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Relationship between Parental Burnout Level and Perceived Social Support Levels of Parents of Children with Autism Spectrum Disorder

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Abstract: Autism Spectrum Disorder (ASD) refers to a neurodevelopmental disorder that manifests itself and continues during the disorder's course with symptoms of inadequacies in social interaction and communication, limited and repetitive behaviors and limited interests. It was stated that the burden and fatigue stemming from the long-term care of the child, changing family roles and routines, difficulties encountered during diagnosis and access to services, getting insufficient information about the diagnosis, the need for information to access appropriate education and rehabilitation services and the economic burden caused by satisfying this need, and the difficulties in participating in social life account for burnout in parents of children with ASD. The main purpose of this study was to examine the relationship between parental burnout, and the perceived social support level of parents of children with ASD and their satisfaction level from this support. In addition to this main purpose, (a) the relationship between parental burnout level, and the ages of the children with ASD, the time since diagnosis and parental age, and (b) whether there is a difference in the parental burnout level according to parental education level and gender were examined in the study. Data was collected from the parents of 296 children who met the criteria for participation in the study using the Participant Information Form, Parental Burnout Scale and Revised Parental Social Support Scale. The study results revealed that there was a weak and moderate negative relationship between perceived social support and parental burnout.

Keywords: *Autism spectrum disorder, parental burnout, perceived social support, satisfaction with perceived social support.*

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Introduction

Participation of a new member to the family brings with it the role of being a parent in addition to the role of being a spouse. Therefore, this period is a period in which the family experiences positive as well as negative experiences. Participation of a new member to the family is also the beginning of a process that will require other family members to adapt (Glading, 2011; Nealy et al., 2012). Changing roles and professional development plans, childcare, sleep problems and so on can be listed among the circumstances the family needs to adapt. These listed changes force the family to use their resources effectively to deal with the stress caused by the situation in question (Glading, 2011; Kaner, 2003). This situation, which is difficult enough for the family, becomes more difficult when the new family member has a disability. This puts additional responsibilities on the family, and these responsibilities can become important sources of stress (Ardic & Cavkaytar, 2019; Cassidy et al., 2008; Duygun & Sezgin, 2003). Psychological well-being of parents of children with disabilities is affected more negatively than parents of children with natural development (Hartley et al., 2012; Hayes & Watson, 2013; Hsiao, 2016; Manor-Binyamini & Abu-Ajaj, 2017).

There are many studies on the parental effects of on children with disabilities and on the development of these children, and the effect of having children with disabilities on parents' psychological well-being (stress, anxiety, depression etc.) (Ardic & Olcay-Gul, 2019; Cachia et al., 2015; Hartley et al., 2012; Hsiao, 2016; McStay et al., 2014; Neff & Faso, 2015; Padden & James, 2017; Rivard et al., 2014; Weitlauf et al., 2014). However, in the literature, only a limited number of studies focused on parental burnout (Kwiatkowski & Sekulowicz, 2017).

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The psychological responses of parents towards a disability are not the same for all types of disabilities (Blacher et al., 2005; Kirby et al., 2015; Taylor & Warren, 2011). The parents of children with ASD, which is defined as a neurodevelopmental disorder that manifests itself and continues during the disorder's course with symptoms of inadequacies in social interaction and communication, limited and repetitive behaviors and limited interests (American Psychological Association [APA], 2013), are affected more negatively compared to parents of children with natural development, parents of children with developmental disability and parents of children with intellectual disability (Hartley et al., 2012; Hayes & Watson, 2013; Kirby et al., 2015; Montes & Halterman, 2007; Manor-Binyamini & Abu-Ajaj, 2017; Neff & Faso, 2015; Padden & James, 2017; Totsika et al., 2011). There is a negative relationship between the psychological well-being of parents of children with ASD and problem behavior level (Green & Carter, 2014; Hall & Graff, 2011; Hasting, 2003; Hsiao, 2016; Lecavalier et al., 2006; Paynter et al., 2013; Seltzer et al., 2004), repetitive behaviors (Zaidman-Zait et al., 2017), intellectual disability accompanying the diagnosis (Blacher et al., 2005) and autism symptom level (Duarte et al., 2005; Ekas & Whitman, 2010; Falk et al., 2014; Hsiao, 2016; Stuart & McGrew, 2009). However, child-related variables constitute only some of the variables affecting the psychological well-being of parents (Weitlauf et al., 2014). The other variables associated with the psychological well-being of parents are the use of personal and social resources, stress and stress-related variables. Therefore, studies on psychological responses of families focus mainly on stress (Weiss et al., 2013). Studies related to chronic stress put forth that increased stress of parents increases the risk of poor psychological well-being (Hasting, 2003), inappropriate parenting practices (Osborne & Reed, 2010) and making the implementation of behavioral interventions for children difficult (Kazdin, 1995).

Although burnout is defined as a result of human relationships (Yasar & Demir, 2015), excessive/chronic stress caused by the developmental difference and care need of the child with disability causes parental burnout (Goldman, 1989; Pelsma et al., 1989; Sullivan et al., 1979), defined as chronic physical and mental fatigue (Burisch, 2006). There are also study findings showing that parents of children with chronic diseases and intellectual disabilities experience burnout (Lindstrom et al., 2010; Weiss, 2002). A consequence of continuous and increasing family needs as the child grows older and poor social support, the need for parents to participate in the education of their children (Sahin, 2019), burnout may cause a decrease or disappearance of parental energy and motivation that parents need for parenting (Procaccini & Kiefaber, 1984; Zaidman-Zait et al., 2017). The decrease of energy and motivation that parents need for parenting leads to an increase in parental burnout (Ardic & Olcay-Gul, 2019; Procaccini & Kiefaber, 1984). This process can become a vicious circle.

The findings of limited number of studies examining burnout levels of parents of children with ASD support the above-mentioned relationship. Burden and fatigue caused by the long-term care of the child with ASD, changing family roles and routines, difficulties in diagnosis and access to service, receiving inadequate information about the diagnosis, poor social support, and economic burden stemming from ensuring the child's access to appropriate education and rehabilitation services, and difficulties experienced in participating in social life lead to burnout (Plieger et al., 2015; Stanojevic et al., 2017; Weiss et al., 2014). The parental burnout level predicts the level of parental aggravation (Schieve et al., 2020).

Defined as the love, interest, trust, respect, knowledge and financial support an individual gets from his or her circle, social support is associated with the psychological well-being of parents (Hsiao, 2016). Having social support, which is categorized as social, psychological and financial (Dunst et al., 1986), is one of the variables (Failla & Jones, 1991) that minimizes parental stress (Hsiao, 2016; Kaniel & Siman-Tov, 2011; Paynter et al., 2013; Pozo et al., 2014), depression (Johnson et al., 2011; Lyons et al., 2010), and traumatic stress and burnout level (Cin et al., 2017; Duygun & Sezgin, 2003). There is also scientific evidence showing that social support is an important predictor of overall psychological well-being (Pearlin, 1989; Simon-Tov & Kaniel, 2011; Stuart & McGrew, 2009; Zaidman-Zait et al., 2017). High level of social support is associated with, with low psychological negative compulsion (Bishop et al., 2007), stress (Bromley et al., 2004; Zaidman-Zait et al., 2017), negative mood (Pottie et al., 2009), depression symptoms (Benson & Karlof, 2009; Ekas et al., 2010; Weis, 2002) and traumatic stress symptoms (Olcay-Gul et al., 2015). In the literature, there are also study findings showing that personal and social resources predict parenting stress more than child-related variables (Zaidman-Zait et al., 2017). In addition, psychological well-being has a stronger association with the quality of social support more than the quantity of social support (Smith et al., 2012).

The studies examining the relationship between burnout levels of parents of children with disabilities and their social support levels were conducted with parents of children with cerebral palsy and intellectual disability (Cin et al., 2017; Duygun & Sezgin, 2003). It was determined that level of perceived social support is associated with level of burnout (Duygun & Sezgin, 2003). Studies with parents of children with ASD also revealed that there is a relationship between the perceived social support level and the psychological health of these parents (Smith et al., 2012). However, the number of studies directly examining the relationship between parental burnout and social support is limited.

Similarly, the number of studies examining the relationship between the burnout level of parents of children with ASD and the perceived social support level is low. In addition, Maslach Burnout Inventory is generally used in determining the level of parental burnout in these few studies (Duygun & Sezgin, 2003; Pelsma et al., 1989). However, there are criticisms that while the use of this scale can measure parental burnout in some sub-dimensions, it cannot in other sub-dimensions (Duygun & Sezgin, 2003; Pelsma et al., 1989). This suggests that there are some limitations in measuring

and evaluating parental burnout. Based on these limitations and the gaps in the literature, the general purpose of this study is to examine relationship between parental burnout level, and perceived social support levels of parents of children with ASD and the level of satisfaction with perceived social support. It was believed that this study would contribute to the understanding of the relationship between perceived social support and parental burnout and other variables associated with parental burnout. In addition, the study may contribute to more studies being conducted on other variables associated with burnout, and to researchers paying attention to other variables associated with social support and parental burnout in the field of practice. Thus, it was aimed to bring new information on increasing the effect of interventions for children with ASD, controlling the risks for parents' psychological well-being more effectively, and controlling the variables behind inappropriate parental behaviors to the field. In addition, it was believed that using the Parent Burnout Scale, which was developed by Kaner (2007) and of which its psychometric properties on parents of children with ASD were determined by Ardic and Olcay-Gul (2019), would provide a different perspective on the issue.

Methodology

Research Goal

The general purpose of this study is to examine relationship between parental burnout level, and perceived social support levels of parents of children with ASD and the level of satisfaction with perceived social support. Within the framework of this general purpose, the following study questions were also examined: (a) Does the parental burnout level differ according to parental gender and education level?, (b) Is there are relationship between parental burnout level, and parental age, time since diagnosis and the ages of the children?, and (c) Is there a relationship between the burnout levels of parents of children with ASD, and the levels of perceived social support and the level of satisfaction with perceived social support?

Research Design

This study employed the descriptive research design in order to relationship between parental burnout level, and perceived social support levels of parents of children with ASD and the level of satisfaction with perceived social support. The purpose of descriptive research is to accurately describe the characteristics of a situation or phenomenon and to identify the variables in question or to find the relationship between the variables (Johnson & Christensen, 2012).

Sample and Data Collection

Purposeful sampling method was used in the identification of the participants. Purposeful sampling is the inclusion of volunteers among the individuals who meet the criteria determined by the researcher from the specified universe (Johnson & Christensen, 2012). Based on this sampling method, the 620 scale forms were sent to special education and rehabilitation centers located in 24 Turkish cities. The directors of these special education and rehabilitation centers were interviewed beforehand, and the purpose of the study was explained to them. The criteria for being a participant in the study was to have at least one child diagnosed with ASD from a full-fledged hospital and to volunteer for the study. The scales used in the study were delivered to the families by teachers working in the special education and rehabilitation centers, and families were asked to fill in the scale forms. Data was collected from only one parent in each family. At the same time, teachers who applied the scales were asked to take a two-day break after applying one scale. Of the 620 scale forms sent, 327 were returned from 17 cities. The rate of return was 52.75%. The ones that were completely or more than half of it blank were not included in the analysis ($n=31$). Of the remaining 296 forms, 227 were from mothers (76.69%) and 69 were from fathers (23.31%). The average age, standard deviation and education levels of the participants are presented in Table 1 according to their gender. The average age of the participants' children with ASD was 104.20 months, and the standard deviation was 60.12 months.

Table 1. Distribution of Participants' Age Average, Standard Deviations and Education Levels by Gender

Relation	N	\bar{x} (age)	SD (age)	Education Level			
				Illiterate (f)	Elementary (f)	Secondary School (f)	University and Above (f)
Mother	227	37.72	7.03	8	65	82	72
Father	69	41.36	8.90	-	14	25	30
Total	296	38.55	7.64	8	79	107	102

Data Collection Tools

In this study, data on parental burnout were collected using the Parent Burnout Scale. Data on perceived social support and level of satisfaction with this support were collected using the Revised Parental Social Support Scale. In addition, the Participant Information Form was used to collect the demographic information of the participants and their children.

The Participant Information Form: The Participant Information Form is a form developed by the researcher to collect information on participants such as gender, age, education level, and the age of their children with ASD. The study purpose and information on participant consent are included in the instruction section of the form.

The Revised Parental Social Support Scale: The Revised Parental Social Support Scale (RPSSS) was developed by Kaner (2003) to evaluate the social support perceptions of parents of children with special needs. The scale was revised by Kaner in 2010. RPSSS is a scale that gives information about parents' perceptions of social support and their satisfaction with these perceptions of social support separately. In other words, RPSSS consists of two scales evaluating both quantitative and qualitative dimensions of social support (Kaner, 2010). The Renewed Parental Social Support Scale-Perceived Social Support (RPSSS-PSS) gives information about the quantitative dimension of social support, whereas the Renewed Parental Social Support Scale-Satisfaction with Perceived Social Support (RPSSS-SPSS) about its qualitative dimension. Each dimension of RPSSS has four subscales. These subscales are Social Companionship Support (SCS), Information Support (IS), Emotional Support (ES) and Care Support (CS) subscales. The subscales of (RPSSS-SPSS) are Satisfaction with Social Companionship Support (SSCS), Satisfaction with Information Support (SIS), Satisfaction with Emotional Support (SES) and Satisfaction with Care Support (SCS). After exploratory factor analysis, the scale consisted of 28 items in four subscales (Kaner, 2010). RPSSS's reliability analysis was determined by Cronbach's Alpha, Spearman-Brown split half reliability technique and item analysis. Cronbach's Alpha internal consistency coefficients of RPSSS-PSS varied between .83 and .95, while Cronbach's Alpha internal consistency coefficients of RPSSS-SPSS varied between .85 and .86. The scale's Spearman-Brown split half reliability coefficients range from .86 to .92 for RPSSS-PSS and .84 to .96 for RPSSS-SPSS. The item discrimination indices of the scale were calculated as .48 the lowest and .85 the highest. Confirmatory factor analysis results of the RPSSS-SPSS showed that the scale was valid. The criterion validity of RPSSS was examined with the Multidimensional Perceived Social Support Scale Revised Form. While the correlation of the Multidimensional Perceived Social Support Scale-Revised Form with RPSSS-PSS varied between .15 and .75, the correlation of this scale with RPSSS-SPSS varies between .25 and .72 (Kaner, 2010).

Parental Burnout Scale: Parental Burnout Scale (PBS) was developed by Kaner (2007) in order to determine the level of burnout parents experience in marital relationship. The first form of the PBS consists of 52 items scored between "1" and "5". These items are gathered under four main factors. These factors are Negative Spousal and Marital Relationship, Emotional Burnout, Sensitivity towards Spouse and Children, and Satisfaction with Marriage. The reliability and validity of PBS were revised with data collected from parents of children with ASD (Ardic & Olcay-Gul, 2019). The final version of the scale consists of 45 items under the factors of Negative Spousal and Marital Relationship (NSMR), Emotional Burnout (EB), Sensitivity towards Spouse and Child (SSC), and Marital Satisfaction (MS). The four-factor structure of the 45-item scale explains 59.09% of the total variance. Factor loads of items are between .50 and .82. The correlation between the subscale scores and total score is statistically significant ($p < .01$) and varies between .47 and .92. Reliability analysis of the scale was analyzed by test-retest, split half reliability, Cronbach's Alpha coefficient and item-total score correlation. Test-retest reliability coefficient was found as .98. Cronbach's Alpha coefficient was calculated as .96 over 45 items. At the same time, Spearman-Brown split half reliability is .88. Item-total score correlations of the items making up the PBS vary between .20 and .78.

Analyzing of Data

In order to decide which techniques to employ in data analysis, whether the subscales of RPSSS and PBS showed linear relationship and whether they were normally distributed was examined. According to the scatter plots of the subscales of RPSSS and PBS, the variables showed a linear relationship. Kolmogorov-Smirnov test showed that the scores of both scales and their subscales did not normally distribute ($p < .05$). It was observed that the scales did not provide normality assumptions even after the outliers were removed. However, in the normality tests of the data collected with Likert-type scales, there are opinions that Kolmogorov-Smirnov and Shapiro-Wilk tests do not give sufficient results, and if the skewness and kurtosis values are within a certain range, the distribution can be accepted as normal (Hair et al., 2013; Kim, 2013; Lewis-Beck et al., 2004). Therefore, the skewness and kurtosis values of RPSSS, PBS and the subscales of these two scales were examined. Since all scales of RPSSS, PBS and its subscales were between -2.00 and 2.00 except the Satisfaction with Emotional Support, the subscale of RPSSS-SPSS, the data obtained from both scales and subscales were accepted as normally distributed (Kim, 2013; Lewis-Beck et al., 2004).

PBS total score was used to analyze the relationship between parental burnout level, and parental age, time since diagnosis, and ages of children. Therefore, the relationship between these variables and parental burnout level was analyzed by Pearson product-moment correlation coefficient. PBS total scores were used in examining whether there is a difference in parental burnout level according to gender and parental education, which is the second purpose of the study. The analysis of these data was carried out with parametric tests. The total scores and subscale scores of both scales were used to analyze the relationship between the burnout level of parents of children with ASD, and parental perceived social support level and satisfaction with this social support. The relationship between RPSSS-SPSS Emotional Support Satisfaction subscale, and the PBS and its subscales were analyzed with Spearman rank-order correlation coefficient, whereas the relationship between RPSSS-PSS and RPSSS-SPSS total scores and other subscale scores with PBS and its subscales was analyzed with Pearson product-moment correlation coefficient.

Findings

There was no significant relationship between parental burnout level and parental age, age of the child with ASD and the time since diagnosis ($r = -.006, p > .01, r = .035, p > .01$ and $r = .064, p > .01$, respectively). In other words, it can be said that there was no significant relationship between the burnout observed in parents and the ages of the parents, the ages of their children and the time since diagnosis.

Whether or not the parental burnout level differed according to gender of the parent was analyzed with independent samples t-test, and the results are given in Table 2. According to Table 2, the level of parental burnout did not show a significant difference according to the gender of the parent ($p > .05$). However, the PBS means revealed that the burnout level of fathers ($\bar{x} = 95.90$) was lower than the burnout level of mothers ($\bar{x} = 101.67$).

Table 2. t-Test Results of PBS Scores According to the Gender of the Parents

Gender	N	\bar{x}	SD	df	t	p
Female	225	101.67	2.25	224	1.22	.224
Male	69	95.90	4.40			

Whether or not the parental burnout level differed according to parental educational status was analyzed with independent samples one-way ANOVA. During this analysis, since the number of illiterate parents ($n = 8$) was very low, the data of these parents were not included in the analysis. Analysis results are given in Table 3. The analysis results showed that there was no difference between parental burnout levels according to the parental education levels.

The relationship between the level of perceived social support of parents of children with ASD and burnout levels was analyzed using the RPSSS-PSS and PBS total scores and the subscale scores of these scales, and the results are presented in Table 4. There was a weak but significant negative correlation between RPSSS-PSS and PBS total scores ($r = -.38, p < .01$). In addition, when the relationship between RPSSS-PSS subscales and PBS total score and PBS subscales was examined, there was an insignificant but negative relationship between IS and MS, and CS and SSC. According to the analysis results, there was a significant negative correlation between SCS and PBS subscales ranging from $-.20$ to $-.38$ ($p < .01$). Similarly, there was a moderate negative correlation between SCS and PBS total score ($r = -.41, p < .01$).

Table 3. ANOVA Results of the PBS Scores According to Parental Education Status

Source of Variance	Sum of Square	df	Mean Square	F	p
Between Groups	16602.404	8	2075.300	1.793	.078
Within Groups	329958.807	285	1157.750		
Total	346561.211	293			

There was a very weak negative correlation between IS, and NSMR, EB, SSC and PBS total scores between $-.17$ and $-.22$ ($p < .05$). In other words, it can be said that there was a very weak relationship between the information support given to parents of children with ASD and the negative spousal and marital relationship, emotional burnout, sensitivity towards the spouse and child, and satisfaction with marriage.

A weak negative correlation between ES, another subscale of RPSSS-PSS, and PBS total score and its subscales ranging from $-.20$ to $-.39$ ($p < .01$) was found. There was a weak negative relationship between CS, the last subscale of RPSSS-PSS, and PBS total score, NSMR, EB, MS ($p < .01$). In addition, there was a very weak negative relationship between CS and SSC, and this relationship was not statistically significant.

Table 4. The Relationship between RPSSS-PSS and its Subscales, and PBS and its Subscales

	NSMR	EB	SSC	MS	PBS
SCS	-.35**	-.38**	-.20**	-.33**	-.41**
IS	-.17*	-.22**	-.13*	-.11	-.21**
ES	-.33**	-.35**	-.20**	-.29**	-.39**
CS	-.25**	-.29**	-.05	-.20**	-.28**
RPSSS-PSS	-.32**	-.36**	-.18*	-.28**	-.38**

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

The relationship between the levels of satisfaction with perceived social support of the parents of children with ASD and parental burnout was analyzed by Pearson product-moment correlation except the SES subscale of RPSSS-SPSS. The analysis results are presented in Table 5. According to Table 5, there was a moderate significant negative correlation between RPSS-SPSS total score and PBS total scores ($r = -.46, p < .01$).

There was a weak and moderately significant correlation between SSCS, the first subscale of RPSSS-SPSS, and the PBS total score and its ranging from $-.24$ to $-.47$ ($p < .01$). While there was a weak negative correlation between SSCS, and SSC and MS, there was moderate negative correlation between SSCS, and NSMR, EB and PBS total score.

When it comes to the relationship between SIS and PBS total score and its subscales, there was a negative correlation between SIS, and NSMR, EB and PBS total score, whereas there was a very weak negative correlation between SIS, and SSC and MS ($p < .01$). It was revealed that the satisfaction with information support level of parents of children with ASD had a weak negative correlation with the level of satisfaction with sensitivity towards the spouse and the child, marital satisfaction, negative spousal and marital relationship, and emotional burnout.

While there was a moderate negative correlation between SES, another subscale of RPSS-SPSS, and PBS total score ($r = -.44$, $p < .01$), there was a weak significant correlation between SES and the subscales of PBS ranging from $-.23$ and $-.38$ ($p < .01$). In other words, the satisfaction with social support levels of parents of children with ASD were weakly and negatively correlated with negative spousal and marital relationship, emotional burnout, sensitivity towards the spouse and child, and marital satisfaction, whereas the satisfaction with social support levels of parents of children with ASD was weakly correlated with parental burnout.

Table 5. The Relationship between RPSS-SPSS Total Score, and SSCS, SIS Subscales and PBS and its Subscales

	NSMR	EB	SSC	MS	PBS
SSCS	-.41**	-.43**	-.24**	-.35**	-.47**
SIS	-.27**	-.32**	-.19**	-.19**	-.32**
SES	-.38**	-.39**	-.23**	-.34**	-.44**
SCS***	-.32**	-.35**	-.14*	-.26**	-.36**
RPSS-SPSS	-.39**	-.42**	-.23**	-.34**	-.46**

* $p < .05$, ** $p < .01$, *** Spearman rank-order correlation

Since the data of SCS, the last subscale of RPSS-SPSS, did not show a normal distribution, the relationship between SCS, and PBS total score and PBS subscales was analyzed with Spearman rank-order correlation. While there was a negative correlation between SCS, and NSMR, EB, MS and PBS total scores ($p < .01$), there was a very weak correlation between SCS and SSC ($p < .05$).

Discussion

The study finding that there was no relationship between burnout level of parents of children with ASD, and parental age and age of child with ASD. This results does not correspond with the finding in the literature. Kwiatkowski and Sekulowicz (2017) stated that the burnout level of parents with older children with ASD is higher compared to the burnout level of parents with younger children with ASD. Contrary to the literature, the reason why parental age and child age were not associated with parental burnout may be due to cultural variables. In addition, the finding in the literature revealed that the relationship between these variables is a weak significant one (Kwiatkowski & Sekulowicz, 2017).

The study finding that there was no relationship between burnout level of parents of children with ASD and time since diagnosis is also not parallel with the finding in the literature. The literature argued that time since the diagnosis is associated with parental stress (Zaidman-Zait et al., 2017). As mentioned earlier, the time since the diagnosis can be expected to be associated with parental burnout because of the relationship between stress and parental burnout.

The fact that parental burnout level did not differ according to the gender of parents and parental educational level is similar to the literature (Kwiatkowski & Sekulowicz, 2017). However, it is stated that parents cope with stress in different ways according to their gender and react differently to stress, and that their stress levels are different (Benson & Karlof, 2009). This means that variables related to parental burnout differ according to gender, but parental burnout does not differ according to the gender of the parents. It is difficult to say that mother and fathers using different ways to cope with stress and reacting differently do not affect their burnout level. However, it can be thought that the burnout of mothers and fathers affect each other and approximates them to an average value. Yet, it is very difficult to make this conclusion with so few findings and study results. It can be said that a more detailed examination of parental burnout not being differentiated according to the gender of parents will contribute to understanding the causes of this finding.

In light of the findings of this study, it can be said that there is a stronger relationship between satisfaction with perceived social support levels of parents and parental burnout compared to perceived social support level. The burnout level of parents of children with ASD is associated with the level of satisfaction with perceived social support of parents at a higher level than the level of perceived social support of parents. This finding is similar to the findings in the literature (Coskun & Akkas, 2009; Skok et al., 2006; Smith et al., 2012). In the study conducted by Smith et al. (2012), the relationship between parental psychological well-being and perceived social support was examined. It was reported that the perceived social support presented lower correlation with the psychological well-being than satisfaction with perceived social support. Both the findings from this study and the findings in the literature show that the quality of social support is more important to parents than the quantity of it. This fact emphasizes that it is important to plan practices for parents in the literature taking their needs into consideration to get more effective results.

According to the relationship between RPSSS-PSS total score and PBS's subscales, there was a significant negative relationship between the perceived social support level of the parents, and the negative spousal and marital relationship and emotional burnout scores, whereas there was a significant positive relationship between the perceived social support level of the parents, and sensitivity to spouse and child and marital satisfaction levels. This indicates that perceived social support and burnout affect each other adversely. The sensitivity towards spouse and child and marital satisfaction, subscales of parental burnout, and perceived social support positively affect each other. Similarly, there is a weak negative relationship between the subscales of RPSSS-PSS, and the PBS total score and its subscales. Perceived social companionship support shows a weak significant relationship with negative spousal and marital relationship, emotional burnout, sensitivity towards spouse and child, and marital satisfaction. There is a negative relationship between the perceived social companionship support level score and parental burnout. These findings are in line with the findings in the literature stating that the increased perceived social support level affects the psychological well-being of parents positively (Ardic & Cavkaytar, 2019; Weiss, 2002).

Perceived information support shows more negative correlations with the parental burnout total score compared to the subscales. Considering the specific characteristics of ASD and its undiscovered aspects, it can be said that burnout is expected to show a negative relationship with the level of information. While the level of perceived information support of parents is negatively associated with negative spousal and marital relationship and emotional burnout level, it is positively associated with sensitivity towards spouse and child. Parents reaching information such as their children's characteristics, needs, and environments where they can receive education, and so forth is decisive in parents going towards the right resources to support their children's development. Therefore, it can be thought that this circumstance is decisive in decreasing the parents' negative emotions stemming from arguments and uneasiness experienced between the parents because of the child's needs. The literature reveals that parents have information needs and if these needs are not met, their psychological responses such as stress and anxiety may increase and that informative counseling decreases the parental stress and anxiety levels (Ardic & Cavkaytar, 2019).

Although the perceived emotional support level of the parents does not show a moderate negative correlation with the parental burnout level like the other subscales, it shows a more stable negative correlation with the subscales of parental burnout. While the emotional support scores are negatively associated with parental burnout total score, negative spousal and marital relationship and emotional burnout scores, they are positively associated with sensitivity to spouse and child, and marital satisfaction scores. From the moment parents learn that their children have ASD, they give different emotional reactions such as shock, anger, exasperation and sadness (Kubler-Ross, 1969), and feel the need to share their experiences due to their child's condition. This increases the need for emotional support during the process (Akkok & Uzun, 2018). Emotional support is a type of support that meets the basic social needs of the individual such as love, compassion, respect, empathy and a feeling of belonging to a group (Jacobson, 1986). Therefore, it can be considered as an expected finding that there is a negative relationship between the emotional support that the parents receive and parental burnout.

There is a negative relationship between the level of perceived care support of the parents, and parental burnout, negative spousal and marital relationships and emotional burnout levels. In a study conducted with parents of children with ASD, the participating parents stated that they need care support, refer to institutions providing care service as a situation that may make their lives easier. They also mentioned that they worry the most about having a health problem that would prevent them from providing care for their children (Ozkubat et al., 2014). When assessed from this perspective, it is an expected phenomenon that there would be a negative correlation between the perceived care support of parents and their burnout. There is a weak and statistically insignificant relationship between perceived care support and sensitivity towards spouse and child. In other words, the fact that one of the parents gives support for the care-giving parent may not be perceived as a situation that increases sensitivity, or that the support from someone else may not be associated with the level of sensitivity to spouse and child.

There is a weak and moderately negative relationship between the satisfaction with perceived social support of parents, and parental burnout and the subscales of parental burnout. While there is a negative relationship between the satisfaction with perceived social support level, and parental burnout, negative spousal and marital relationship and emotional burnout levels, there is a positive relationship between the satisfaction with perceived social support level, and sensitivity towards spouse and child and marital satisfaction. There is a negative correlation between the level of satisfaction with perceived information support, and parental burnout, negative spousal and marital relationship and emotional burnout levels, whereas there is a positive relationship between the level of satisfaction with perceived information support, and sensitivity towards spouse and child and marital satisfaction levels. The same applies to the level of satisfaction with perceived emotional support and satisfaction with perceived care support.

The level of perceived social support and satisfaction with perceived social support, and the level of its relationship with parental burnout level and the scores negative spousal and marital relationship, which are the subscales of parental burnout, is higher than its relationship with sensitivity towards spouse and child and marital satisfaction, which are the other subscales of parental burnout. This makes us think that both the perceived social support level and its subscales, and satisfaction with perceived social support level and its subscales are more associated with the

negative components of burnout, and that the positive intrafamilial components are less associated with parental burnout.

Conclusion

The study analyses revealed that (a) there was no significant relationship between burnout level of parents of children with ASD, and parental age, age of child with ASD, and the time since diagnosis, (b) parental burnout level did not differ according to the gender of parents and parental educational level, (c) perceived social support level showed a weak negative correlation with parental burnout level, and (d) there was a moderate negative correlation between parental satisfaction with perceived social support level and parental burnout level.

It is seen that the perceived social support level, its subscales, satisfaction with social support level and its subscales have a weak and moderate negative relationship with parental burnout and its subscales. As a result, it is possible to say that an intervention related to perceived social support and satisfaction with social support level or parental burnout will also affect the other variable. In addition, it can be said that the practices for reducing the burnout level of the parents of children with ASD including components for social support and satisfaction with this social support is important. However, in order to make more effective decisions on this subject and to plan the practices, research findings on how much the variables affecting parental burnout predict parental burnout are needed.

Suggestions

It can be said that examining the relationship between demographic and socio-economic status, and parental burnout with these variables in the future will contribute to the literature. It can be said that conducting studies on examining the relationship between perceived social support level and parental burnout by controlling some variables, like ASD symptom level and intellectual disability level, in the field of special education will contribute to both understanding the parental burnout and increasing the quality and efficiency of the support services provided to the family. Within the framework of these study recommendations, the variables affecting the psychological well-being of the parents can be better understood thanks to the theoretical knowledge provided by determining the variables related to parental burnout and mother-father burnout and determining the relationship between them. With this information, studies can be conducted with variables affecting psychological well-being based on the structural equation modeling in the coming years.

Limitations

This study has some limitations. First, the relationship between parental burnout, and parents' income status and place of residence was not examined. Second, ASD symptom level and intellectual disability were not controlled in this study. As mentioned earlier, there are studies putting forth that the psychological well-being of parents is associated with ASD symptoms and presence of intellectual disability. Therefore, the fact that this study did not control these variables can be considered as a limitation. Thirdly, although the teachers who applied the scale were asked to take two days off in the application of the other scale, the application could not be controlled by the researcher. This may have caused some bias.

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