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Non-Supportive Coparenting and a High Interdependent Self-Construal as Risk Factors for Parental Burnout in Mothers and Fathers in Switzerland

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ABSTRACT

Multiple determinants of parental burnout have been identified, among which two indexes of non-supportive coparenting play a central role: low endorsement of the partner's parenting, and high exposure of the child to interparental conflicts. It is, however, unclear whether these coparenting dimensions play a role for both mothers and fathers, and if this role may be more important for parents who have a high interdependent self-construal. We surveyed a sample of upper-middle-class heterosexual parents living in a dual-earner family arrangement (152 mothers, 101 fathers) with 0- to 12-year-old children living at home. Parents answered questionnaires about burnout, sociodemographic variables, coparenting, self-construal independence and interdependence, and child-related variables. Generalized linear model analyses showed that (i) burnout is higher in mothers than in fathers; (ii) for fathers, burnout is associated with a higher exposure of the child to interparental conflicts; (iii) for mothers, it is associated with a younger age of the youngest child, a higher exposure of the child to interparental conflicts, a lower endorsement of the partner's parenting, and a higher self-construal interdependence; and (iv) there is no moderation effect of interdependence on the link between the coparenting dimensions and burnout.

KEYWORDS

parental burnout; mothers; fathers; coparenting; interdependent self-construal

HIGHLIGHTS

- Burnout is higher in mothers than it is in fathers
- For fathers, burnout is linked with higher exposure of the child to interparental conflicts, an index of non-supportive coparenting
- For mothers, burnout is linked with a younger age of the youngest child and with two indexes of non-supportive coparenting: higher exposure of the child to interparental conflicts and lower endorsement of the partner's parenting
- A high interdependent self-construal is related to burnout in mothers and does not moderate the links between non-supportive coparenting and burnout in either parent
- Specificities in the variables linked to burnout in mothers and in fathers should be taken into account when treating parental burnout

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Parental burnout is a construct that has been proposed to describe distress that is specifically focused on parental roles and duties in mothers and fathers (Pelsma et al., 1989; Procaccini & Kiefaver, 1983). It is manifested by several negative psychological processes associated with parenting: first, a loss of pleasure to be with and to care for children; second, exhaustion in the parental role, with a lack of strength to accomplish parental duties; and third, emotional distancing, that is, the feeling of no longer being concerned by the parental role. In addition, parental burnout is clearly distinct from other close states, such as depression or job burnout (Mikolajczak et al., 2020; Sánchez-Rodríguez et al., 2019). It has been described in countries worldwide, as a study in 42 countries on five continents has shown, with different degrees of burnout ranging from moderate discouragement and disillusion to, in fine, a truly impairing condition (Roskam et al., 2021). Burnout has clear negative consequences not only for the parents, but also for the children: it is related on the one hand to sleep disturbances, somatic complaints, addictions, and even suicidal ideations in parents (Mikolajczak, Brianda, et al., 2018; Mikolajczak, Raes, et al., 2018; Mikolajczak et al., 2019), and, on the other hand, it induces disturbances in parent(s)-child relationships following disruptions in parental behavior, which in turn has negative consequences on child development (Chen et al., 2022; Gillis & Roskam, 2019).

Models of psychological difficulties and psychopathology have emphasized the multi-determined nature of psychological disturbances (e.g., Kinderman, 2005), which are influenced by biological factors, social and demographic factors, and psychological and relational processes. Studies on burnout are congruent with this perspective, as different types of factors have been identified as possible determinants, except for biological determinants, which have not yet been explored. Regarding sociodemographic factors, burnout is more likely among parents in the following circumstances: experiencing economic hardship (Lindström et al., 2011) or high social expectations about parenting, such as is the case in Western countries (Roskam et al., 2021); having a low education level (Parkes et al., 2015); having a younger child or adolescent (Lindström et al., 2011); having a high number of children (Kuo et al., 2017); or working a high number of hours (Michel et al., 2011). According to Belsky's model (1984), psychological and relational factors linked to burnout can be directly related to three processes associated with parenting. The first factors concern the psychological characteristics of the parents, such as individual emotional vulnerability (Le Vigouroux et al., 2017) or representations of self, such as low self-esteem or self-discrepancies (Roskam et al., 2022; Raudasoja et al., 2023). Second, factors related to the relationship between the parents, as the more proximal context of parenting, such as marital dissatisfaction (Prandstetter et al., 2023) or poor social support (Lebert-Charron et al., 2021), have been shown to be

associated with burnout. Third, factors related to the child, such as having a chronic disease or psychological difficulties, make high stress and burnout more likely to occur (Giallo et al., 2011; Lindström et al., 2010; Pinquart, 2013, 2018).

Recently, interest has been brought to one relational factor: the coparenting relationship, that is, the part of the relationship between parents specifically dedicated to mutual instrumental and emotional support in the parental role (McHale & Lindahl, 2011). The importance of a supportive relationship between the parents was first emphasized from a systemic perspective by Minuchin (1974), according to whom the relational dynamics between the parents in their parental roles is central for family functioning and the healthy development of family members. In a preliminary study (Favez et al., 2023), we have, for example, assessed coparenting along seven dimensions, according to Feinberg's model (Feinberg et al., 2012): five are indexes of a supportive relationship (agreement, closeness, support, division of labor, and endorsement of the partner's parenting), and two are indexes of a non-supportive relationship (undermining and exposure to conflict). Among these dimensions, two were specifically related to burnout: the first was a low endorsement of the partner's parenting. This dimension relates to a distrust in the ability of the other parent to effectively parent the child; while knowing that she or he can count on the partner could alleviate the burden felt by a parent, the reverse feeling may increase the burden and the stress associated with parenting tasks. This shows the importance of the representation that parents have of one another for parental well-being (Favez et al., 2019; McHale & Rotman, 2007). The second dimension is a high exposure to conflict, that is, the frequency of open and unresolved disputes about the child that happen in front of the child. A triangulation process may explain this link (McHale, 1997; Minuchin, 1974): when negative emotions become too intense between the parents, they may integrate the child as a witness and even a participant in their disputes. This process allows alleviation of the parents' emotional arousal in the short term (as they both try to find a third party—the child—to support them), but it in fact increases their frustration and their emotional burden, which may in the end make them more likely to face an emotional breakdown such as burnout. These findings are congruent with the results of previous studies showing the links between a non-supportive coparenting relationship—marked by dissatisfaction in task sharing, unresolved disputes, and low instrumental and emotional support—and various negative outcomes in parents (Elliston et al., 2008; Korja et al., 2015; Visser et al., 2017).

It is, however, still unclear whether there are differences between mothers and fathers in the way that coparenting may be related to burnout; identifying these possible differences is necessary in order to determine

whether the support that practitioners provide to parents presenting with burnout should be the same for mothers and fathers. On the one hand, burnout affects both parents, and there are similarities between mothers and fathers regarding the antecedents and the expression of burnout: an international study that pooled data from several European and North American countries has, for example, shown that symptoms are the same, and, in both parents, burnout occurs when the demands of the parenting tasks exceed their resources (Mikolajczak & Roskam, 2018; Roskam & Mikolajczak, 2020). On the other hand, mothers tend to report a higher level of burnout than fathers do (Roskam & Mikolajczak, 2020). One reason for this higher level in mothers may be found in the imbalance in parental duties: despite a "gender revolution" leading to an increase in the participation of women in the labor force and of men in family work (Goldscheider et al., 2015), mothers still assume the highest parental burden in a large majority of Western countries, in keeping with so-called traditional role sharing (the mother takes care of the home, the father provides financial resources); as a consequence, mothers are more exposed to parenting overload. Studies have, for example, shown that mothers report more stress, greater fatigue, and less happiness than fathers do (Hildingsson & Thomas, 2014; Musick et al., 2016). In Switzerland, the traditional model of family organization is still highly predominant (Bonoli, 2007; Levy & Widmer, 2013). Mothers may thus be particularly vulnerable to a non-supportive coparenting relationship (Moller et al., 2008), especially regarding a distrust in the partner that would make them feel obliged to assume family tasks by themselves.

Moreover, studies in the coparenting field have rarely considered that coparenting may not have the same importance for all parents or may vary according to parental beliefs or parental representation of self (McHale et al., 2004). Some parents may indeed be more vulnerable to a non-supportive coparental relationship, depending on their view of themselves; in this perspective, self-construal, that is, the representation of self as independent or interdependent from others, may play an important role. Independence refers to a representation of self as autonomous, whereas interdependence refers to a representation of self based on close relationships, in which the thoughts, feelings, and actions of relevant others are highly influential on the individual (Heintzelman & Bacon, 2015). Although interdependence may be a resource in a supportive relationship, it may be a risk factor in a non-supportive relationship (Gleason et al., 2008) and, in this case, constitute a risk factor for burnout. Here also, there may be a difference between mothers and fathers: it has indeed been shown that the transition to parenthood seems to modify maternal self-representation toward more interdependence with others (Wills & Petrakis, 2019), potentially leading to a greater need to receive support from the partner.

In the study presented here, we were thus interested in further investigating the relative role of, on the one hand, the two coparenting dimensions of endorsement of the partner's parenting and of exposure to conflict and, on the other hand, an interdependent self-construal as variables related to burnout in mothers and fathers. In line with the results of previous studies, first, we expected burnout to be higher in mothers than in fathers. Second, we expected the two coparenting dimensions to be linked to burnout, with a lower endorsement and a higher exposure to conflict related to a higher burnout, with the effect of a lower endorsement being particularly pronounced in mothers. Finally, we expected in both parents an interaction effect between an interdependent self-construal and the two dimensions of coparenting; as individuals who see themselves as highly interdependent may be particularly vulnerable to low social support, a low endorsement of the partner's parenting and a high exposure to conflict should have a more detrimental effect on them. The latter characteristic may be more pronounced in mothers. We hypothesized that these links between the two dimensions of coparenting, interdependence, and burnout would be observed even after sociodemographic and child-related factors known to be linked with parental burnout were taken into account.

This study is thus the first to investigate possible differences between mothers and fathers in the links between specific dimensions of coparenting and burnout, in interaction with the representations of self as interdependent.

Method

Overview

This study was conducted in the French-speaking part of Switzerland as part of a larger multisite study on parental burnout in different countries throughout the world, conducted by an international consortium (International Investigation of Parental Burnout) led by the Catholic University of Louvain in Belgium. Coparenting was not surveyed in the general study; it was added to the Swiss part of the survey. Participants were individuals (mothers and fathers), not couples.

Sample

Participants were recruited through announcements in parents' associations, public hospitals, and pediatric offices; announcements were made through paper flyers or on websites. The internet link to participate in the study was directly available on the announcements. The study was open to all parents; the only inclusion criterion was to be able to read French, as all

the study material was in this language. Recruitment took place between May 2018 and October 2019, before the COVID pandemic. We first recruited 399 parents (146 fathers and 253 mothers). They all reported living in a middle- or upper-class neighborhood. Regarding income, 92% were in the workforce (98.6% of fathers, 88.1% of mothers), 83.2% lived in a dual-parent heterosexual family (86.3% of fathers, 81.4% of mothers), and 94.1% lived as a dual-income couple (91% of fathers and 97.2% of mothers). Given the homogeneity of these variables, we selected for the analyses a specific subsample that represented the majority of our participants: parents who were in the workforce and living as a dual-parent and dual-income couple. The final sample comprised 253 parents (101 fathers and 152 mothers) living with a child between 0 and 12 years of age (the end of elementary school in Switzerland). Descriptive data on the sociodemographic characteristics of the sample are presented in Table 1.

Procedure

We invited parents to answer an online questionnaire for which a link was provided. The study was completely anonymous, as we requested no data identifying the participants (e.g., name, date of birth). Before having access to the questionnaire, the parents had to read an information letter and give their consent by clicking on a button to certify that they received this information and agreed to participate in the study. The study was conducted before the start of the COVID pandemic. All study materials were in French.

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

Instruments

Parental Burnout Assessment (PBA; Roskam et al., 2018)

The PBA was originally developed in French. It contains 23 items along four dimensions, representing the tryptic of symptoms and the change in

Table 1. Descriptive statistics for sociodemographic variables ($N = 253$)

	Mothers ($n = 152$)		Fathers ($n = 101$)		
Variable	*M*	*SD*	*M*	*SD*	*t*-Test ($df = 151$)
Age (years)	38.68	5.48	39.05	6.85	0.482
Age of the youngest child	4.36	3.44	3.98	3.82	0.827
Age of the oldest child	7.44	4.81	6.86	5.58	0.880
Number of study years	16.69	3.73	16.85	3.86	0.318
Number of children	2.07	0.78	1.84	0.73	2.360*
Work hours (%)	70.03	20.21	85.85	18.66	6.200**

*$p < .05$.
**$p < .001$.

time induced by burnout (one example item is provided for each dimension): "exhaustion in parental role" (nine items; alpha = .95 in this study; "I'm so tired out by my role as a parent that sleeping doesn't seem like enough"), "contrast in parental self" (six items; alpha = .93; "I have the impression that I'm not myself any more when I'm interacting with my child(ren)"), "feelings of being fed up" (five items; alpha = .90; "I don't enjoy being with my child(ren)"), and "emotional distancing" (three items; alpha = .77; "I do what I'm supposed to do for my child(ren), but nothing more"). Each item is assessed on a 7-point scale ranging from 0 to 6, with the following anchor points: 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 are obtained for each dimension by computing the means of the related items to allow comparisons between the dimensions. A total score of between 0 and 138 is computed by summing the scores of the 23 items (alpha = .97 in this study). The higher the score, the more important the burnout. Three categories were then derived following the cutoff for the total scores recently validated for the PBA, and named according to the labels used in the validation study (Brianda et al., 2023): "no burnout" (scores of 52.6 or below), "at risk for burnout" (scores between 52.7 and 86.2), and "severe burnout" (scores of 86.3 and above). These cutoff scores were established by taking into account several parent-reported indexes, clinical judgements made by experts, and biological markers of stress in parents (see Brianda et al., 2023, for details). As the different cutoff scores of the PBA questionnaires represent meaningful thresholds in the expression of symptoms, we built a variable named "burnout severity" to represent the three categories.

Coparenting Relationship Scale (CRS; Feinberg et al., 2012; French version Favez et al., 2021)

The CRS contains 35 items along seven dimensions of coparenting: agreement, closeness, support, division of labor, endorsement of partner's parenting, undermining, and exposure to conflict. For this study, we focused on two dimensions: "endorsement of partner's parenting" (seven items, alpha = .90 in this study; example of item: "My partner has a lot of patience with our child"), and "exposure to conflict" (five items, alpha = .90; "How often in a typical week, when all 3 of you are together, do you find yourself in a mildly tense or sarcastic interchange with your partner?"). Each item of the endorsement of parent's parenting dimension is assessed on a 7-point scale ranging from 0 to 6, with the following anchor points: 0 (*not true of us*), 2 (*a little bit true of us*), 4 (*somewhat true of us*), and 6 (*very true of us*). The items of the

exposure to conflict dimension are assessed on a 7-point scale ranging from 0 to 6, with the following anchor points: 0 (*never*), 2 (*sometimes*), 4 (*often*), and 6 (*very often—several times a day*). In both cases, there is no label for the anchor points of 1, 3, and 5. Scores are obtained for each dimension by computing the means of the related items.

Self-Construal Scale (SCS; Singelis, 1994)

The SCS was translated into French for the multisite study. It contains 30 items along two dimensions: independence (15 items, alpha = .73 in this study; example item: "I feel it is important for me to act as an independent person") and interdependence (15 items, alpha = .68; example item: "I feel my fate is intertwined with the fate of those around me"). Each item is assessed on a 7-point scale, from 1 to 7, with the following anchor points: 1 (*strongly disagree*), 2 (*disagree*), 3 (*somewhat disagree*), 4 (*neither agree nor disagree*), 5 (*somewhat agree*), 6 (*agree*), and 7 (*strongly agree*). Scores are obtained for the two dimensions by computing the mean of the related items.

Sociodemographic data and child health

We used an ad hoc questionnaire to collect sociodemographic data and data related to the children's health: age of the participants (in years), age of the youngest child, age of the oldest child, number of children living at home, type of family (dual-parent, single-parent, stepfamily, same-sex, multigenerational, other), neighborhood (lower-, middle-, upper-class), professional occupation (yes/no), work hours, study level (number of years successfully achieved), the presence in the child of a health condition that implies a limitation in daily activities (e.g. asthma), the presence in the child of a chronic health condition (e.g. skin problems) that does not necessarily imply limitations in daily activities.

Statistical analyses

A full set of descriptive statistics (including mean and standard deviation) was computed for all variables of the study. We performed Spearman correlation analyses between the burnout severity variable and the continuous or ordinal socio-demographic variables (age of the parent, age of the youngest child, age of the oldest child, number of study years, work hours) and parent-related variables (self-construal and coparenting dimensions). The links between burnout and the child-related variables (daily limitations and chronic conditions) were tested through contingency tables (χ^2). We then performed generalized linear model (GLM) analyses (ordinal logistic) to study the links between the study variables as independent

variables (socio-demographic, parent-related, and child-related variables) and the "burnout severity" variable considered as an ordinal response variable. Given the small number of parents in the severe category, we grouped the parents into two categories for the bivariate and multivariate analyses: "no burnout" versus "at risk/severe," that is, parents with at least some expression of burnout; the two groups were then "no burnout" coded as 1 and "at risk for burnout/severe burnout" coded as 2. Interactions terms between mean-centered coparenting dimensions and self-construal interdependence were computed in order to test moderation effects. All the analyses were performed twice, once for mothers and once for fathers. All statistical analyses were performed with IBM SPSS Statistics for Windows, version 26.

Results

Descriptive analyses and correlations between study variables

Descriptive data for coparenting, self-construal, burnout, and child-related variables are displayed in Table 2. For burnout, the mean for the total scores was in the "no burnout" range for fathers, whereas it was in the "at-risk" range for mothers. All dimensions were represented in mothers and fathers, but mothers had higher scores than fathers except on the feelings of being fed up dimension. Regarding burnout severity, most mothers and fathers were in the "no burnout" category, but almost half of the mothers and around one third of the fathers were in the "at risk"

Table 2. Descriptive statistics for burnout and relational- and child-related variables ($N = 253$)

	Mothers ($n = 152$)			Fathers ($n = 101$)			
Variable	*M*	*SD*	*N*	*M*	*SD*	*N*	*t*-Test ($df = 251$)
Parental Burnout Assessment (mean scores for each dimension, sum of the items for the total score)							
Exhaustion in parental role	1.90	1.39		1.49	1.29		2.386*
Contrast in parental self	1.22	1.26		0.80	1.17		2.620**
Feelings of being fed up	1.30	1.19		1.01	1.10		1.924
Emotional distancing	1.23	1.09		0.93	0.96		2.181*
Total score	57.61	27.11		49.09	25.15		2.516*
Self-Construal Scale							
Independence	4.60	0.72		4.79	0.62		−2.317*
Interdependence	4.67	0.64		4.63	0.50		0.643
Coparenting Relationship Scale							
Exposure to conflict	1.57	1.11		1.41	1.15		1.106
Endorsement of partner's parenting	4.27	1.35		4.66	1.13		−2.424*
Burnout severity							
No burnout			83 (54.6%)			73 (72.3%)	
At risk			47 (30.9%)			19 (18.8%)	
Severe			22 (14.5%)			9 (8.9%)	
Child-related variables							
Daily limitation			12 (7.9%)			5 (5%)	
Chronic conditions			27 (17.9%)			9 (8.9%)	

*$p < .05$.
**$p < .01$.

or "severe" categories. The distribution was significantly different for mothers and fathers (χ^2 (2) = 8.017, p = .018). Regarding coparenting, the means for the dimension endorsement of partner's parenting for mothers and fathers were above the anchor point of 4 ("somewhat true of us"), and the means for the dimension exposure to conflict were around the anchor point of 1 (between "never" and "sometimes"), indicating an average tendency for supportive coparenting in our sample. Fathers reported significantly higher scores of endorsement of partner's parenting than mothers did. Regarding self-construal independence and interdependence, scores were close to the anchor point of 5 ("somewhat agree") for mothers and fathers; however, fathers reported a higher score of independence than mothers did. Finally, several mothers as well as fathers reported having a child with a chronic condition and/or living with daily limitations. The proportion of mothers reporting a chronic condition in the child was significantly higher than the proportion of fathers (χ^2 (1) = 3.896, p = .048); there was no difference for daily limitations.

Spearman correlations between study variables (see Table 3) showed that, in mothers as well as in fathers, burnout severity was positively correlated with the coparenting dimension exposure to conflicts and negatively correlated with the coparenting dimension endorsement of partner's parenting.

For mothers, burnout severity was also positively correlated with the number of children and with the self-construal interdependence dimension.

Finally, for mothers, burnout was related to having a child with a chronic condition (χ^2 (1) = 10.894, p < .001) and with daily limitations (χ^2 (1) = 7.565, p = .006). There was no link between these variables for fathers.

Variables linked with burnout in mothers and fathers: Multivariate analyses

The variables entered as predictors for the GLM analyses for each parent were as follows: for the demographic variables, the number of children, the age of the youngest child, the age of the oldest child, the age of the parent, the number of work hours, and the number of study years; for the parent-related variables, coparenting exposure to conflict and endorsement of partner's parenting, and self-construal independence and interdependence; and for the child-related variables, daily limitations and chronic conditions. For each parent, a model was tested that included interaction terms between the two coparenting dimensions and self-construal interdependence. The interaction terms were not significant, either for mothers or for fathers, and so they were excluded for the final analyses. The results of the models that included the interaction terms are thus not reported here.

Table 3. Spearman bivariate correlations between study variables for mothers ($N = 152$) and fathers ($N = 101$).

Variable	1	2	3	4	5	6	7	8	9	10	11
1. PBA Burnout severity (no burnout-at risk/severe)	–	*.050*	*−.124*	*−.060*	*.013*	*.104*	*−.163*	*.028*	*−.190*	*.387***	*−.313****
2. Age	.027	–	*.634****	*.691****	*.113*	*.387****	*.303***	*−.133*	*−.054*	*−.029*	*−.171*
3. Age of the youngest child	−.069	.579***	–	*.797****	*−.112*	*.262***	*.191*	*−.096*	*.036*	*−.049*	*−.081*
4. Age of the oldest child	.141	.647***	.739***	–	*−.082*	*.691****	*.178*	*−.117*	*.012*	*−.094*	*−.142*
5. Number of study years	.017	.050	−.187*	−.161*	–	*−.066*	*.113*	*.055*	*−.045*	*.012*	*.078*
6. Number of children	.194*	.262**	.232**	.514***	.036	–	*.088*	*−.119*	*−.035*	*−.075*	*−.102*
7. Work hours	−.039	−.006	−.042	−.142	.165*	−.194*	–	*−.090*	*.114*	*−.195*	*.174*
8. SCS Independence	−.134	.051	−.036	.006	−.032	.028	.100	–	*−.040*	*−.076*	*.065*
9. SCS Interdependence	.184*	.035	.039	−.005	−.084	−.060	−.034	−.247**	–	*−.090*	*.007*
10. CRS Exposure to conflict	.241**	.091	131	.174*	−.145	.019	.051	−.159	.117	–	*−.323***
11. CRS Endorsement of partner's parenting	−.260***	−.213**	−.148	−.248**	.034	−.109	−.037	.213**	−.090	−.274**	–

Italicized font: correlations for fathers; regular font: correlations for mothers. PBA: Parental Burnout Assessment; SCS: Self-Construal Scale; CRS: Coparenting Relationship Scale.
*$p < .05$.
**$p < .01$.
***$p < .001$.

For mothers, the analysis of the parameter estimates (see Table 4) showed that after all the predictor variables were entered in the model, a higher interdependence, a higher exposure to conflict, a lower endorsement of partner's parenting, and a younger age of the youngest child were the predictors of burnout severity.

For fathers, the analysis of the parameter estimates (see Table 4) showed that after all the predictor variables were entered in the model, a higher exposure to conflict was the only variable predictive of burnout severity.

Discussion

The aim of this study was to evaluate the role of coparenting as a risk factor for parental burnout and the extent to which a high interdependent self-construal may moderate the link between coparenting and burnout, as well as to investigate possible differences between mothers and fathers. In line with other studies (Roskam & Mikolajczak, 2020), our results show that the symptomatic expression of burnout is the same in mothers and fathers, as there is no gender-specific dimension. There are differences only in degree: as expected, maternal scores were higher on almost all

Table 4. Estimates of the effects of the study variables on burnout severity in mothers and in fathers.

	Burnout in mothers ($N = 152$) PBA Burnout severity (no burnout versus at risk/severe)				Burnout in fathers ($N = 101$) PBA Burnout severity (no burnout versus at risk/severe)			
Variable	*B*	*SE*	95% CI	*p*	*B*	*SE*	95% CI	*p*
Age	−0.016	0.056	[−0.126, 0.094]	.770	0.099	0.062	[−0.022, 0.221]	.109
Age of the youngest child	−0.282	0.136	[−0.550, −0.014]	.039	−0.119	0.147	[−0.407, 0.169]	.416
Age of the oldest child	0.143	0.117	[−0.086, 0.372]	.223	−0.120	0.120	[−0.355, 0.115]	.317
Number of study years	0.040	0.056	[−0.071, 0.151]	.483	0.037	0.075	[−0.110, 0.185]	.620
Number of children	0.305	0.398	[−0.476, 1.086]	.444	0.835	0.543	[−0.229, 1.899]	.124
Work hours	−0.007	0.011	[−0.028, 0.014]	.509	−0.014	0.016	[−0.045, 0.018]	.395
CRS Exposure to conflict	0.406	0.196	[0.021, 0.791]	.039	0.931	0.304	[0.335, 1.526]	.002
CRS Endorsement of partner's parenting	−0.405	0.177	[−0.751, −0.059]	.022	−0.153	0.263	[−0.669, 0.363]	.561
SCS Independence	−0.016	0.021	[−0.057, 0.025]	.447	−0.001	0.031	[−0.062, 0.060]	.975
SCS Interdependence	0.043	0.215	[0.001, 0.085]	.045	−0.054	0.038	[−0.129, 0.021]	.156
Daily limitation								
Yes$^{(No)}$	0.209	1.120	[−1.986, 2.404]	.852	0.172	1.600	[−2.964, 3.308]	.915
Chronic conditions								
Yes$^{(No)}$	1.473	0.768	[−0.033, 2.978]	.055	1.189	1.273	[−1.306, 3.685]	.350

CI: confidence interval; PBA: Parental Burnout Assessment; SCS: Self-Construal Scale; CRS: Coparenting Relationship Scale. – = variable not entered in the model.

burnout dimensions. Regarding the repartition of the severity of burnout, 8.9% of fathers and 14.5% of mothers in our sample were classified as having severe burnout according to the cutoff scores that have been established and validated for the PBA (Brianda et al., 2023). This shows first, that even though burnout scores were low on average in our study population, they were significantly high for some parents. Second, the proportion of severe burnout was higher in mothers than in fathers, as has been shown in other studies (Roskam et al., 2021; Roskam & Mikolajczak, 2020).

Congruent with our hypothesis, coparenting is associated with burnout for both parents. For fathers, exposure to conflicts—one dimension of non-supportive coparenting—is even the sole significant variable linked with burnout. Exposure to conflicts relates not only to an absence of support from the mother, but it also officializes, in front of the child, a disagreement that a father may experience as putting his competence into question. As a consequence, it may lower his self-esteem as a parent (Olsavsky et al., 2020) and place him in a high negative emotional state relative to the relationship with the mother, as has been shown in classical triangulation processes in which the child is incorporated in the dispute between his or her parents (McHale, 1997; Minuchin, 1974). Although this process may operate for fathers as well as for mothers, its relative importance and its centrality for fathers may be explained by the traditional family organization that prevails in Switzerland (Levy & Widmer, 2013). Whereas mothers assume the heaviest burden in daily parental tasks, fathers mainly rely on mothers, not only in how to organize daily life, but also at an emotional level, in order to be assured that they are doing well with the children, with whom they interact less than mothers do. In a study conducted some years ago, we found, for example, that fathers of infants are more adjusted in free play with their child if they can first observe the mother playing (Frascarolo et al., 2003). Disruption of interactions—as is the case in open conflicts in front of the child—may thus be particularly detrimental to fathers. Furthermore, it is interesting to note that fathers have reported a higher score on partner's parenting endorsement than mothers have, even if this dimension was not linked to burnout for them. This dimension of coparenting may be indicative of "mother essentialism" in fathers, that is, the belief that the mother has the inherent capacities to be a good parent. This belief is often found in fathers who live in a traditional arrangement (McHale & Rotman, 2007; Schiffrin et al., 2015); it may be so deeply rooted that, in a low-risk population such as that of this study, it varies little and therefore is not linked with burnout.

For mothers, both dimensions of coparenting are related to burnout. As hypothesized, and in contrast to what was observed in fathers, a low

endorsement of the partner's parenting is linked with higher burnout. The lack of support in the coparenting relationship may increase the burden of parenting and even constitute a source of stress, which will in turn be a risk factor for burnout; to not trust the ability of the father's parenting may indeed make mothers feel as though they have to do all the family tasks themselves (or at least to organize them), which echoes the role that they are socially expected to assume (Bonoli, 2007; Favez & Frascarolo, 2020; Levy & Widmer, 2013; Roskam et al., 2022). As is the case for fathers, high exposure to conflict is also related to higher burnout. It may thus constitute an increased emotional burden for mothers and a challenge to their competencies as a parent. Finally, for mothers, one demographic variable also plays an important role: a younger age of the youngest child was linked with higher burnout. This variable refers to an "objective" burden due to the numerous tasks that having a less autonomous child may imply; a younger age of children has already been identified as a predictor of burnout (Lindström et al., 2011; Mikolajczak et al., 2018).

Furthermore, we expected a definition of self as highly interdependent to moderate the links between coparenting and burnout. Interdependence is related to the relational self, that is, the way the parents see themselves in relation to others (Chen et al., 2006), and it may be a risk factor for individuals with low social support (Heintzelman & Bacon, 2015). This effect was expected to be pronounced in mothers, as studies have shown that a definition of the self as highly interdependent may be particularly present among mothers (Smith, 1999; Wills & Petrakis, 2019). However, contrary to our hypothesis, there was no interaction effect between interdependence and the two dimensions of coparenting, either for fathers or for mothers. A direct link between interdependence and burnout was, however, observed for mothers, showing that interdependence may still be a risk factor for burnout. The absence of moderation may be explained by the fact that although self-construal interdependence is related to a general orientation toward others, it may not be specifically related to a close relationship such as the coparenting relationship is; thus, there may be no systematic amplification (or attenuation) of the effect of a non-supportive coparenting relationship on burnout. Other measures, such as dependent attachment tendencies, may highlight an interaction between the relational self and coparenting in relation to burnout: one main feature of attachment dependency is indeed to feel chronic stress and dissatisfaction in close relationships (Mikulincer & Shaver, 2016). Conversely, a self-construal interdependence may interact with a more global measure of social support in relation to burnout. Additional data are needed to test these hypotheses.

The two variables regarding the condition of the child (daily limitations due to health issues and having a chronic condition) were not related to

burnout. However, the variable of having a chronic condition was very close to significance (p = .055) for mothers; this variable could end up being significant in a larger sample. The reasons for this possible association would be numerous: studies have shown that parents of children with a chronic condition are more at risk of mental health issues, such as anxiety or depression (Cohn et al., 2020), higher stress (Pinquart, 2018), and possible perturbation in parenting (Pinquart, 2013) due to the worries and daily burden associated with the child's medical condition.

Finally, work hours were not related to burnout either for fathers or for mothers, even though the considerable burden due to the double work and family agenda has been designated as one of the possible causes of burnout, especially in mothers (Michel et al., 2011). However, we only have in this study a quantitative index of the number of work hours, and so we know neither the perception that mothers and fathers have of their workplace and their workload, nor their motivation to be in the workforce or the work-family conflicts they may have to face (Collins, 2020). Moreover, all mothers and fathers in our sample were engaged in the workforce; a difference may exist between parents engaged in the workforce and those who are not, but we were not able to test this hypothesis. It should also be noted that we collected individual data although all parents in our sample were living in dual-earner arrangements, and so a link between work hours might appear when considering the total number of work hours for a couple; for example, couples who cumulated a large number of work hours might be more vulnerable to burnout.

Limitations and future directions

This study has several limitations that we mention below along with recommendations and suggestions for future studies that aim to replicate our findings and to expand the investigation of the links between coparenting and burnout. First, we were obliged to analyze the data separately for mothers and fathers. Although we initially planned to use multilevel modeling to assess nested effects, after gender was taken into account at the second level of analysis, all other variables were nonsignificant. Second, in order to have a homogenous sample in terms of socioeconomic variables, we intentionally focused on a selected sample of participants from an upper-middle-class neighborhood, who were living in a dual-parent and dual-income family arrangement and were parents of a preadolescent child (children's ages were from birth to the end of elementary school). These were the characteristics of the majority of the overall sample. Results are thus to be understood in this specific context and may not be generalizable to families living in different arrangements or in less favorable economic contexts. Third, the study was cross-sectional, as we had only

one measurement point. A longitudinal design is warranted to assess possible causality between variables, as it is likely that burnout in turn influences coparenting and the representation of self as interdependent; burnout may, for example, be the main determinant of loss of support in coparenting. Further studies are thus needed to better understand the interplay between variables. They would also allow replication of our findings and confirmation, among the dimensions of Feinberg's model (Feinberg et al., 2012), of the specific role of the two dimensions of coparenting that were highlighted in our study. Fourth, we relied on single-informant data; common-shared variance may thus have inflated the links between the variables. A design that includes mixed methodology, such as questionnaires and interviews, would allow investigators to rule out these possible effects. Fifth, we recruited our sample by outreach to individuals, which induces two different limitations: we were unable to control for possible dependencies in the data due to the unlikely but possible participation of couples, and enrollment of couples would be very informative about dyadic processes leading to burnout, as there are mutual influences between partners. Finally, it would be important to assess depression in parents, as depression, although distinct from burnout, may be related to it and has been shown to be related to parenting and coparenting.

Implications

This study has shown that dimensions of the coparenting relationship are linked to burnout and that the variables related to burnout may differ in mothers and in fathers, with a specific role of a representation of self as interdependent in mothers. These differences have implications for clinical practice: similar to what has been shown, for example, in situations of divorce ("his" and "her" divorce; see Hetherington & Kelly, 2002), the help brought to parents should differ according to specific risk factors while, for both, it should target the coparental relationship. To feel relieved from the burden they must assume, and which may explain that they are more likely to present a burnout, mothers need to trust the father in his parental role and to have a response to their heightened interdependence. Interventions aimed at supporting mothers could thus combine, on the one hand, work on the coparental relationship to simultaneously improve paternal engagement and the image that the mother has of the father (see, for example, the Family Foundations program; Feinberg & Kan, 2008), and, on the other hand, support provided at an institutional level (see, for example, Nomaguchi & Milkie, 2020). The institutional support could, in some cases, compensate for a possible lack of support from the father. For fathers—as would be the case for mothers—support should target

conflict negotiation and resolution to prevent the emotional exhaustion resulting from destructive conflicts, that is, unresolved conflicts with high negative emotions.

Conclusion

Our study shows that coparenting is significantly related to burnout for mothers and for fathers; it is thus a common denominator for both parents. In other studies, "bonding," "cohesion," and "connectedness" are different constructs that have been coined to refer to the importance of the relationship within the family as one factor of resilience against family stress and adversities (Torres Fernandez et al., 2013). Our results highlight the importance of coparenting and are congruent with such a perspective. The importance of the representation of self as interdependent in mothers, however, shows that the help brought to parents should target—concurrently—individual variables, in order to enhance the capacities of parents to cope with the stress and burden of parenting, and relational variables, in order to enhance mutual support. Integrative and multifaceted interventions are warranted to achieve the best intervention effectiveness.

Informed consent

Informed consent was obtained from all individual participants included in the study.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Data availability statement

The data that support the findings of this study are available from the corresponding author, [author initials], upon reasonable request.

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