

Validation of "parental burnout scale" on an Algerian population and the impact of certain socio-demographic and anthropologic factors

تطبيق "مقياس الإحترق النفسي الأبوي" على عينة جزائرية ومدى تأثير بعض العوامل الاجتماعية والديمغرافية والأنثروبولوجية

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Abstract:

Having embraced the idea of the international consortium, around parental burnout (PBI), proposed by Roskam (et al.), the objective of this article is to validate the PBI scale on an Algerian population, to assess its prevalence and identify some risk factors.*

We passed the PBI test to a population of 337 individuals including 131 fathers and 206 mothers. The results indicate a prevalence of 3.9%. The four dimensions of burnout are very consistent. Cronbach's alpha overall is 0.94. We can say that the data is very reliable. The intersection of socio-demographic variables shows that burnout mothers outnumber fathers. This is due to gender and socio-anthropological factors.

Regarding validity: the scale is reliable and needs to be moved to a larger population to verify the stability of this prevalence rate and to deepen risk factors in order to envisage parent assistance programs and prevent the effects on children.

Keywords: Parent burnout scale; Validation; Risk factors; Disability; Algeria.

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ملخص :

بعد تبني فكرة المجمع الدولي*، حول الاحتراق النفسي لدى الوالدين (PBI)، الذي اقترحته روسكام (وآخرون)، فإن الهدف من هذه الدراسة هو ترجمة وتطبيق هذا المقياس PBI على أمهات وآباء جزائريين، وتقييم مدى انتشار الاحتراق بينهم وتحديد بعض عوامل الخطر التي يمكنها أن تضاعف الاحتراق النفسي لدى الوالدين.

لقد طبقنا اختبار PBI على 337 فردا من بينهم 131 أبا و206 أمهات. وتشير النتائج إلى انتشاره بنسبة 3.9 في المائة. الأبعاد الأربعة للإرهاق متناسقة جدا. يقدر مقياس 'ألفا كرونباخ' العام بـ 0.94. يمكننا القول أنّ البيانات موثوقة للغاية. ويبين تقاطع المتغيرات الاجتماعية - الديمغرافية أن نسبة الأمهات التي تعاني من الاحتراق النفسي يفوق نسبة الآباء. ويرجع ذلك إلى عوامل جنسانية واجتماعية أنثروبولوجية.

وفيما يتعلق بالصلاحية: الاختبار موثوق به ويحتاج إلى تطبيقه على عدد أكبر من الإباء والأمهات للتحقق من استقرار نسبة انتشار (prévalence) الاحتراق النفسي وأيضا وتعميق البحث في عوامل الخطر من أجل اقتراح برامج مساعدة للوالدين ومنع الآثار على الأطفال.

الكلمات المفتاحية : مقياس إرهاق النفسي الوالدي؛ التحقق من الصحة؛ عوامل الخطر؛ الإعاقة؛ الجزائر .

1. Introduction

The parental functions are extremely complex and require an investment of enormous energies to meet the needs of all the members of family and in particular children: materially, emotionally, socially and especially in terms of immense responsibility that it implies for the parents or their substitutes. This parenthood requires endurance and the ability to feed on the symbolic level of this sacred mission in life: to transmit, protect, care for future generations. According to our professional and social experience, parenthood can be experienced as the most beautiful thing in the world (ni'ama which means blessing) or as the worst (nekma which means curse) (Moutassem-Mimouni, parenting symposium 2017). Parental burnout can constitute a public health problem by the effects on the health and well-being of parents but also on the couple and on children and their future.

Society idealizes parenthood as the most beautiful job in the world and the greatest gift from heaven. This constitutes a brake on any expression of discomfort from parents who dare not say 'we can no longer bear our children', or 'we are no longer able to deal with them.' Faced with these socio-anthropological obstacles, it is therefore not surprising that parental burnout was approached so late (2007), when thousands of studies showed their difficulties.

We knew about burnout at work (Maslach et al.) which has been verified in many countries. It was Freudenberger who formalized the concept in 1975, although it was mentioned in some works during the sixties of the last century. In 1976, C. Maslach will focus it on work. Subsequently, this notion will be clarified and scales of measures will appear allowing to evaluate this syndrome made up of three major symptoms: exhaustion, depersonalization and the feeling of ineffectiveness. For Bierens de Haan (cit. in Amirouche, 2013, p. 13) burnout is defined as being the "ultimate phase of cumulative stress", it is characterized by : "A state of physical, emotional and mental exhaustion caused by prolonged engagement in a context of high emotional burden". Thousands of works have approached it, for example, in Algeria, it was approached by Amirouche (2013) within the framework of emergency interventions of SAMU (Service d'Aide Médicale Urgente) during the black decade (Islamist terrorism 1992-2002); by Boudarene (2004) whose research focused on the police, another study (Boussouf, 2016) focused on the burnout of medical students. Other researchers around the world have studied it in the context of healthcare workers (emergency physicians, nurses, etc.): Bedard et al., 1998; Canoui and Mauranges, 2004; Delbrouck, 2003; etc.

Only two studies are reported by Raquel Sánchez-Rodríguez, et al. (2019) as precursors of studies on parental burnout (Goldman, 1989; Pelsma, Rolan, Tollefson & Wigington 1989). This concept is therefore very recent and has only really started to be the subject of scientific publications since the second half of the 2000s (Glasberg, Norberg and Soderberg, 2007; Guéritault, 2008; Lindstrom, Aman and Norberg, 2010, Lindstom, Aman and Norberg, 2011; Norberg, Mellgren, Winiarski and Forinder, 2014; Roskam et al. 2017).

As with professional burnout, parental burnout is expressed by a state of exhaustion but linked to their role as parents who are perceived as too demanding and tiring beyond their limits. This syndrome generates disengagement behaviors or sterile hyperactivity which is no longer adapted to the situation. The feeling of being overwhelmed, incapable, etc. This can have serious effects on the way children are cared for (mistreatment, violence, abandonment, carelessness, etc.).

It is from this work that the team Roskam et al. developed a questionnaire to assess the state of burnout in parents. The team validated this scale on a Belgian population (Roskam I, Raes M-E and Mikolajczak M 2017). Then the team

called for the constitution of an international consortium in order to test this tool and make cross-cultural comparisons. The first works come from the team (Mikolajczak et al. 2017). Then studies appeared in Japanese environment (TaishiKawamoto et al. 2018), in Germany (Van Bakel et al. 2018), in Sweden (Hubert S and Aujoulat I. 2018), France (Loyal 2017; Lebert-Charron 2018), etc. This review of studies is not exhaustive, especially as more and more countries in the consortium are in the process of publishing validations on their populations (Roskam and al., 2021).

2. Method

2.1.-Working hypotheses

The main objective is to validate this scale on Algerian parents* and to determine the prevalence of parental burnout on the parents surveyed. To understand better this syndrome, we have made three hypotheses:

Our first hypothesis is that mothers are more at risk of developing burnout than fathers, given the importance of their involvement in the management of the family mainly in the event of the child's illness or disability (Cappe É, Bobet R, Adrien J-L2009; Poirier N. et al. 2018; Lindhal Norberg A. (2007).

Our second hypothesis is that mothers in paid employment are even more overburdened. In Algeria (and in many other countries), working women exercise a double day, "like convicts" tells us a teacher exasperated by her students and her children: "I hate them". We could paraphrase A. Sayad (1999): these women suffer "double punishment": that of housewife and that of worker. Traditions and social expectations require women to be good housekeepers, ubiquitous mothers and punctual, offensive and committed workers.

Finally, our third hypothesis estimates that the handicap of a family member increases the burdens and can generate exhaustion. Survey method.

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2.2.- Presentation of the local procedure

After translating the questionnaire into Arabic, we translated the informed consent. Two versions, one in Arabic and the other in French, were distributed according to the choice of the interviewee. We used only the paper questionnaire.

Selection of parents: only one inclusion criterion was used: having at least one child at home. We called on our doctoral students; we presented the project to them and how to pass the questionnaires. Each of them used their family and professional networks; we can consider that it is the "snowball" principle that was applied.

Places where the survey was carried out: Algeria is divided into 48 wilayas. The wilayas that have been affected (Data collection started at the end of March 2018 and we have set the end of the collection for May 15, 2018; a first database has been sent to the consortium. Other questionnaires, which arrived late, were added to the database in July, the results of which are presented here. For financial reasons, the data processing was only done in 2019) are as follows:

- 04 northwest wilayas: Oran, Mostaganem, Tlemcen, Ain Temouchent.
- 03 south western wilayas (Highlands): Relizane, Chlef, El Bayadh.
- 03 wilayas in the East of country: Annaba, Constantine & Oum El Bouaghi.

3. Results

With regard to parental Burnout (PBA), the protocol provided to the consortium consists of two questionnaires:

One about the "socio-demographic" data (Roskam, Valdes, Mikolajczak, 18 items). Depending on our assumptions, we added five items to the protocol: if the interviewee works, the profession exercised, adoptive parenting or kafala, the existence of a disabled person in the family and who are the caregivers.

The Parental Burnout Questionnaire (PBA) "Parental exhaustion" (Roskam et al. 2017, 23 items) has not been modified, the questionnaire has just been translated into Arabic.

3.1. Socio demographics data of respondents

Table 1.- Characteristics of the sample (n=337)

Gender	Fathers = 131 (38.87%)	Mothers = 206 (61.12%)
Parents average age	45.45(standard deviation 9.95)	39 years old (standard deviation 9.95)
Children average number	2,85 (standard deviation1,701)	2,54 (standard deviation 1,588)
Occupied rate (work)	89.54%	54.58%
Respondents professions		
Employees and agents 14,07%	Manual professions (craftsman, shoemaker and tailor)3,81%	Middle frames 24,04% Upper frames and liberal professions 26,39% Jobless 31.67%
Family type		
Two parents 66.8%	Multi generational 30.20%	Single parent 1.46% Adoptant 1.46%

The survey involved a sample of 441 individuals, after purification (incomplete questionnaire), 337 parents were retained, including 131 fathers (38.87%) and 206 mothers (61.12%). The age of the majority falls between 30 years (37.82%) and 49 years (29.03%) and represents 67% of the population.

On the professional level: men are more likely 89.54% to declare having a job for 54.58% of women. As Table 1 shows, parents' professions fall into four main categories.

3.2.-The prevalence of Burnout

Parental exhaustion was assessed with the parental Burnout scale (PBA) which consists of four subscales or dimensions: exhaustion or emotional exhaustion (consisting of 9 items), contrast (6 items), saturation or the feeling of being Fed Up (5 items) and emotional or affective distancing(3 items).

All of these items are assessed on a 7-point Likert scale: Never (0), A few times a year or less (1), Once a month or less (2), A few times a month(3), Once a week (4), A few times a week (5), Every day (6).

The prevalence of Burnout was estimated at 2.90% on the database provided to the consortium, but as we added questionnaires after the delivery of the database, this increased the number of respondents to 337 and a prevalence of 3.86%. There are therefore 13 Burnout cases including 4 men (30.76%) and 9 women (69.23%).

3.3.- Reliability of results

Statistical tools: The data were studied using factorial and correlation analysis, using SPSS20 software. The factor analysis was carried out with an alpha value equal to 0.05 (which represents the risk of error which means a significance level of 95%), after checking the conditions of application of this type of analysis such as Kaiser-Meyer-Olkin sampling precision measurement which is at 0.943 and Bartlett's sphericity test which is very significant (0.000).

Principal component analysis (PCA) was used as the extraction method and we used the varimax method with Kaiser normalization. The 23 items introduced into the analysis were taken into account following their referenced load far greater than 0.30.

To improve the strength of the factors (dimensions), four factors have been extracted. The items are illustrated in the table in the appendix, according to their share of occurrence in the factor.

Four factors or dimensions were used in this model. Each factor with eigenvalues greater than one, which explains 65.12% of the total variance of the PBA this means that there remains a little more than a third (34.88%) not explained by elements or variables which may have influenced the PBA and which were not included in the study. We postulate that this third can be reduced to personal or socio-anthropological factors which remain to be determined in subsequent studies.

The first factor alone explains more than 48.56% of the model, the second factor explains 7.67%, the third contributes with 5.34% in the explanation of the model and the last factor (fourth) with 3.55%.

The first factor has a strong relationship with 11 items out of the 23 items, the second factor has a strong relationship with only three items, the third factor with six items and the fourth factor with three items.

3.4.- PBA reliability

For parental burnout (PBA), the Cronbach alphas are respectively 0.86; 0.87; 0.82; 0.70 for the four successive subscales and 0.94 for the overall score (i.e. the total score of all the PBI elements). In general, we can say that there is a very good reliability of the data, with some variations between the factors or subscales:

For the first exhaustion factor ("Exhaustion") which groups together 9 items, correlation coefficients ranging between 0.177 and 0.581 are recorded with an average coefficient of 0.416, which means that in this factor the relationship between the items is average. The maximum is recorded between the two items "I feel like I'm exhausted because of my parenting role" and "I have zero energy to manage my children".

For the “Contrast” factor consisting of 6 items, the relationship between these items varies between 0.455 and 0.723 with an average of 0.551. This is the factor that registers the best correlation coefficient, the strongest relationship is observed between "I am ashamed of the parent I have become" and "I am no longer proud of myself as a parent" and weaker between "I have the feeling that I no longer recognize myself as dad / mom".

Distancing factor: this factor consists of three items. Low correlation coefficient observed between the three items does not exceed 0.593. The maximum is observed between "I have the impression that outside of routines, I can no longer get involved with my children" and "I can no longer show my children how much I love them" and weak (0.393) between "I do just enough for my children but no more" and "I can no longer show my children how much I love them".

3.5. Crossing variables

3.5.1.-Burnout level and gender

Table n°2 : Distribution of the surveyed population by level of burnout and sex						
Burnout level	Sex				Total	
	Fathers		Mothers			
	Effect	%	Effective	%	Global	%
No burnout	122	93,1	159	77,2	281	83,4
Low burnout risk	2	1,5	20	9,7	22	6,5
Moderate burnout risk	3	2,3	10	4,9	13	3,86
High burnout risk	0	0,0	8	3,9	8	2,4
Burnout	4	3,1	9	4,4	13	3,86
Total	131	100	206	100	337	100

We note that 93.1% of fathers declared that they did not have burnout against 77.2% of mothers. Whether for low, moderate or high risk (07/131), fathers are little affected, while mothers are strongly represented in the three degrees (38/206 : 20 mothers for the weak, 10 mothers for the moderate and 8 mothers for high risk), the difference is huge.

The rate of people suffering from burnout is almost 4% (3.86%) with a difference of 1.3 between fathers and mothers in favor of mothers (3.1% and 4.4% respectively). The number of mothers at high risk of burnout is eight compared to no father. And those with a moderate burnout risk (10) are more than three times more numerous than fathers (3).

3.5.2.- Burnout level and age group

The Analysis of the level of burnout by age has shown that parental burnout is high among parents aged between 30 and 39 years (6/9 cases, which gives 66.6%). This may be linked to the fact that parents are young and the children are toddlers requiring more care and more presence. Schooling does not make life easier for parents since there is a complex vacation system (double vacation, usually without a canteen) which can be a real headache for parents, especially those who both work.

3.5.3.- Place of the profession on parental burnout

On the 117 fathers declaring to have a professional category, we recorded three cases of burnout. They are either middle or senior executives or with a manual trade. Executives and those in manual trades are slightly more likely to have low or moderate burnout. But on such a limited number, it is difficult to predict on the base of the type of profession.

Among the nine mothers who declared having a burnout, only four are working, of which 50% (2/4) of these mothers are senior managers and the others are either middle managers or agents and small employees. The type of profession does not seem to be decisive. As 8 women were on the "High burnout risk" scale, we examined their professions: 4 of them were not working and the other four were either in the health field (nurse, psychologist, medical secretary) and only one "teacher". These results show that there is no particular profession, except perhaps for the health sector (which remains to be verified in subsequent research).

It seems to us that factors such as the age of the children, their number, overwork may be more decisive.

3.5.4. - The level of education

It is in parents who have an education ranging between 3 and 17 years that there are cases of burnout. Those with no education do not suffer from burnout as well as those with more than 21 years.

Mothers suffering from burnout have a schooling duration ranging from 7 to 17 years (on average 12.33 years) which corresponds to the middle and secondary school levels.

3.5.5. - Family type

The analysis showed that seven (7/13 or 54%) of the mothers who declared burnout belong to two-parents families, but this represents only 3.2% of this group of respondents, compared to five (5 / 13 or 38.46%) who come from multi-generational families or 5% of respondents in this group and one case from the single-parent family (7.6%). If the multi-generational family can offer parental substitutes that would relieve parents (grand- parents, aunts, uncles), it can also be a heavy burden for the mother who must take care of all the relatives (step-parents, step-sisters, step-brothers, etc...). These pressures, real or experienced as such, are sometimes the cause of conflicts that push young wives to want to live outside the family home called H'ouana (Moutassem-Mimouni, 2016). Pressure from the big family or Ayla can be a factor of exhaustion and even divorce.

3.5.6. - The number of children

The average number of biological children for fathers suffering from burnout is 5, this average is higher than that of mothers whose average number of children is almost 4 children.

The analysis showed that neither the fathers nor the mothers of the adopted children suffer from burnout and are not at risk of having it.

For fathers, there is no influence of caring for someone with a disability on having or not a burnout. On the other hand, of the nine mothers suffering from burnout, two are responsible for one child with a disability (22.2%) and two others are at high risk of burnout. The study of Nathalie Poirier et al. (2018) on the quality of life of mothers of a child with an autism spectrum disorder shows that the quality of life of these mothers is affected more than that of fathers. The study of Abdel Ali Jabr, S. (2010) shows that the parents of children (in Iraq) with special needs (mental retardation, deafness) suffer from exhaustion. Other studies confirm that mothers of children with disabilities are more affected than fathers.

4. Discussion and analysis of results

The results obtained indicate a moderate parental burnout rate compared to European countries whose prevalence hovers around 10%. This low rate should be put into perspective because the sample of these countries is much larger than

ours. But this low rate can also be explained by the way of life which remains on a human scale and has fewer requirements in terms of travel, transport on the one hand and the maintenance of family solidarity. Many women tell us "if it weren't for my mother / mother-in-law or sister I would have gone mad".

The figures give for the four burnout levels (low, moderate risk, high risk and burnout) 9/131 or 6.87% for fathers against 47/206 or 22.8% for women. These results clearly show that it is women who are more affected by burnout, which corroborates those of LindahlNorberg, (2007) who considers that as mothers get more involved, they are more likely to burn out.

While the majority of families have between one and five children, some families have up to eleven children. Burnout mothers and those at high risk of burnout have an average number of children (3.67) while fathers with burnout have between four and five children on average. Lundberg et al. (1994) found that the number of children increases parental stress. The fact that young women have burnout corroborates the fact that when children are younger, their physical and mental burden is heavier.

The study of the variable 'presence of a disabled child' shows that, unlike fathers, two mothers are in burnout and two others are at high risk of burnout. Studies have shown the stressful effect of childhood disability (LindahlNorberg and al., 2014; Lindström and al., 2011), young childhood age (Lundberg and al., 1994). Arabian studies confirm these results (Abdel Ali Jabr, S, 2010; and other). And since it is mothers who are most involved, they are the ones who bear the demands of a sometimes very heavy support depending on the type of disability and the degree of dependence it causes. In addition, there are few specialized institutions in Algeria, which increases the stress on families of people with disabilities.

Relevance of the parental burnout construction/syndrome in the current culture/country.

Parental burnout is a complex concept in a culture where the child is "a gift from God", and complaining can be interpreted as a sign of ingratitude towards this gift. On one hand, this notion raises socio anthropological issues because if this conception of the "gift" of God can be a factor reinforcing parenthood and reducing its pressures, it can also reinforce the guilt of parents who do not dare

to complain and will not have a early and appropriate help. On the other hand, roles are changing in the midst of extreme ambivalence, including in so-called "modern" circles. The women themselves are ambivalent and torn by contrary aspirations (Moutassem-Mimouni, al. 2012). The woman wants to be a mom and not of an only child, she wants to work, she wants to have a social life in addition to that which she has with her family. "We want to be super women" said one respondent. Exhaustion is the corollary of these extreme demands on themselves. They do not want to be perceived as weak : "These women who complain", "who are incapable", "of small natures", are the qualifiers of a patriarchal culture, oblivious to the demands towards the working woman but also of the housewife and the risks of exhaustion that such judgments can generate. So to avoid getting into these social categories that depreciate them, women are ready to do everything "better than men". Observed cases are perfectionists until exhaustion "everything must be impeccable" tells us this young mother of three, practitioner in an institution and preparing a doctorate at the university.

Social changes are transforming parent-child relationships and imposing new demands that spare neither working mothers nor those who stay at home. The demands of modern life reduce the number of people who can provide support to parents who are increasingly isolated and may be overwhelmed by the burdens required by a rather high average number of children (about four children). Calculated on all of the respondents, the burnout rate is higher in two-parent families than in multigenerational families, but we have seen above that this rate, calculated on the number of respondents in each category, shows that the rate is more high (5%) in multi-parent families than in two-parent families (3.2%). This corroborates our work on the difficulties of the extended family (Moutassem-Mimouni, 2016)

5. What perspectives?

To better explore this notion, applying the scale to a larger population would allow us to better assess its prevalence and deepen the exploration of risk factors. For the same burden, many parents do not develop burnout, which has led authors to explore the personality of the parents (Le Vigouroux and al., 2017; Prinzie and al., 2019; etc.), the characteristics of the child (sick, disabled, having behavioral problems; Lindahl Norberg 2007), family-work conflicts (Van Veldhoven&Beijer, 2012), etc.

These factors due to excessive demands in terms of care, presence, mental load can be reinforced by psychological factors such as the narcissistic injury, disappointment, the stigma that we found in a study on the siblings of the child with disabilities (Kellou and Moutassem-Mimouni 2019, in press).

6. Conclusion

These results encourage us to identify and understand the socio-anthropological and psychological factors that lead mothers not to talk about their difficulties with their children, which can represent a risk to their physical and mental health. Shames, the fear of being judged as an «unworthy mother» and/or as an incompetent woman, constitute in our opinion the basis on which practitioners and therapists must intervene. This "gendered assignment", requiring women's total commitment at a time when women are not only responsible for domestic duties, can be deadly.

The appearance, although belated, of the concept of parent's burnout indicates a change of outlook on parent's difficulties and their effects on their health and that of their children.

This distancing from the eyes of researchers is essential because it brings a new vision and new epistemological, sociological and pragmatic postures. This involves diagnosing parental burnout, determining risk factors and developing methods of caring for parents in difficulty, and evaluating the effects of this parental burnout on children for care adapted to situations that are presented. Another factor seems essential to explore is the quality of the couple relationship on the one hand and the dangers that burnout represents for the couple. The experience of one of us, with families and children in an educational institution, made it possible to conclude, that psychological intervention with the child begins with the care of the parents. Children's difficulties are quickly ironed out when parents find a balance in their parenting practices and their demands on themselves and their children.

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Echelle du « BURNOUT PARENTALE » (DE I. Roskam et al.) traduite

ترجمة مقياس "الاحتراق النفسي الوالدي"

قامت بالترجمة من الفرنسية على العربية :

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8. Annexe : questionnaire traduit

يدخل هذا البحث في إطار مشروع عالمي حول "الاحتراق النفسي الوالدي" تحت إشراف 'روسكام ورفقاء' (I. Roskam et al.) الذين قاموا بتصميم هذا المقياس وطلبوا مشاركة عدة دول من القارات الخمس.

التعليمة :

يمثل الأولاد بالنسبة لوالديهم مصدرا هاما للسعادة و الازدهار. في نفس الوقت بإمكانهم أن يشكلوا بالنسبة لبعض الوالدين مصدر إرهاق و تعب كبير (و لا يعتبر ذلك متناقضا: فقد يقترن الازدهار بالإرهاق) ؛ يمكن أن يحب المرء أولاده و في نفس الوقت قد يشعر بالإرهاق/التعب من دوره كوالد(ة). تتعلق الاستمارة التالية بالإرهاق الذي بإمكانك الإحساس به كوالد(ة). اختر/اختاري الإجابة التي تتناسب أكثر مع ما تشعر(ين) به شخصيا. لا توجد إجابة صحيحة أو خاطئة. في حال لم يراودك هذا الشعور إطلاقا، اختر/اختاري «مطلقا/أبدا». في حال ما راودك هذا الشعور حد(ي) كم مرة شعرت به من خلال اختيار الإجابة التي تصف أحسن وصف إلى أي مدى تشعر(ين) بذلك.

الرمز	السؤال	مطلقا/أبدا	عدد من المرات في العام أو أقل	مرة في الشهر أو أقل	عدد من المرات في الشهر	مرة في الأسبوع	عدد المرات في الأسبوع أو أقل	كل يوم
PBA_2	أنا متعب(ة) للغاية من دوري كوالد(ة) لدرجة أنه لدي انطباع أن النوم لا يكفي.							
PBA_16	لدي إحساس أنني لم أعد أعرف على نفسي كأب/كأم.							
PBA_18	لدي إحساس أنني متعب(ة) تماما بسبب دوري كوالد(ة).							
PBA_19	لم تعد لدي طاقة لتسيير أولادي.							
PBA_22	أعتقد أنني لم أعد الأب الجيد/الأم الجيدة							

						الذي/التي كنت من قبل لأولادي.	
						لم أعد أتحمّل كوني والدة(ة)	PBA_27
						كوالدة(ة) لدي إحساس بتجاوز قدراتي ("يُزأف عليّ").	PBA_29
						لدي انطباع أحيانا أنني أعتني بأولادي بطريقة آلية.	PBA_31
						لدي إحساس أنني لم أعد أتحمّل فعلا كوني والدة(ة).	PBA_32
						عندما أستيقظ صباحا و يكون عليّ مواجهة يوم آخر مع أولادي، أشعر بالتعب مسبقا.	PBA_33
						لا أشعر بالمتعة عندما أكون مع أولادي.	PBA_34
						كوني والدة(ة) يجعلني أشعر أنني مرهق(ة) إلى حد كبير.	PBA_35
						أقول لنفسني أنني لم أعد الوالدة(ة) الذي/التي كنت من قبل.	PBA_37
						أقوم فقط بما يجب فعله لأولادي لا أكثر.	PBA_38
						دوري كوالدة(ة) استنفد كل طاقاتي.	PBA_40
						أنا لم أعد أتحمّل دوري كأب/كأم.	PBA_42
						أصبحت أستحي من نفسي كوالدة(ة).	PBA_45
						لم أعد فخورة(ة) بنفسني كوالدة(ة).	PBA_47
						عندما أتعامل مع أولادي أشعر بأنني لم أعد أنا.	PBA_48
						لم يعد بإمكانني أن أظهر لأولادي مدى حبي لهم.	PBA_49
						يرهقني التفكير في كل ما يتوجب القيام به من أجل أولادي.	PBA_50
						لدي انطباع أنه ماعدا الأمور الروتينية (النوم، الأكل،...) لم يعد بإمكانني بذل الجهد مع أولادي.	PBA_53
						في دوري كوالدة(ة) أنا متعب إلى حد أنني في وضعية الصراع من أجل البقاء على قيد الحياة فقط	PBA_58