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Sense of Coherence, Resilience and Coping as Correlates of Burnout of Parents of Children with Disabilities: The New Burnout Screening Instrument

A new scale, Parental Burnout Measure - 12 (PBM-12), for measuring burnout of parents of children with disabilities is validated in the study with 246 participants. Confirmatory factor analysis (CFA) reveals the best fit model that comprises two correlated factors - *exhaustion* and *helplessness*. Also, in theoretical validity test, all burnout parameters negatively correlate with all parameters of the *sense of coherence* and *resilience* while positively with 3 *coping* parameters – Focus on and emotion venting, Behavioral disengagement, and Substance use, plus negatively – with Positive Reinterpretation and Growth Coping. The results attest the validity of PBM-12 measure in the context of theories of stress and burnout and suggest that PBM-12 can be a useful tool for screening of parental burnout.

Kewords: parental burnout measure, children with disabilities, sense of coherence, resilience, coping

Poczucie spójności, prężności i radzenie sobie z problemami jako korelanty wypalania się sił rodziców dzieci z niepełnosprawnością. Nowe narzędzie do przesiewowego badania w zakresie wypalania rodzicielskiego

Nowa skala, Samopoczucia Rodzicielskiego (PBM-12), do pomiaru wypalania się sił u rodziców dzieci z niepełnosprawnością została uwierzytelniona w badaniu 246 rodziców. Analiza czynnikowa (*Confirmatory Factor Analysis* – CFA) ujawniła model najlepszego dopasowania, na który składają się dwa skorelowane ze sobą czynniki – wyczerpanie i bezradność. Ponadto, w teście poprawności teoretycznej, wszystkie parametry wypalenia ujemnie korelują ze wszystkimi parametrami poczucia koherencji i prężności, a dodatnio – z 3 parametrami radzenia sobie –

koncentracja na emocjach i ich wyładowaniu, zaprzestaniu działań i zażywaniu alkoholu lub innych substancji psychoaktywnych, oraz ujemnie – z pozytywnym przewartościowaniem i rozwojem. Wyniki potwierdzają zasadność pomiaru PBM-12 w kontekście teorii stresu i wypalenia oraz sugerują, że PBM-12 może być użytecznym narzędziem do badania przesiewowego wypalenia rodzicielskiego, rodziców dzieci z niepełnosprawnością.

Słowa kluczowe: pomiar wypalenia rodzicielskiego, dzieci z niepełnosprawnością, poczucie koherencji, rezyliencja, radzenie sobie

Introduction

Burnout is usually conceived as a combination of consequences due to excessive psychophysical overload in the occupational sphere, though they can also be linked to an overload due to other types of activity – including care giving to a child with disabilities. An array of burnout symptoms is very broad (Burisch 2006). Researchers classify the symptoms in different ways and combine them in complex structures. Burnout is conceptualized as a unidimensional (Pines 1993) or multidimensional construct (Shirom, Melamed 2006: 176). Multidimensional models tend to be more popular, and they bear more information about a person suffering from burnout or just burning out and appears to be an optimal starting point for the operationalization of parental burnout.

By reference to the *conservation of resources theory* (Hobfoll 1989: 513–524; Hobfoll, Freedy 1993: 115–129) burnout is conceived as "feelings of physical, emotional, and cognitive exhaustion, thus focusing on the continuous depletion of the individuals' energetic coping resources resulting from their chronic exposure to occupational stress". The theory of burnout by Maslach (1993: 19–32), apart from emotional exhaustion, includes two other components – depersonalization (cynicism and mental distancing from one's work or people in the work environment) and low personal accomplishment (reduced professional efficacy and poor self-evaluation). Maslach and Leiter (1997) refer to a three-dimensional engagement construct that initially was treated as the opposite of burnout (Schaufeli et al. 2001: 701–716). Engagement is defined as a positive, fulfilling work-related state of mind that is characterized by vigor, dedication, and absorption.

A factor analysis of Maslach Burnout Inventory (Maslach 1993: 19–32) revealed only two dimensions of parental burnout – emotional exhaustion and a lowered sense of accomplishment.

In the paucity of unequivocal theoretical and empirical evidence for the structure of the parental burnout syndrome, this study aims to empirically explore its componential structure by running a factor analysis. Former research of Sekułowicz and Kwiatkowski (2013: 29–50) or Sekułowicz (2013) suggests a two-factor oblique solution as the most reliable one. The two factors were termed *exhaustion*

(E) and *helplessness* (H). The findings correspond to the results of other studies (Schaufeli et al. 2006: 701–716).

Theoretical Frameworks

Having a child with special needs places strain on the whole family that experience a variety of 'psychological stress' related to the child's disability. A parent's ability to adapt to stressful situations depends upon a number of variables, including an individual's psychological strengths, individual and family resources, and the type of coping strategies utilized (Nabawy, Moawad 2012: 77).

There are several notable theories in the etiology of burnout. Maslach and Leiter (1997) claim that burnout has primarily situational roots. Sęk (2000: 83–112) argues that burnout occurs as a result of stress that is unmodified by coping activity and is rooted in the every situation where unbalanced relation between the demands and capacities appears. Sęk's perspective takes into account a "transactional model of stress" (Lazarus and Folkman 1984) and its integral categories of *primary appraisal, secondary appraisal,* and *coping.* With regard to burnout, these categories serve as mediators between the experienced situation and symptoms of burnout.

Coping involves psychological resources and coping strategies that help to eliminate, modify, or manage a stressful event or crisis situation. The goal of coping strategies is to strengthen or maintain family resources, reduce the source of stress or negative emotions and achieve a balance in family functioning. Strategies directly aimed at coping with the source of stress, such as problem solving and seeking information are more adaptive strategies than those efforts to deny or minimize the situation (Nabawy, Moawad 2012: 77).

Hobfoll and Freedy (1993) explain that the demands cause tension which leads to exhaustion, whereas resources ultimately result in strengthening of self-efficacy by enabling the effective coping with the demands. Recent studies have documented the relationship between individual resources and coping. For example, Pisula and Kossakowska (2010: 1485–1494) claim that parents of children with autism showed high Sense of Coherence (SOC) which positively correlated with three coping strategies – distancing, self-controlling, and seeking social support, while negatively – with acceptance of responsibility and positive reappraisal. Seeking Social Support was a more commonly used method of coping among parents of children with disabilities, as was Escape Avoidance and Positive Reappraisal were the main coping methods for Paster et al. (2009: 1337–1342).

Another research validates a multivariate model that predicts parental adjustment to coping successfully with an autistic child. The model comprises four elements: parental stress, parental resources (sense of coherence, locus of control, social support) adjustment (mental health and marriage quality) and the child's autism symptoms. Path analysis showed that sense of coherence, internal locus of

control, social support and quality of marriage increase the ability to cope with the stress of parenting an autistic child (Siman-Tov, Kaniel 2010: 879–890).

According to Cauda-Laufer (2017: 432) locus of control was also a predictor of how parents coped with stress in parenting a child with autism. Specifically, a more internal locus of control indicated parents actively dealt with the stressors in the hope of overcoming the stressors, whereas a more external locus of control suggested less activity.

In the reviewed theories, the experience of *helplessness* (loss of autonomy, control over the course of events and the state of mind or 'well-being') perpetuates as an etiological factor.

For all the foregoing considerations of the attested theories and our own empirical findings, the construct of the parental burnout is posited to comprise helplessness and exhaustion.

It is noteworthy that (*love-based*) strong engagement of parents of children with disabilities may co-occur with a lack of progress and, not infrequently, with the deterioration of the state of the matters (i.e. resulting from the issues with the child).

Parents of children with disabilities tend to use engagement strategies more than disengagement ones, and specifically problem focused engagement strategies rather than emotion focused engagement strategies (Bawahlsahl 2016).

Hence, it is reasonable to problematize the *disposition to burnout*, whose dynamics depend on the parent's resources and the ability to manage them.

In this study, we target resources which are essentially related to coping with stress and the psychological as well as somatic health. Among such resources, there is a *sense of coherence* (Antonovsky 1993: 725–733) and *personal resiliency* (Ogińska-Bulik, Juczyński 2008:39-56). The importance of these factors for functioning of the resources system was thoroughly analyzed and elucidated by Kumpfer (1999: 179–224) and Hobfoll (2002: 307–324).

Parents of children with developmental disabilities consistently reported higher levels of stress, weaker sense of cohesion, and poorer health than parents of children without developmental disabilities. A person with a strong sense of coherence is likely to appraise the stressor in a more positive light and perceive it as a challenge, whereas an individual with a low

sense of coherence would more likely perceive the stressor as a threat (Cauda-Laufer 2017: 432).

Positive coping styles, such as positive perceptions and effective problem-solving skills, were associated with successful family adaption and resiliency.

Overall, effective coping responses can lead to a variety of positive outcomes, such as good physical and psychological health and positive adaptations, and can

have a profound influence on the quality of life of the family as a whole, as well as for the child with the disability (Cauda-Laufer 2017: 432).

High quality of adaptive resources is indicated by the employment of active coping methods aimed at problem solving/change of the situation (change of the status-quo). Low quality of adaptive resources is revealed in the passive forms of coping – flight-oriented and emotion-soothing.

In the light of the reviewed theories and empirical data, our study has two major goals: (1) testing the factorial validity of the instrument that comprises two dimensions - *exhaustion* and *helplessnes*s, as well as (2) testing the theoretical validity of the instrument by verifying the hypotheses about the relationship between both dimensions of parental burnout with the level/state of resources.

Therefore, the study focuses on the verification of anticipated dependences of high level of both burnout indices on the low levels of (1) *sense of coherence*, (2) *personal resiliency*, (3) *problem-focused coping* as well as on the high level of (4) *emotion-focused coping*, thus testing the theoretical validity of the parental burnout measure.

Methods

Participants

This cross-sectional study targets a population of parents of children with a disability, mainly Autistic Spectrum Disorder and intellectual disability. Non-randomly selected subjects (N=246) agreed to complete a short questionnaire (burnout measure only) and from this sample only 87 respondents agreed to complete a longer questionnaire (burnout measure and measures of other variables). The characteristics of the sample are presented in Table 1.

Table 1. Sample characteristics (N=87)

Variable	Statistics
Parent – gender (% female)	100.00%
Parent – age, avg±sd (min-max)	36.06±5.84 (25-62)
Child with disability – gender (% female)	67.82%
Child with disability – age avg±sd (min-max)	6.81±4.03 (1.5-24)
Disability type (%): Cerebral Palsy Autism Other Disability	 48.28% 41.37% 10.35%

Family type (%):	
Both parents	81.61%
Father only	0.00%
Mother only	18.39%
Residency (%):	
Rural	24.14%
Small town	33.33%
Big City	42.53%

Source: Own elaboration.

Measures

1) *Parental Burnout Measure (PBM-12)* (Sekułowicz 2013; Sekułowicz, Kwiatkowski 2013: 29–50) is a simple instrument with a 4-point Likert scale. The measurement has two dimensions: exhaustion (E) and helplessness (H). Both dimensions are measured as a sum of 6 items (see Table 2).

Table 2. Parental Burnout Measure (PBM-12). Items of subscales – Exhaustion (E) and Helplessness (H)

1. I feel very tired of taking care of my child. (E)
2. I feel completely exhausted with my family situation. (E)
3. I find the world a gray place. (E)
4. I get irritated. (H)
5. I raise my voice at my child with disability. (H)
6. I feel that I work too hard with my child; this situation depresses me. (E)
7. I feel hopeless taking care of my child. (H)
8. Taking daily care of my child at home is a true struggle for me. (E)
9. I feel that my efforts providing care for my child are inefficient. (H)
10. I feel as if I was on my last legs; I cannot cope anymore. (E)
11. I think I'm trying really hard but I'm not reaching the goals I set up for my child's development. (H)
12. I feel bad because of the way I treated my child. (H)

Source: Own elaboration.

2) *Sense of coherence*. The SOC-29 questionnaire measures a global orientation that verifies 3 dimensions :comprehensibility, manageability, and meaningfulness that contributes in a distinct way to an effective use of adaptive resources in difficult situations (Antonovsky 1987: 725–733). SOC-29 is a widely used tool for measuring the sense of coherence.

3) *Personal resiliency*. A Polish questionnaire has been employed, namely *Resiliency Assessment Scale – RAS-25* (Ogińska-Bulik, Juczyński 2008). The efficiency of self-regulation processes is measured with this instrument and manifests itself in

5 correlated dimensions: (1) persistence and determination, (2) openness to new experiences and a sense of humor, (3) personal competence of coping with and tolerating negative emotions, (4) tolerance of failure and treating life as a challenge, as well as (5) an optimistic attitude to life and the ability to gather strength in difficult *situations.*

4) *Coping*. The COPE questionnaire (Carver et al. 1989: 267–283) has been used in a Polish adaptation by Juczyński and Ogińska-Bulik (2009). It measures 15 coping strategies (see Table 3). Some of the strategies are oriented toward *changing the situation*, some – towards *changing the ways of dealing with the situation*, and still others – towards *avoiding stressful confrontations*. Preferences in these respects may reflect a person's effectiveness in coping with stress as suggested by positive correlations between resiliency and active problem-focused/task-oriented coping on the one hand, and negative correlations between resiliency and defensive forms of coping – on the other (Ogińska-Bulik, Zadworna-Cieślak 2014: 7–24).

Statistical procedure

The cross-sectional data presented here was collected from a non-random sample of 246 parents of children with disabilities. Descriptive statistics and internal consistency analyses (Cronbach's alpha) were performed on all measures.

Confirmatory factor analyses (CFA) were performed on the burnout measure, on the full sample (N=246). Five fit indexes were computed: Joreskog Goodness of Fit Index (GFI), Joreskog Adjusted Goodness of Fit Index (AGFI), Population Gamma Index (PGI), Adjusted Population Gamma Index (APGI), and Bentler Comparative Fit Index (CFI). Well fit models have a value higher than 0.95 and acceptable models – higher than 0.90.

Correlation analyses were performed on a subsample of 87 mothers only. Pearson's correlation coefficients were computed. Significant correlations were at $p < 0.05$. Missing values were pairwise omitted. All analyses were done using the *Statistica* package.

Results

Selected psychometric properties of the applied measures are presented in Table 3 (below). Manageability subscale SOC-29 and five coping subscales (COPE – 1, 5, 8, 10, 12) have been found to have unsatisfactory internal reliability indicators (Cronbach's alpha 0.70). Fully satisfactory internal reliability indicators were reached by two measures – Parental Burnout Measure (PBM-12) and Resiliency Assessment Scale – RAS-25. In the first case Cronbach's alpha coefficients range from 0.70 to 0.90, and in the second case they range from 0.70 to 0.94.

Table 3. Descriptive statistics and reliability – all measures

Measures	Statistics			
	Mean	Standard deviation	N	Cronbach's Alpha
PBM-12 Parental Burnout Measure – total score	27.53	7.68	246	0.90
PBM-12: Exhaustion	13.90	4.49	246	0.88
PBM-12: Helplessness	13.63	3.80	246	0.80
SOC-29 Sense of coherence – total score	124.13	22.95	87	0.85
SOC-29: Comprehensibility subscale	39.51	9.43	87	0.71
SOC-29: Manageability subscale	45.31	9.18	87	0.56
SOC-29: Meaningfulness subscale	39.31	7.71	87	0.76
RAS-25 Resiliency Assessment Scale – total score	70.06	13.83	87	0.94
RAS-25: Determination and persistence in actions	15.23	2.71	87	0.79
RAS-25: Openness to new experiences and a sense of humor	14.77	3.11	87	0.76
RAS-25: Competencies to cope and tolerance of a negative affect	13.47	3.37	87	0.79
RAS-25: Tolerance of failures and treating life as a challenge	13.70	3.00	87	0.72
RAS-25: Optimistic life attitude and ability to mobilize in difficult situations	12.89	3.27	87	0.70
COPE(1) – Active coping	11.36 (12.66)*	1.51 (1.94)*	86**	0.21 (0.61)*
COPE(2) – Planning	11.84	2.21	86	0.68
COPE(3) – Use of instrumental social support	11.76	2.24	86	0.75
COPE(4) – Use of emotional social support	11.37	2.45	86	0.84
COPE(5) – Suppression of competing activities	10.78	2.00	86	0.62
COPE(6) – Religious coping	9.15	3.53	86	0.91
COPE(7) – Positive reinterpretation and growth	11.33	2.10	86	0.74
COPE(8) – Restraint	9.50	1.89	86	0.51
COPE(9) – Acceptance	10.35	2.41	86	0.72
COPE(10) – Focus on and venting of emotions	11.09	2.09	86	0.64
COPE(11) – Denial	6.66	2.13	86	0.69
COPE(12) – Mental disengagement	7.93	2.24	86	0.62
COPE(13) – Behavioral disengagement	6.44	1.97	86	0.75

Measures	Statistics			
	Mean	Standard deviation	N	Cronbach's Alpha
COPE(14) – Substance use	5.20	2.15	86	0.87
COPE(15) – Humor	6.27	2.23	86	0.79

* in parentheses are results for alternative subscale key (item 47 reversed)
** one person was excluded from the subsample (missing data in COPE scale)

Source: Own elaboration.

Factorial structure of the parental burnout measure

Confirmative factor analysis of PBM-12 was performed on the sample of mothers of children with disabilities (N=246) for three solutions: *one factor, two orthogonal factors* and *two oblique factors.* Results are presented in Table 4. The two orthogonal factors model was least supported. The one factor model showed somewhat better results. The best fit was noted for the two oblique factors model. In the case of two factor solutions, subscales were tested in line with previously established keys in the authors' former studies (e.g., Sekułowicz and Kwiatkowski 2013). The results of the CFA corroborate the theoretical assumption that parental burnout is a relatively coherent composition of two factors – exhaustion and helplessness. Therefore, the findings suggest that both factors should be taken into account in the measures of parental burnout, in parents of children with disabilities.

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Table 4. Parental Burnout Measure – confirmatory factor analysis for three solutions: one factor, two orthogonal factors and two oblique factors

Model subject to analysis	Fit Indexes		
	GFI (AGFI)*	PGI (APGI)**	CFI***
One factor (sum of all 12 items)	0.90 (0.85)	0.93 (0.89)	0.92
Two subscales (E, H) uncorrelated	0.86 (0.80)	0.89 (0.84)	0.80
Two subscales (E, H) correlated	0.92 (0.88)	0.95 (0.93)	0.95

* Joreskog GFI (Joreskog AGFI); ** Population Gamma Index (Adjusted Population Gamma Index); *** Bentler Comparative Fit Index

Source: Own elaboration.

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Parental burnout and the sense of coherence measures

Table 5 shows correlations between the three measures of parental burnout (PBM-12 total, Exhaustion and Helplessness subscales) and a sense of coherence, and its subscales. They are all statistically significant, at p 0.001. Correlations are negative and they fall within the limits of 0.47 to -0.67. The correlation between the sense of coherence and exhaustion (Pearson r = -0.67) is a bit stronger than the correlation of the sense of coherence with helplessness (Pearson r = -0.54). In general, the stronger the sense of coherence, the lower the level of parental burnout in mothers of children with disabilities.

Parental burnout and individual resiliency measures

As shown in Table 5 burnout is negatively correlated with measures of individual resiliency (RAS-25 items). Correlations of four resiliency subscales with parental burnout are equally strong as in the case of the sense of coherence (from -0.45 to -0.62). The first subscale of resiliency (*determination and persistence in actions*) clearly reveals a weaker correlation with burnout (from -0.26 to -0.35). Correlations between two measures of parental burnout (*Exhaustion* and *Helplessness*) with resiliency are of similar magnitude. In essence, the higher the level of resiliency, the less severe are the symptoms of parental burnout in mothers of children with disabilities.

Table 5. Sense of coherence (SOC-29), resiliency (RAS-25) and coping (COPE) in relation to Parental Burnout Measure (PBM-12). Pearson's coefficients (significance levels marked with an asterisk)

Correlates	Correlations with Parental Burnout Measure (PBM-12)		
	PBM-12 Total score	Exhaustion subscale	Helplesness subscale
SOC-29 Sense of coherence – total score	-0.64***	-0.67***	-0.54 ***
SOC-29: Comprehensibility	-0.55***	-0.56***	-0.48 ***
SOC-29: Manageability	-0.59***	-0.62***	-0.47***
SOC-29: Meaningfulness	-0.54***	-0.56***	-0.46***
RAS-25: Resiliency Assessment Scale – total score	-0.59***	-0.55***	-0.56***
RAS-25: Determination and persistence in actions	-0.32**	-0.26*	-0.35**
RAS-25: Openness to new experiences and a sense of humor	-0.48***	-0.45***	-0.46***
RAS-25: Competencies to cope and tolerance of a negative affect	-0.56***	-0.52***	-0.54***
RAS-25: Tolerance of failures and treating life as a challenge	-0.62***	-0.60***	-0.55***
RAS-25: Optimistic life attitude and ability to mobilize in difficult situations	-0.62***	-0.58***	-0.59***
COPE(1) – Active coping	0.02	0.06	-0.03
COPE(2) – Planning	-0.02	-0.06	0.03
COPE(3) – Use of instrumental social support	0.08	0.11	0.04
COPE(4) – Use of emotional social support	0.08	0.13	0.01
COPE(5) – Suppression of competing activities	0.10	0.11	0.07
COPE(6) – Religious coping	0.02	0.07	-0.03
COPE(7) – Positive reinterpretation and growth	-0.29**	-0.29**	-0.25*
COPE(8) – Restraint	0.11	0.15	0.05
COPE(9) – Acceptance	-0.04	-0.03	-0.04
COPE(10) – Focus on and venting of emotions	0.46***	0.44***	0.43***
COPE(11) – Denial	0.12	0.14	0.08
COPE(12) – Mental disengagement	0.18	0.15	0.20
COPE(13) – Behavioral disengagement	0.22*	0.23*	0.19
COPE(14) – Substance use	0.26*	0.24*	0.25*
COPE(15) – Humor	-0.01	0.00	-0.02

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$

Source: Own elaboration.

Parental burnout and coping measures

Correlations of the *coping* measures (COPE 1-15 items) and parental burnout have been found to be considerably weaker (see Table 5) than correlations of the sense of coherence and resiliency with parental burnout, and in fact the majority of them are statistically insignificant. There are only a few positive significant Pearson correlations with burnout, i.e. *Focus on and venting of emotions* (COPE10), *Behavioral disengagement* (COPE13), *Substance use* (COPE14), and only one negative correlation - *Positive reinterpretation and growth* (COPE7). These positive correlations hold for all three measures of burnout except for COPE13, whose correlation with helplessness is negligible (p 0.05). The factor that was found to be most strongly correlated with burnout is the *Focus on and venting of emotions* (COPE10). Overall, burnout of mothers of children with disabilities seems to be related to their (mothers') tendency to release pressure/vent emotions, behavioral disengagement, abuse of alcohol and other substances, as well as a pessimistic interpretation of their own experiences.

Discussion and Conclusion

The study findings of negative correlations of parental burnout with the *sense of coherence* as well as *resiliency* suggest that the individuals most vulnerable to burnout are those who have not developed the ability to effectively manage their adaptive resources. Furthermore the very findings suggest that it is not solely the intensity of situational difficulty that generates burnout but the *relationship* between tasks, demands and availability of adaptive resources as well as competence to use them (i.e. maintain, recover, and multiply them).

Indeed, the research findings have confirmed the two-dimensional structure of the PBM-12 scale (incl. exhaustion and helplessness subscales); besides which was established earlier in the course of the tool development (Sekułowicz,Kwiatkowski 2013: 29–50). Such a two-dimensional parental burnout structure is compatible with the leading conceptions which posit the source of the syndrome to be in the prolonged overload and helplessness (nota bene, defined in various ways). Importantly – for the psychometric assets – the results of the study confirmed the internal reliability of the total score of the instrument as well as its two components, despite the small number of componential items. Also, its high reliability gives a good prospect for its validity measures.

To recapitulate, in our study we primarily focused on the evaluation of certain aspects of the theoretical reliability. Pertinently, the correlations that were found

between a parental burnout and the sense of coherence and resiliency correspond to the findings of research into the professional burnout (Van der Colff, Rothmann 2009: 1–10). Interestingly enough, they align with the conservation of resources theory as related to stress and burnout (Shirom.Melamed 2006: 176). By reference to Lazarus (1990: 3–13) theory, stress results from exposure to losses, threats or challenges, but its strength depends on the "secondary appraisal", i.e. a *perceived ability to cope* with the stressful situation (perceived availability of resources which would allow for coping with the difficulties and for meeting of the demands). It becomes evident that what leads to burnout is a long-term exposure to the resource deficits due to difficult experiences and/or their excessive depletion in the course of activity (Hobfoll, Freedy 1993: 115–129).

Naturally, the study is not devoid of criticism though. First of all, our research does not allow for broad generalizations since the findings can only be related to the parents of children with disabilities. The study's major weaknesses are not a very numerous sample and nonrandom sampling. Therefore, it is advisable to replicate the research with more meticulous sampling as well as more variables.

Last but not least, the processes defined as *resilience* suggest an avenue for testing not only simple correlations but most of all testing the interactions of the risk factors and the protective factors in regards to burnout. This perspective on the aforementioned interactions with burnout has not been taken into account in this study as it would require a significantly bigger sample size and set of variables. Our study could not include this strand of analysis due to organizational issues.

In conclusion, the study findings offer useful implications for the Parental Burnout Measure PBM-12 application to parents of children with disabilities, including autism. Especially, thanks to its brevity (12 items only), the instrument lends itself to its ease and breadth of applicability. It cannot be overemphasized that the PBM-12 has thus proven to be a reliable and valid measure of burnout, and especially so – In the convergent aspect. Simultaneously, burnout correlations with the *sense of coherence*, *resilience*, and *coping* attest the interpretability of the helplessness and exhaustion subscales in the light of the theory of stress and burnout (Hobfoll 2002: 307–324) while emphasizing the etiological basis of the conservation of resources processes.

All in all, the study findings illuminate the bases and dimensions of parental burnout, including the relationship between tasks, demands, availability of adaptive resources as well as parental competence, and thus offer a needed instrument for the screening, diagnosis, and/or evaluation of the ever increasing syndrome – induced by the soaring numbers of children with autism and other disabilities.

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