



# Self-care behaviours and parental burnout in a large sample of Polish mothers

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## Abstract

**Introduction and Objective.** The severity of parental burnout in Poland is the highest in the world. This is a significant social problem for both parents and their children. Previous research on burnout indicates the importance of self-care in reducing the risk of burnout. Therefore, it was decided to investigate whether self-care is a predictor of parental burnout, and if so, which self-care behaviours are more significant predictors of parental burnout in Polish mothers.

**Materials and Method.** The study included 1,113 women from the general Polish population, aged 20–50 ( $M=32.01$ ,  $SD=4.20$ ). Parental burnout and self-care were assessed using the Parental Burnout Assessment (PBA) and the Self-Care Questionnaire, respectively.

**Results.** As expected, the correlational analysis revealed negative links between the all self-care dimensions and parental burnout. Regression analysis indicated that among the eight dimensions of self-care, the most significant predictors of parental burnout were valuing oneself and one's life, readiness and initiative to face life's challenges, and belief about the availability and possibility of obtaining social support. Across demographic variables, living in larger cities, a higher number of children, and a higher level of education were associated with higher levels of parental burnout in Polish mothers.

**Conclusions.** Higher levels of self-care behaviours were associated with lower levels of parental burnout in Polish mothers.

## Key words

education, place of residence, self-care, parental burnout, having many children

## INTRODUCTION

People today face numerous expectations placed on them due to their important social roles, such as motherhood and fatherhood. High levels of stress in parenting can lead to parental burnout, which can result in serious psychosocial and somatic consequences for both parents and children [1]. Mothers, as the primary caregivers, are typically at risk of parental burnout, resulting from the stress they experience in caring for and raising children [2]. Therefore, it is necessary to identify protective factors for parental burnout in mothers. Previous research indicates that self-care plays an important role in reducing the risk of occupational burnout [3, 4]. However, little is known about the relationship between self-care and parental burnout. Due to the significant importance of parenting for the individual development and health of mothers and children, as well as the quality of social life, the study focuses on this issue, aiming to determine whether and which self-care behaviours predict parental burnout.

**Parental burnout.** The concept of occupational burnout – defined as failure or exhaustion caused by prolonged stress at work due to excessive demand for energy, strength, or resources – is at the heart of the phenomenon of parental burnout [5]. In the lives of modern women, in addition to their professional roles and the role of a life partner, the role

of mother is socially significant. Coping with the multitude of roles and tasks in life involves a process of finding a balance between self-care and dedication to others, especially children. Parental burnout is understood as a specific syndrome resulting from long-term exposure to chronic parental stress [6]. It manifests itself in the form of mental and physical exhaustion and satiety with the parenting role, often a conviction of a discrepancy between previous ideas about being a mother and current assessments of one's functioning in that role, as well as emotional distancing from the child [7].

Parental burnout has become more pronounced since the pandemic, especially in countries with more stringent restrictions [8]. Poland has the highest levels of burnout in the world [1], which forces specialists to seek protective factors in this area. Research conducted among a group of 2,130 Polish parents (62% mothers) showed that parental burnout affects 3.2% of parents (4.1% mothers, 1.6% fathers). However, among parents of children with at least one child under the age of 5, parental burnout affects 4.5% of parents (6.3% of mothers, 1.4% of fathers) [7]. Among the factors that may prevent or reduce the risk of parental burnout, the potential role of self-care needs to be examined.

**Self-care.** Over the years, the concept of self-care has evolved, initially attracting more interest from the medical community than from social scientists [9, 10, 11]. Currently, much is being said about self-care in the context of psychology, with an emphasis on lifestyle, physical exercise, relaxation, and other care practices. Self-care is a set of functions ensuring safety and personal development [12]. The concept of self-

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care in psychology originates from Ego Psychology and Object Relations Theory, with its specificity described by Krystal [13]. Pilarska and Suchańska [14] distinguish such self-care behaviours as assertiveness, confronting problems, self-soothing, perceived support, satisfying relationships, self-valuation and life evaluation, and resisting harmful temptations. This concept is based on the idea of self-care according to Khantzian and Mack [12].

### Self-care as a protective factor against parental burnout.

Parental burnout is the result of an imbalance between stress-intensifying factors (risk factors) and stress-relieving factors (protective factors) [15]. In many studies, self-care is treated as a protective factor against physical and mental health problems [16]. Self-care is generally understood as engaging in behaviours that sustain a person's health and well-being and prevent burnout and illness [17]. Moreover, self-care plays a mediating role in the stress-burnout relationship [18]. Untreated parental burnout can have consequences for marital life, professional relationships, as well as child neglect and violence [19]. Parental burnout negatively impacts the mental health of both parents and children, which makes it an important subject for study.

Many variables contribute to the severity of parental burnout [20], with the literature reporting higher levels of burnout in mothers compared to fathers [7]. Studies report that the others socio-demographic variables that are important for parental burnout are, in particular, the age of the parents and the number of children [21]. Furthermore, a negative relationship between taking up a job and parental burnout has been proven [22]. In the group of parents of older children, parental burnout is important for children's school achievement: student behaviour problems increase the sense of burnout in parents, which consequently reduces the child's academic performance, among other things, due to the burnout parent's reduced interest in their activities [23]. However, perceived social support [24] and self-compassion [25] may serve as factors that attenuate parental burnout. Research indicates a positive association between postpartum depression symptoms and parental burnout [26]. The risk of postpartum depression is negatively associated with self-care [27], which could suggest that self-care will also be a predictor of parental burnout.

Burnout has been basically explored in the context of self-care behaviours, among social workers [3] and nurses [4], where one of the key professional tasks is caring for another person. These studies have demonstrated the protective role of self-care for burnout. In the USA, a recommendation was also made to include professional self-care in the code of ethics for social workers to prevent burnout [28]. We still know little about the protective role of self-care in the context of parental burnout; therefore, it seems important to explore the issue in this study.

### OBJECTIVE

The aim of the study is to examine associations between self-care dimensions and parental burnout. In order to identify which self-care behaviours would be the most significant predictors of parental burnout, a research model was constructed in which self-care behaviour was defined as the explanatory variable, and parental burnout as the dependent

variable. The literature reports higher levels of burnout in mothers compared to fathers [7]; hence, the focus on studying women only. Controlled variables included age, education level, place of residence, being in an intimate relationship, and the number of children. The following three hypotheses were formulated:

H1: Self-care is negatively correlated with parental burnout.

H2: Individual self-care dimensions explain the level of parental burnout to varying degrees.

H3: Individual socio-demographic variables explain the level of parental burnout.

**Participants.** The research was conducted in accordance with the Ethical Principles of the Declaration of Helsinki. A large and diverse group of mothers participated in the study, with the inclusion criteria of having at least one child. Participants received a link to the survey on the Google Forms platform via social media, with an appended consent form, which they were asked to complete. All participants provided their written informed consent digitally before completing the survey. Participation was anonymous, and no compensation was provided.

The sample consisted of 1,113 women recruited from the general population in Poland, with ages ranging from 20–50 years ( $M = 32.01$ ,  $SD = 4.20$ ). Detailed demographic characteristics of the studied mothers are shown in Table 1.

**Table 1.** Demographic characteristics of the participants

Variables	Demographic categories	N	%
Education	Primary	10	0.90
	Secondary	279	25.07
	Higher	824	74.03
Area of residence	Villages	319	28.66
	Small towns (up to 20,000 inhabitants)	124	11.14
	Towns (20,000 – 100,000 inhabitants)	215	19.32
	Large cities (100,000 – 500,000 inhabitants)	182	16.35
	Very large cities (above 500,000 inhabitants)	273	24.53
Relationship status	Single	36	3.23
	In a relationship	1077	96.77
Number of children	1	424	38.10
	2	584	52.47
	3	90	8.09
	4	12	1.08
	5	3	0.27

### MATERIALS AND METHOD

Parental burnout was assessed using the Polish version of the Parental Burnout Assessment (PBA) questionnaire [7], which consists of 23 items (e.g. *I feel completely run down by my role as a parent* or *I cannot take being a parent any more*), with all statements being rated on a 7-point scale, from 0 – *never* to 6 – *every day*. The parental burnout score was calculated by summing the scores on the 23 items. A higher score indicates a higher level of parental burnout [7].

Self-care was measured using the Polish language version of the Self-Care Questionnaire [14], which contains 34 items, and measures the following self-care behaviours:

- 1) self-valuation and life-valuation (e.g. *I deserve to be loved*);
- 2) resistance to harmful temptations (e.g. *I refuse to eat my favourite treat if I know it will harm me*);
- 3) readiness and initiative to face life's challenges (e.g. *I like to test myself in new situations*);
- 4) assertiveness and defense of one's rights (e.g. *I am fighting for my right to express my opinion*);
- 5) confidence in the availability and possibility of obtaining social support (e.g. *My friends help me feel that I am cared for*);
- 6) interpersonal trust and relational failures (e.g. *I made mistakes in choosing my friends* (R),
- 7) mindful awareness of internal states (e.g. *I know when I should rest*);
- 8) the ability to soothe oneself (e.g. *When I feel anxious, I know what to do to feel safe*). All statements in the questionnaire are rated on a 5-point scale from 1 (*does not describe me at all*) to 5 (*describes me very well*). The higher the scores, the higher the intensity of individual self-care behaviours [14].

**Analytic strategy.** Statistical analyses were carried out using *Statistica* v. 13.3 and *JASP* v. 0.19.3, and descriptive statistics and Pearson correlations between the study variables were calculated. For assessing internal consistency reliability, Cronbach's alpha coefficients were computed.

To reveal whether and which self-care dimensions were significant predictors of parental burnout, a multiple regression analysis was conducted, controlling for socio-demographic variables (i.e., age, education, area of residence, relationship status, and the number of children). A hierarchical regression was used with two steps: 1) socio-

demographic variables were input as predictors, 2) eight self-care dimensions were input.

## RESULTS

Descriptive statistics and reliability coefficients for the study variables are displayed in Table 2. Internal consistency reliability was good for all questionnaire scores (i.e., Cronbach's alpha coefficients of 0.71 and above), with only one exception of resisting harmful temptations scores (Cronbach's alpha of 0.62).

Pearson correlations between the study variables are displayed in Table 3. All self-care dimensions were negatively associated with parental burnout ( $r$  from  $-0.23$  to  $-0.57$ , all  $ps < 0.001$ ).

Controlling for socio-demographic variables, the linear regression analyses indicated that almost all self-care dimensions were significant *negative* predictors of parental burnout, suggesting that higher levels of self-care practices were associated with lower levels of parental burnout (Tab. 4). However, assertiveness and the defence of one's rights scores were a *positive* predictor of parental burnout, and interpersonal trust and relational failures and self-soothing ability scores were not significant predictors. At step 2, among the socio-demographic variables, higher education levels, living in larger cities, and a higher number of children were associated with higher levels of parental burnout. Beyond socio-demographic variables, self-care dimensions explained 37.09% of the variance of parental burnout (Tab. 4).

**Table 2.** Descriptive statistics and internal consistency reliability coefficients for the study variables (n = 1113)

Variables	Cronbach's alpha	M	SD	Skewness	Kurtosis	Minimum	Maximum
Valuing oneself and life	0.83	20.79	4.86	-0.38	-0.37	6.00	30.00
Resisting harmful temptations	0.62	7.93	2.81	0.21	-0.56	3.00	15.00
Readiness and initiative to face life's challenges	0.75	13.73	4.48	0.22	-0.60	5.00	25.00
Assertiveness and defence of one's rights	0.84	16.72	4.76	-0.21	-0.65	5.00	25.00
Belief about the availability and possibility of obtaining social support	0.78	9.47	3.07	-0.24	-0.70	3.00	15.00
Interpersonal trust and relational failures	0.76	17.44	4.47	-0.35	-0.52	5.00	25.00
Mindful awareness of internal states	0.71	7.80	3.01	0.27	-0.63	3.00	15.00
Self-soothing ability	0.74	12.41	3.39	0.01	-0.43	4.00	20.00
Self-care (a total score)	0.92	106.28	21.26	-0.06	-0.47	48.00	163.00
Parental burnout	0.97	60.10	35.76	0.29	-1.01	0.00	138.00

**Table 3.** Pearson correlations between the study variables (n = 1113)

Variables	1	2	3	4	5	6	7	8	9	10
1. Valuing oneself and life	-									
2. Resisting harmful temptations	0.28	-								
3. Readiness and initiative to face life's challenges	0.47	0.22	-							
4. Assertiveness and defence of one's rights	0.47	0.17	0.60	-						
5. Belief about the availability and possibility of obtaining social support	0.56	0.12	0.37	0.41	-					
6. Interpersonal trust and relational failures	0.48	0.16	0.40	0.42	0.51	-				
7. Mindful awareness of internal states	0.41	0.10	0.25	0.21	0.29	0.38	-			
8. Self-soothing ability	0.65	0.22	0.53	0.52	0.44	0.39	0.34	-		
9. Self-care (a total score)	0.81	0.38	0.74	0.74	0.68	0.71	0.52	0.76	-	
10. Parental burnout	-0.52	-0.23	-0.43	-0.33	-0.44	-0.38	-0.35	-0.43	-0.57	-

All correlations are statistically significant at  $p < 0.001$

**Table 4.** Regression models for predicting parental burnout (n = 1113)

Models	Predictors	Parental burnout (PBA scores as the dependent variable)		
		Beta	t	p
Step 1	Age	-0.00	-0.09	0.928
	Education	0.01	0.45	0.655
	<b>Place of residence</b>	<b>0.08</b>	<b>2.65</b>	<b>0.008</b>
	Relationship status	0.01	0.29	0.771
	<b>Number of children</b>	<b>0.10</b>	<b>3.33</b>	<b>&lt; 0.001</b>
Step 2	Age	0.02	0.84	0.403
	<b>Education</b>	<b>0.07</b>	<b>2.84</b>	<b>0.005</b>
	<b>Place of residence</b>	<b>0.09</b>	<b>3.50</b>	<b>&lt; 0.001</b>
	Relationship status	-0.01	-0.20	0.845
	<b>Number of children</b>	<b>0.11</b>	<b>4.66</b>	<b>&lt; 0.001</b>
	<b>Valuing oneself and life</b>	<b>-0.23</b>	<b>-6.39</b>	<b>&lt; 0.001</b>
	<b>Resisting harmful temptations</b>	<b>-0.08</b>	<b>-3.04</b>	<b>0.002</b>
	<b>Readiness and initiative to face life's challenges</b>	<b>-0.20</b>	<b>-6.40</b>	<b>&lt; 0.001</b>
	<b>Assertiveness and defence of one's rights</b>	<b>0.07</b>	<b>2.04</b>	<b>0.042</b>
	<b>Belief about the availability and possibility of obtaining social support</b>	<b>-0.17</b>	<b>-5.60</b>	<b>&lt; 0.001</b>
	Interpersonal trust and relational failures	-0.06	-1.96	0.050
	<b>Mindful awareness of internal states</b>	<b>-0.12</b>	<b>-4.65</b>	<b>&lt; 0.001</b>
	Self-soothing ability	-0.06	-1.81	0.070
	Model parameters for Step 1	$F(5, 1107) = 3.57, p = 0.003, \text{adj. } R^2 = 1.14\%$		
	Model parameters for Step 2	$F(13, 1099) = 53.95, p < 0.001, \text{adj. } R^2 = 38.23\%$		
$\Delta \text{ adj. } R^2$ between Steps 2 and 1	37.09%			

Statistically significant predictors (at least  $p < 0.05$ ) are shown in bold. Education codes: primary = 1; secondary = 2; higher = 3. Place of residence: villages – 1; small towns (up to 20,000 inhabitants) = 2; towns (20,000–100,000 inhabitants) = 3; large cities (100,000–500,000 inhabitants) = 4; very large cities (above 500,000 inhabitants) = 5. Relationship status: single – 1; in a relationship – 2

## DISCUSSION

As expected, correlational analysis indicated that there were negative links between all dimensions of self-care and parental burnout, that is, higher levels of self-care behaviours were associated with lower levels of parental burnout in a large sample of Polish mothers. These results are consistent with previous reports [3, 4, 16, 17, 18].

When looking for the most protective factor for parental burnout, it turns out that what protects mothers most from parental burnout is a higher valuing of oneself and one's life. In the Polish cultural context, motherhood is often equated with sacrifice, self-denial, and a moral obligation to be fully available to the child. In Poland, the term 'Polish mother' is quite common, referring to a woman who always puts her child's needs above her own. For this reason, mothers with higher self-esteem can more effectively set boundaries, reject unrealistic social expectations, and avoid excessive emotional stress, which protects them from burnout. This finding is confirmed by the results of the study by Raudasoja et al. [29], which indicated that mothers' self-esteem and perfectionism play a role in parental burnout.

Moreover, readiness and initiative to face life's challenges proved to be very important, which may be related to resilience, a mechanism underlying the relationship between stress and resource depletion [18, 22, 30]. According to Hobfoll's conservation of resources theory [31], greater readiness to act and take on challenges promotes less susceptibility to resource depletion and burnout. Limited access to institutional support in Poland (e.g. psychological, social, care) may contribute to increasing this factor in coping with the challenges of motherhood.

Belief in the possibility and availability of social support also proved to be an important predictor, as confirmed by the literature [24]. In Poland, despite a growing individualistic culture, informal support networks – family, grandparents, neighbours – still play an important role. However, urbanization, migration, and the nuclear family model mean that many mothers raise their children alone, which may weaken this protective factor. The importance of self-soothing for parental burnout has not been proven, although the literature reports that self-compassion mitigates parental burnout [25].

Interestingly, one positive predictor of parental burnout was identified: assertiveness and defending one's rights. Although the strength of this prediction is not very high, it reached statistical significance. This result can be explained through the lens of Hobfoll's limited resources theory [31]. A woman who perceives the maternal role as limiting her rights, needs, life position, or development opportunities – with a heightened tendency toward assertiveness – may feel chronically threatened and depleted, which may consequently exacerbate her sense of parental burnout. Moreover, this may also stem from Polish cultural realities, where mothers' assertiveness is often perceived as selfishness or a lack of dedication, which consequently generates feelings of guilt and internal conflict. Mothers who strive to be assertive may experience stress related to the need for autonomy and social evaluation. Overall, beyond socio-demographic variables, the regression model in the current study explained about 37% of the variance of parental burnout in these data, suggesting that self-care behaviours acted as pertinent factors explaining the level of mother's parental burnout. As such, assessment of self-care is clinically relevant.

Also of interest is the predictive role of socio-demographic variables and variables related to parenting. In this study, not all such variables were associated with parental burnout. Only the variables 'place of residence' and 'number of children' reached statistical significance. Mothers living in large cities were more vulnerable to parental burnout, which may be related to the urban overload hypothesis [32], as excessive stimuli may lead to preferences for individualism and social distancing. Living in rural areas reduces the risk of experiencing excessive environmental stimuli. It cannot be ruled out, however, that being a member of a smaller community results in stronger social ties, which may be the first source of available support in the event of the occurrence of burnout symptoms in the physical and mental health spheres. Urbanization is also often associated with a change in the family model (a shift from multigenerational to nuclear families), which reduces quick access to help (e.g., care from grandparents or extended family).

Having more children may be associated with limited resources among the mothers studied, and perceived stress resulting from the feeling that their resources are threatened or lost as a consequence of focusing on the social role of the mother [31]. A larger number of children means greater time, emotional and material demands, which, without a proportional increase in resources (partner/family support, money, free time), leads to a more intense depletion of resources. The second step of the regression revealed that a higher education level was associated with higher level of parental burnout. Mothers with higher education were more likely to experience burnout, which could be caused by role conflict: the need for professional self-fulfilment combined with cultural expectations that a 'Polish mother' should prioritize maternal responsibilities over professional aspirations. The literature demonstrates that higher education levels in men help prevent parental burnout [33], but the opposite is true for women, likely related to the unequal division of household responsibilities and the inability to fulfill one's professional needs.

**Limitations of the study.** Burnout in fathers was not explored, even though fathers and mothers form an interdependent parenting system. Similarly, indicators of maternal and child health were not included. Taking into account detailed information on mothers' employment status, type of work, number of hours worked, availability of childcare support, and the age of their children could be important variables influencing behaviours related to self-care and parental burnout. This outlines the direction for future research in this area. While the sample in the current study was large, it can not be treated as a representative sample of Polish mothers, as it somewhat unbalanced regarding the education levels, relationship status and number of children. Another limitation of the study is its cross-sectional design. That is, no conclusions can be drawn regarding the temporal order of parental burnout and self-care.

In future studies, these shortcomings can be addressed by expanding the sample to include fathers, as well as less educated, single, and multiple-child (3 or more) mothers.

## CONCLUSIONS

The study demonstrates that higher levels of self-care behaviours were associated with lower levels of parental burnout in a large sample of Polish mothers. Across socio-demographic variables and variables related to parenting, living in large cities, mothers' higher education levels, and having a larger number of children contributed to higher levels of parental burnout. Among self-care behaviours, mothers self-esteem and appreciation of their lives, their willingness and initiative to face life's challenges, and their belief in the possibility and availability of social support, were the strongest statistical predictors of lower levels of parental burnout. As such, assessment of self-care behaviours in mothers is clinically important.

## REFERENCES

- Roskam I, Aguiar J, Akgun E, et al. Parental burnout around the globe: A 42-country study. *Affect Sci.* 2021;2(1):58–79. <https://doi.org/10.1007/s42761-020-00028-4>
- Hosnaroudi MG, Fatehi N, Mousavi SF. The mediating role of emotion regulation in the relationship between the personality traits of neuroticism and conscientiousness and parental burnout in mothers of Tehran city during 2022–2023: A descriptive study. *J Rafsanjan Univ Med Sci.* 2024;22(10):1019–1036. <https://doi.org/10.61186/jrums.22.10.1019>
- Salloum A, Choi MJ, Stover CS. Development of a trauma-informed self-care measure with child welfare workers. *Child Youth Serv Rev.* 2018;93:108–116. <https://doi.org/10.1016/j.childyouth.2018.07.008>
- Wu S, Zhu W, Wang Z, et al. Relationship between burnout and occupational stress among nurses in China. *J Adv Nurs.* 2007;59(3):233–239. <https://doi.org/10.1111/j.1365-2648.2007.04301.x>
- Freudenberger HJ. The staff burnout syndrome in alternative institutions. *Psychother Theory Res Pract.* 1975;12(1):73–82. <https://doi.org/10.1037/h0086411>
- Mikolajczak M, Roskam I. A theoretical and clinical framework for parental burnout: The balance between risks and resources (BR2). *Front Psychol.* 2018;9(886):1–11. <https://doi.org/10.3389/fpsyg.2018.00886>
- Szczygieł D, Sekulowicz M, Kwiatkowski P, et al. Validation of the Polish version of the Parental Burnout Assessment (PBA). *New Dir Child Adolesc Dev.* 202;137–158. <https://doi.org/10.1002/cad.20385>
- van Bakel H, Bastiaansen C, Hall R, et al. Parental burnout across the globe during the COVID-19 pandemic. *Int Perspect Psychol Res Pract Consult.* 2022;11(3):141–152. <https://doi.org/10.1027/2157-3891/a000050>
- Chen T, Kao C, Cheng S, et al. A web-based self-care program to promote healthy lifestyles and control blood pressure in patients with primary hypertension: A randomized controlled trial. *J Nurs Scholarsh.* 2022;54(6):678–691. <https://doi.org/10.1111/jnu.12792>
- Ghio D, Muller I, Greenwell K, et al. It's like the bad guy in a movie who just doesn't die: A qualitative exploration of young people's adaptation to eczema and implications for self-care. *Br J Dermatol.* 2020;182(1):112–118. <https://doi.org/10.1111/bjd.18046>
- Krzemińska S, Lomper K, Chudiak A, et al. The association of the level of self-care on adherence to treatment in patients diagnosed with type 2 diabetes. *Acta Diabetol.* 2021;58(4):437–445. <https://doi.org/10.1007/s00592-020-01628-z>
- Khantzian EJ, Mack JE. Self-preservation and the care of the self: ego instincts reconsidered. *Psychoanal Study Child.* 1983;38:209–232.
- Krystal H. Self representation and the capacity for self care. *Annu Psychoanal.* 1978;6:209–246.
- Pilarska A, Suchańska A. Kwestionariusz samoopiekuńczości. Unpublished materials. Faculty of Psychology and Cognitive Science at Adam Mickiewicz University; 2021.
- Patty NJS, van Meeteren KM, Verdonk M, et al. Risk and Protective Factors for Burnout Among Parents of Children With Complex Care Needs: Parents' Perspectives. *Child Care Health Dev.* 2025;51(4):e70143. <https://doi.org/10.1111/cch.70143>
- Gosnell NM, O'Neal CR, Atapattu R. Stress, mental health, and self-care among refugee teachers in Malaysia. *Asian Am J Psychol.* 2021;12(3):176–192. <https://doi.org/10.1037/aap0000249>

17. Lee JJ, Miller SE. A self-care framework for social workers: building a strong foundation for practice. *Families in Society*. 2013;94(2):96–103. <https://doi.org/10.1606/1044-3894.4289>
18. Hricová M. The mediating role of self-care activities in the stress-burnout relationship. *Health Psychology Report*. 2020;8(1):1–9. <https://doi.org/10.5114/hpr.2019.89988>
19. Paula AJ, Condeles PC, Moreno AL, et al. Parental burnout: a scoping review. *Rev Bras Enferm*. 2021;75(Suppl 3):e20210203. <https://doi.org/10.1590/0034-7167-2021-0203>
20. Ren X, Cai Y, Wang J, et al. A systematic review of parental burnout and related factors among parents. *BMC Public Health*. 2024;24:376. <https://doi.org/10.1186/s12889-024-17829-y>
21. Le Vigouroux S, Scola C. Differences in parental burnout: influence of demographic factors and personality of parents and children. *Front Psychol*. 2018;9:887. <https://doi.org/10.3389/fpsyg.2018.00887>
22. Wang W, Song T, Chen S, et al. Work-family enrichment and parental burnout: The mediating effects of parenting sense of competence and parenting stress. *Curr Psychol*. 2024;43(8):6966–6976. <https://doi.org/10.1007/s12144-023-04874-w>
23. Hong VTP, An NH, Thao TTP, et al. Behavior problems reduce academic outcomes among primary students: A moderated mediation of parental burnout and parents' self-compassion. *New Dir Child Adolesc Dev*. 2022;185–186:27–42. <https://doi.org/10.1002/cad.20482>
24. Ardic A. Relationship between parental burnout level and perceived social support levels of parents of children with autism spectrum disorder. *Int J Educ Methodol*. 2020;6(3):533–543. <https://doi.org/10.12973/ijem.6.3.533>
25. Nguyen TM, Nguyen AH, Tran PTT, et al. Self-compassion reduces parental burnout: Mediation roles of parental psychological control and support. *Pers Relatsh*. 2023;30(1):262–277. <https://doi.org/10.1111/pere.12464>
26. Huang Y, Mao F, Zhang X, et al. Exploring the relationship between postnatal depressive symptoms and parental burnout from the perspective of the population and individual level. *BMC Psychiatry*. 2023;23(1):1–7. <https://doi.org/10.1186/s12888-023-04853-2>
27. Pilarska N, Siemińska N, Skonieczna W. Self-care and risk of postpartum depression. *Pol Forum Psychol*. 2023;28(1):19–36. <https://doi.org/10.34767/PFP.2023.01.02>
28. Willis NG, Molina V. Self-care and the social worker: Taking our place in the code. *Soc Work*. 2019;64(1):83–86. <https://doi.org/10.1093/sw/swy049>
29. Raudasoja M, Sorkkila M, Aunola K. Self-esteem, socially prescribed perfectionism, and parental burnout. *J Child Fam Stud*. 2023;32(4):1113–1120. <https://doi.org/10.1007/s10826-022-02324-y>
30. Liu S, Zhang L, Yi J, et al. The relationship between parenting stress and parental burnout among Chinese parents of children with ASD: A moderated mediation model. *J Autism Dev Disord*. 2024;54(4):1527–1537. <https://doi.org/10.1007/s10803-022-05854-y>
31. Hobfoll SE. Conservation of resources: A new attempt at conceptualizing stress. *Am Psychol*. 1989;44(3):513–524.
32. Milgram S. The experience of living in cities. *Science*. 1970;167(3924):1461–1468. <https://doi.org/10.1126/science.167.3924.1461>
33. Hatta O, Kpassagou BL. The socio-demographic risk factors for parental burnout in Togo. *Educ Dev Psychol*. 2023;40(2):262–271. <https://doi.org/10.1080/20590776.2023.2198084>