which dimensions of coparenting are most important to consider.

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