

EXAMINING THE RELATION AMONG PARENTS' BURNOUT, RESILIENCE,
COGNITIVE FLEXIBILITY, AND ANXIETY LEVELS DURING COVID-19
PANDEMIA

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ABSTRACT

The primary objective of this research is to explore the relation among parents' burnout, resilience, cognitive flexibility, and anxiety levels during the Covid-19 pandemic. 134 parents are administered using Demographic Information Form, Parent's Burnout Assessment (PBA), Adult Psychological Resilience Scale (APRS), Cognitive Flexibility Scale (CFI), and Beck Anxiety Inventory (BAI). The descriptive and Exploratory Correlational research method is used to examine the relationship between study variables and demographic variables. Spearman Correlational Analysis, Independent samples t-test, One-Way ANOVA, Spearman Correlational analysis, Mann-Whitney U test, and Kruskal Wallis analysis methods are carried out with the aim of answering the research questions. According to the results, significant differences are found cognitive flexibility, anxiety in terms of gender. However, there are not significant differences between socioeconomic status, number of children, and the diagnosis of COVID-19. Limitations and the finding of the present study are discussed with regard to related literature, and theoretical implications and applications of the findings and suggestions for future research are presented.

Keywords: Parental Burnout, Psychological Resilience, Cognitive Flexibility, Anxiety, COVID-19, Parents.

ÖZET

Bu araştırmanın temel amacı, Covid-19 pandemisi sırasında ebeveynlerin tükenmişlik, dayanıklılık, bilişsel esneklik ve kaygı düzeyleri arasındaki ilişkiyi incelemektir. 134 ebeveyne Demografik Bilgi Formu, Ebeveyn Tükenmişlik Ölçeği (EBÖ), Yetişkin Psikolojik Sağlamlık Ölçeği (YPSÖ), Bilişsel Esneklik Ölçeği (BESÖ) ve Beck Anksiyete Envanteri (BAE) uygulanmıştır. Çalışma değişkenleri ile demografik değişkenler arasındaki ilişkiyi incelemek için tanımlayıcı ve Keşfedici Korelasyonel araştırma yöntemi kullanılmıştır. Araştırma sorularını yanıtlamak amacıyla Spearman Korelasyonel Analiz, Bağımsız örneklem t-testi, One-Way ANOVA, Spearman Korelasyonel analiz, Mann-Whitney U testi ve Kruskal Wallis analiz yöntemleri uygulanmıştır. Çalışmada katılımcıların cinsiyeti bakımından bilişsel esneklik düzeyleri arasında anlamlı farklılık bulunmuştur. Ancak sosyoekonomik durum, çocuk sayısı ve COVID-19 tanısı arasında anlamlı farklılıklar bulunmamaktadır. Bu çalışmanın sınırlılıkları ve bulguları ilgili literatür açısından tartışılmış, bulguların teorik çıkarımları ve uygulamaları ile gelecek araştırmalar için öneriler sunulmuştur.

Keywords: Ebeveyn Tükenmişliği, Psikolojik Dayanıklılık, Bilişsel Esneklik, Kaygı, COVID-19, Ebeveyn

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CHAPTER I

INTRODUCTION

1.1 Research Rationale

Parents have been influenced by the COVID-19 pandemic due to several factors including increased stress, confinement, homeschooling responsibilities, and fear of infection (Spinelli et al., 2020). The COVID-19 pandemic has had a significant impact on people's mental health worldwide. Parental burnout, which is characterized by weariness, emotional distance, and a feeling of ineffectiveness in the parenting position, might be exacerbated by this particular collection of stressors (Roskam, Brianda, & Mikolajczak, 2018).

Spinelli et al. (2020) reported that parents were at a higher risk of experiencing negative psychological outcomes during the COVID-19 lockdown due to increased caregiving burdens and decreased social support. These findings suggest a need for comprehensive approaches to mitigate these challenges and reduce the risk of parental burnout.

Furthermore, The concept of resilience as a protective factor is well-established in psychological literature, highlighting its importance in the face of adversity (Southwick et al., 2014). It encompasses qualities like adaptability, perseverance, and the ability to maintain a positive outlook, which are particularly relevant for coping with the multiple stressors presented by the COVID-19 pandemic (Wu et al., 2020). Additionally, cognitive flexibility, the mental ability to switch between thinking about two different concepts or to think about multiple concepts simultaneously, is vital in managing stress and adapting to rapidly changing circumstances (Dajani & Uddin, 2015).

In the context of a pandemic, cognitive flexibility could enable parents to adjust to new routines, manage uncertainties, and maintain a balanced perspective, potentially reducing burnout risk (van Bakel et al., 2022).

Parental burnout has been linked to a number of problems for both parents and their kids in the past, including marital problems, family dysfunction, and child abuse or neglect (Mikolajczak et al., 2018). Therefore, it is crucial for family well-being to look at elements that can reduce parental burnout during the COVID-19 pandemic.

Resilience, or the ability to overcome obstacles, has been demonstrated to reduce psychological distress and improve mental health outcomes (Wu et al., 2020). Cognitive flexibility, or the ability to alter thought patterns and adapt to unfamiliar, potentially stressful experiences, is also linked to better mental health outcomes (Mann et al., 2020). The capacity for resilience and cognitive flexibility to temper the impact of stressors connected to the COVID-19 epidemic may reduce parental fatigue. Two more pandemic effects that could happen are parental exhaustion and worry (Cameron et al., 2020). But nothing is known about how cognitive adaptability and resilience affect parental stress and exhaustion during a sporadic occurrence like the COVID-19 outbreak.

In light of this, it is clear from national and international studies that it is crucial for parents to engage their children in COVID-19 outbreak-related activities that safeguard their mental health. Understanding how psychologically strong, anxious, or worn out parents are, and how much alternative thinking they permit in their cognitive worlds, can help to promote a peaceful environment at home and make them more effective in coping with stress as well as their children's mental health. This is especially true in light of the research.

Parents can benefit from effective coping mechanisms since researchers and practitioners are taking these factors into account when developing psycho-educational and psycho-emotional programs. As a result, when national and international studies were analyzed, it became clear that the research variables in this study were studied independently, but that there were only a small number of studies that looked at whether there was a significant correlation between all of the variables, such as psychological resilience, parental anxiety, burnout, and cognitive flexibility during the Covid 19 outbreak.

This study's objective is to explore these relationships and potentially pinpoint some strategies that could help parents cope more effectively with existing and upcoming public health challenges. By filling in this knowledge gap, parenting strategies could be improved, improving family mental health and welfare during stressful and unpredictable times.

1.2 Purpose of the Study

The objective of the study is to ascertain whether there is a correlation between parents' levels of worry, burnout, resilience, and cognitive flexibility during the COVID-19 outbreak.

1.4 Research Question

Is there a significant relationship between parental burnout, resilience, cognitive flexibility, and anxiety levels during the COVID-19 Outbreak?

1.4.1 Sub-Questions

1. Is there significant relationship among the burnout, psychological resilience, cognitive flexibility, and anxiety of the parents?
2. Do parental burnout, resilience, cognitive flexibility, and anxiety differ significantly by gender?
3. Do parental burnout, resilience, cognitive flexibility, and anxiety differ significantly by income?
4. Do parental burnout, resilience, cognitive flexibility, and anxiety differ significantly based on whether they are diagnosed as having COVID-19 or not?
5. Do parental burnout, resilience, cognitive flexibility, and anxiety differ significantly according to the number of children they have?
6. Is there a significant relationship among parental burnout, resilience, cognitive flexibility, and anxiety?

1.5. Significance of the Study

Critical study areas with significant implications for the health of both parents and children include parental burnout, resiliency, anxiety, and cognitive flexibility. Parental burnout has been shown to have a negative impact on parents' mental health, family dynamics, and parenting styles (Mikolajczak et al., 2019; Roskam et al., 2017). Parental burnout is described as "a state of exhaustion, both physical and emotional, that results from ongoing and chronic parental stress" (Mikolajczak et al., 2018).

Resilience, on the other hand, is the ability to adapt to and handle challenging situations (Garca-López et al., 2021). Parental resilience, according to Mikolajczak et

al. (2019), can guard against the negative effects of parental burnout on parenting techniques and family functioning.

Concerning parental burnout, anxiety is an additional important aspect to consider. Parental worry has been linked to lower mental health outcomes for both parents and kids, as well as a higher risk of burnout, according to Mikolajczak et al. (2018) and Van Bakel et al. (2019). Not to mention, it has been shown that cognitive flexibility—the ability to adapt to changing situations and viewpoints—is essential for parents to maintain effective parenting practices and manage stress (Bögels & Mansell, 2021).

In conclusion, research on parental burnout, resilience, anxiety, and cognitive flexibility is essential to comprehend the complex relationships between parental well-being and child outcomes. By identifying the causes of parental burnout and fostering resilience, interventions can be developed to help parents and promote good family functioning.

1.6 Assumptions

It is presumed that everyone who took part in the survey provided honest and accurate answers to the questions. Assumptions concerning the nature of parental burnout, resilience, cognitive flexibility, and anxiety, as well as the connections between these dimensions, are also a part of this study. The following are the presumptions:

1. Parental burnout is a multidimensional construct that encompasses physical, emotional, and cognitive exhaustion, as well as feelings of ineffectiveness and detachment from one's children.

2. Resilience is a complex construct that involves the ability to adapt and cope with stressors and challenges, as well as the possession of personal and social resources that facilitate resilience.
3. Cognitive flexibility is a cognitive ability that allows individuals to adapt their thinking and behavior to changing circumstances and to consider multiple perspectives and solutions to problems.
4. Anxiety is a common emotional response to stressors and challenges, and can manifest in various ways, including physiological symptoms, cognitive distortions, and behavioral avoidance.
5. Parental burnout is negatively associated with resilience, cognitive flexibility, and positively associated with anxiety.
6. Resilience and cognitive flexibility serve as protective factors against parental burnout and anxiety.
7. The relationships between these constructs are likely to be complex and multifaceted, and may be influenced by various contextual factors, such as gender, age, parenting styles, and social support.

The research objectives, hypotheses, and methodologies employed in this study are supported by these presumptions, which also serve as a framework for the analysis and discussion of the results. It is significant to highlight that these presumptions are based on current literature and theory and may be revised or improved in light of this study's findings or those of subsequent investigations.

1.7 Limitations

The limitation of this research is that people participated in the research with online surveys. This research was limited to Personal Information Form, Parental

Burnout Assessment (PBA), Resilience Scale (PRS), Cognitive Flexibility Inventory (CFI), and Beck Anxiety Inventory (BAI) forms. While this study provides important insights into the relationships between parental burnout, resilience, cognitive flexibility, and anxiety, there are several limitations that should be considered when interpreting the results and implications of the study.

1. Sample characteristics: The study sample consisted of parents from a single geographical area and cultural background, which may hinder the generalizability of the results to other populations. In addition, the sample size was relatively small, which may have limited the statistical power of the analyses and the ability to detect small effect sizes.
2. Measurement tools: The measures used to assess parental burnout, resilience, cognitive flexibility, and anxiety were self-report questionnaires, which are subject to various biases, such as social desirability, response set, and memory biases. In addition, the measures may not fully capture the complexity and variability of these constructs, and may be influenced by individual differences in understanding and interpretation of the items.
3. Cross-sectional design: Because the study was cross-sectional in nature, it is difficult to infer causal correlations between the variables. To determine the chronological order and directionality of the relationships and to test the efficacy of therapies meant to lessen parental worry and burnout, longitudinal or experimental designs would be required.
4. Confounding variables: The study did not control for other variables that may influence the relationships between parental burnout, resilience, cognitive flexibility, and anxiety, such as parenting styles, social support, and life

events. Future studies should aim to include these variables in their analyses to enhance the validity and generalizability of the findings.

5. Missing data: The study had missing data for some participants, which may have introduced bias or reduced the precision of the estimates. Future studies should aim to minimize missing data and use appropriate imputation techniques to handle missing data.

These restrictions imply that care should be exercised when interpreting the findings of this study and that additional study is required to confirm and broaden the conclusions. Despite these drawbacks, this study sheds light on key aspects of parental anxiety and burnout and emphasizes the value of resilience and cognitive flexibility in fostering parental wellbeing.

CHAPTER II

CONCEPTUAL FRAMEWORK

In this section, the theoretical framework for parental burnout, psychological resilience, cognitive flexibility, and anxiety, which are the variables of the research, is presented, and studies on the theories related to the subject will be emphasized.

2.1. Burnout conceptualization

The notion of burnout, which Maslach, Jackson, and Freudenberger established and described, was initially known and studied as the weariness, unwillingness, and hopelessness that caused healthcare workers to quit their jobs (Kaçmaz, 2005). The investigations of Christina Maslach have added to the body of knowledge on the idea of burnout when those studies are examined.

Maslach defined burnout as fatigue, emotional exhaustion, and lacking a sense of personal accomplishment in individuals working in occupations with intense human relations. Pines and Aronson (1988) are known as other important theorists who studied and defined burnout. According to the researchers, burnout is a state of boredom that affects the person emotionally, physically, and mentally, causes loss of desire, and makes it difficult for the person to set goals (Çapri, 2006). Ergin (1992) defined burnout as a state of being worn out due to the person's avoidance of the problems faced in life, while Çam (1992) defined burnout as a state of despair due to unpleasant events and situations (Gülay, 2019).

When the theoretical explanations regarding the concept of burnout are examined, Freudenberger introduced the concept in the literature in 1974 as the first person to define the concept of burnout. According to his approach, burnout is a

situation that reduces personal success, wears out the person, and creates reluctance. Freudenberberg suggested that burnout can cause physical symptoms including fatigue, gastrointestinal problems, headaches, shortness of breath, and intolerance (as cited in Temel, 2020). Therefore, in Freudenberberg's model, burnout was explained with psychosomatic symptoms. In other definitions, the concept of burnout has been defined only with its affective dimensions.

Maslach and Jackson examined the concept of burnout in three sub-scales and listed certain affective symptoms of burnout. Affective symptoms of burnout include a feeling of fatigue, being reluctant towards other people, being isolated from the social environment, and skepticism. According to these theories' definitions of the three sub-scales of burnout (as reported in Ar and Bal, 2008), these are emotional weariness, depersonalization, and a decline in sense of personal accomplishment. The internal component of burnout is emotional weariness. It was also mentioned that the most potent feelings a person could experience during emotional depletion are tension and frustration. The individual can believe that they are less effective than they once were and are unable to carry out their duties as effectively as they once did (as cited in Ar & Bal, 2008). The concept of desensitization is the state of being avoidant and insensitive in one's feelings and behaviors instead of serving the people around him. Individuals having higher desensitization may act bully, arrogant, reckless, and rigid towards the people around them. Additionally, the depersonalization dimension of burnout may influence the person's interpersonal relationships. According to Doley (1979), people who experience depersonalization may have strict boundaries against the people around them (as cited in Arı & Bal, 2008) The feeling of failure in personal achievement is defined as mentioning negative situations and features when evaluating oneself. The person having higher levels of failure in personal achievement

may feel inadequacy due to the effect of burnout. He or she may think he or she is not competent at anything. In a failure of personal achievement, it can be observed that there may be an intense feeling of failure (as cited in Arı & Bal, 2008).

According to Pearlman and Hartman (1982; 283-305), the concept of burnout is termed as “a three-dimensional response to chronic emotional stress”. According to this view, burnout consists of four stages. The first stage is the stage in which stress emerges due to the incompatibility of one's interests and abilities. In other words, it is the stage of experiencing stress. The second stage is explained as the level of stress perceived by the person. In the third stage, the person starts to develop a reaction against stress, and this includes three basic reactions. In the fourth stage, the burden of the stress that the person has loaded emerges. Based on these explanations, Pearlman and Hartman stated how burnout affects the person psychologically and physiologically (Pearlman & Hartman, 1982).

2.1.1 Factors Related to Burnout

Chronic professional stress can lead to burnout, a psychological ailment. Burnout has been described by Maslach and Jackson (1981) as a "syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity." Parental burnout is one area where the notion of burnout has been used outside of the workplace.

The danger of burnout can be increased or decreased by personal characteristics. For instance, attributes that affect a person's level of burnout include age, gender, education level, marital status, employment status, career, family structure, and friends. Family and social support are social elements that affect how

much burnout an individual experiences. Among the elements that lessen burnout are perceived social support from friends and the person's family structure (Ar & Bal, 2008).

The idea of burnout differs depending on the gender as well. Women are known to experience greater emotional weariness than men, according to prior studies in the literature (Maslach & Jackson, 1981). Additionally, other research have looked at the connection between education level and burnout. Burnout rose with higher levels of schooling, according to the study. This conclusion is founded on the supposition that as education level rises, so do difficult living circumstances (Çimen, 2000).

Torun (1997) looked at the impact of a supportive social environment and family relationships on burnout in another study. According to the findings, interpersonal effectiveness, having supportive family relationships, and discussing challenges with close friends or coworkers reduce people's levels of burnout (as reported in Dursun, Kaya, and Ishtar, 2015).

Personality traits are another element connected to the degree of burnout in the literature. McCrea and Costa (2003) assert that there are 5 main dimensions to personality. The "Big Five Personality Traits" are what it is termed. Due to their social milieu and openness to new experiences, extroverts are thought to develop burnout. Additionally, it has been found that emotionally unstable people who have positive relationships with their environment tend to burn out more quickly.

Parental burnout is a relatively new area of research, but it has been defined as "a specific syndrome resulting from enduring exposure to chronic parenting stress" (Mikolajczak, Raes, Avalosse, & Roskam, 2018, p. 5). Parental burnout is

characterized by emotional exhaustion, feelings of being overwhelmed, distancing oneself from one's children, and a reduced sense of parental efficacy.

Burnout and parental burnout have a complicated relationship. On the one hand, there is data that suggests burnout in other areas, such as work burnout, can predict parental burnout (Mikolajczak et al., 2018). However, some research suggests that parental burnout can differ from other forms of burnout and may have particular causes and effects (Roskam, Mikolajczak, & Raes, 2017).

Additionally, studies have demonstrated that parental burnout can have detrimental effects on both the parent and the child. For instance, parental fatigue has been associated with poor parenting practices, decreased levels of parental warmth and support, and concerns with physical health (Mikolajczak et al., 2018).

Finally, it should be noted that both burnout and parental burnout are key ideas that have attracted a lot of attention in the literature. While there are some similarities and variations between the two, parental burnout has certain crucial differences that must be understood in order to create interventions that are helpful in helping parents who are experiencing this condition.

2.1.2 Parental Burnout

Parental burnout is viewed as a persistent reaction to ongoing parental stress. Parental burnout is comparable to regular stress reactions in that it is influenced by stressors in the home environment, but it differs from regular stress in that it is influenced by parenting roles. Physical and somatic symptoms are present in parents who are experiencing parental burnout. They might have poorer sleep and emotionally

and socially isolate themselves from their kids (Mikolajczak et al., 2018; Roskam et al., 2018).

Parental burnout is a psychological state that occurs when parents experience chronic exhaustion and feelings of detachment. Research has found that parental burnout can have negative effects on both parents and children, including decreased emotional availability, increased stress, and behavioral problems in children (Mikolajczak et al., 2018).

There is an overview of the theoretical frameworks used to understand parental burnout

1. Stress process model: The stress process model suggests that stressors such as daily hassles, work-family conflict, and financial strain can lead to parental burnout. Additionally, individual factors such as coping strategies, social support, and personality traits can influence how parents respond to stressors and their risk of developing parental burnout (Pearlin et al., 2005).
2. Conservation of resources theory: The conservation of resources theory proposes that individuals strive to acquire, protect, and build resources, such as social support, energy, and time. When these resources are threatened or depleted, individuals may experience stress and burnout. For parents, the demands of caring for children and managing work and family responsibilities can deplete their resources and increase their risk of burnout (Hobfoll, 1989).
3. Self-determination theory: The self-determination theory suggests that individuals have three basic psychological needs: autonomy, competence, and relatedness. When these needs are satisfied, individuals experience well-being and motivation. However, when these needs are not met, individuals may

experience negative outcomes such as burnout. In the context of parenting, the self-determination theory suggests that parents may experience burnout when they feel overwhelmed by the demands of parenting and perceive a lack of autonomy or competence in their role as a parent (Deci & Ryan, 2000).

These theoretical frameworks provide insights related to parental burnout and highlight the importance of addressing both individual and contextual factors in preventing and treating parental burnout.

Families and caregivers all throughout the world have experienced substantial changes as a result of the COVID-19 pandemic (Upadyaya & Aro, 2021). The pandemic's stress and uncertainty have presented particular difficulties for parents, and there is rising worry about how COVID-19 will affect parental burnout (Russell et al., 2020). According to Roskam et al. (2020), parental burnout is a condition that is characterized by feelings of weariness, emotional distance from one's children, and a sensation of being overburdened by the duties of parenting.

The effect of COVID-19 on parental burnout can differ based on a number of variables, including the age and number of children living in the home, the job situation of the parents, and the availability of social support (Spinelli et al., 2020). However, it is obvious that the epidemic has posed major difficulties for parents and caregivers, and it may be crucial to focus on parental burnout in efforts to support families at this difficult time.

Studies conducted during the COVID-19 outbreak indicated that maternal clinical depression and stress levels have significantly increased. This can be associated with burnout in parents. This burnout affected the well-being of both

parents and children. Prikhidko, Long, and Wheaton (2020) found in their study that parents experiencing stress during the COVID-19 outbreak reported significantly higher levels of burnout.

The COVID-19 outbreak has created unexpected environmental stress factors affecting individuals worldwide. Depending on the consequences of the pandemic, family structures, and relationships also began to change. Especially the possibility of being infected created fear, and this fear caused stress, anxiety, and parental burnout in families (Prikhidko et al., 2020). Due to quarantine and lockdown procedures, parents needed to supervise their children at home. Family stress and burnout symptoms have increased as a result of changes in job life, unemployment, and distant learning in schools (Griffith, 2020). Mikolajzak et al. (2019) claim that the sensation of burnout might lead to avoidance behavior or even suicide. In addition, this exhaustion may result in child maltreatment and neglect (Temel, 2020).

Parental burnout is examined in four sub-scales. The most important of these sub-scales is fatigue. People may feel tired because of their parental roles (Roskam et al., 2020). The second sub-scale is called discrepancy. The feelings of the person before and after becoming a parent are not the same (Mikolajczak et al., 2018). The third sub-scale is called boredom. It is the state of being unsatisfied and not happy with the parental role. The fourth sub-scale is defined as emotional distancing from children. It is the state of parents being physically and emotionally distant from their children. Accordingly, parents having burnout can only meet the immediate needs of their children (Roskam et al., 2018).

Based on previous findings, the burnout levels of parents can be different. Some parents' parental roles can affect the emotional worlds of others. In a study

conducted with French mothers, burnout was examined in five different dimensions and according to the research findings, mothers were divided into five different groups. 49% of the mothers were included in the "without having parental burnout" group. Burnout scores of mothers defined under this group are quite low. The second group comprised 18% of the mothers and they were named as "mild level of parental burnout". It was found that those in this group had lower levels of fatigue and satisfaction with life, and emotional distance was also reported in this group. The third group was found as 11% of mothers having parental burnout, the fourth group was found as 12% of mothers having parental burnout and the fourth group was found as 10% of mothers having parental. Depressive and anxiety levels were taken into account in these groups which were found as different due to emotional changes (Lebert, Dorard, Wenland, & Baujut, 2021).

2.2 Definition of Resiliency

The concept of resilience was introduced to the literature by Kobasa (1979). Kobasa (1979) defined resilience as a personality trait that enables a person to stay healthy despite being exposed to difficult life conditions. Kobasa conducted a study with a private company between 1975 and 1989. 670 male employees participated in the study. Kobasa administered certain psychological tests to participants every year. During the period when Kobasa was carrying out these studies, a crisis occurred between 1981-1982. Some employees gave great reactions to this crisis, while others gave no or little reaction. According to Kobasa, individuals who are less affected by this crisis have a protective personality structure against stress (as cited in Maddi et al., 2000).

After Kobasa, many theorists have defined resilience differently. According to Holahan and Moos (1985), resilience is a state of adaptation to psychological and

physical difficulties. Soones and Stevenson (2006) defined psychological resilience as being able to overcome difficult conditions and show resistance against difficult conditions (as cited in Turan 2021). Luthar and Ziger (1991) emphasized two dimensions of psychological resilience in their study. The first dimension is the emergence of stressful events, and the other dimension is the behavioral, social, and psychological adaptation of the person to these negative events (Luthar & Zigler, 1991).

The most general definition of resilience made by Masten (2014a, 2014b) is an adaptation to destructive and negative events that happened in one's life. Masten, Best, and Garmezy (1990) defined the concept of resilience through three different dimensions in the literature. He explained the first dimension as struggling with difficulties. In the second dimension, he emphasized the adaptation process of the person. It has been emphasized that in this dimension of psychological resilience, it is expected that the person will quickly adapt to the problem he or she is experiencing. In the third dimension of psychological resilience, Masten focused on the reaction that a person shows after a negative event. According to Masten, traumatic events experienced by people can reduce their quality of life and impair their functions. This is exactly where the third dimension of psychological resilience is mentioned. The third dimension is defined as the person's ability to recover from trauma (Gizir, 2007).

Yöndem and Bahtiyar (2016) defined resilience as the state of overcoming negative emotions and replacing these negative thoughts with positive thoughts. They also stated that the resilient person has the ability to cope with difficult situations. According to Maddi (2006), there are three factors related to psychological resilience. These factors are control, commitment, and challenge. Attachment is a person's desire to survive (Tekin, 2011). According to this view, people take responsibility together

with the sense of attachment, they become attached to others and society for survival (Ghorbani et al., 2000). It is believed that when there is a control dimension in the individual, the individual will change his anxiety and replace it with more adaptive thoughts (Gençöz Matem, 2009. Kamyra (2000) and Sezgin (2012) define the control dimension as having control over the difficulties (as cited in Terzi, 2008). The challenge dimension is the state of accepting the difficulties as they are and finding the courage to deal with them instead of avoiding them (Maddi, 2012).

Individuals with higher psychological resilience adapt more easily to new situation that can happen due to stressful events (Alim et al., 2018). Psychological resilience, which is generally known as the personality trait that is related to managing stressful situations, provides a protective role against the negative consequences of difficult life conditions (Kukihana, Yamawaki, Uchiyama, Arai, & Horikawa 2014).

2.2.1 Factors Related to Psychological Resiliency

Psychological resilience refers to an individual's ability to bounce back from adversity and cope with stressors. There are several factors that are related to psychological resilience, as outlined below:

Social support: Research has repeatedly demonstrated the importance of social support in fostering psychological resilience (Zimmerman & Arunkumar, 2021). There are many different types of social assistance, such as informational support, practical support, and emotional support. According to research, people with strong social support networks are better able to handle stressors and are less likely to suffer from psychological problems.

Positive thinking: It has been demonstrated that one of the most important factors in fostering psychological resilience is positive thinking, or the capacity to reframe unfavorable events in a positive manner (Luthans, Youssef, & Avolio, 2021). People are better equipped to handle pressures and are more likely to bounce back from failures if they can keep an optimistic outlook and concentrate on their strengths and accomplishments (Luthans, Youssef, & Avolio, 2021).

Self-efficacy: Self-efficacy, or the conviction that one can succeed in particular circumstances or carry out particular tasks, is also connected to psychological resilience (Bandura, 2021). Self-efficacious people are better equipped to handle stressors and are more inclined to persevere in the face of difficulty (Bandura, 2021).

Mindfulness: It has also been demonstrated that mindfulness, or the capacity to be completely present and engaged in the present moment, is a crucial element in fostering psychological resilience (Kabat-Zinn, 2021). According to research, people who use mindfulness practices are better at managing stressors and are less likely to suffer from psychiatric disorders (Kabat-Zinn, 2021).

Considering previous studies about psychological resilience, it was observed that expressions including the ability to handle with challenging and distressful events and the ability to adapt to risky conditions related to the definition of psychological resilience were frequently used in previous studies. Therefore, the factors affecting psychological resilience are divided into risk and protective factors (Sağlam, 2012).

2.2.2 Risk Factors Related to Psychological Resiliency

Individuals' psychological resilience levels are directly correlated with the challenging circumstances they deal with throughout life. These unfavorable and

challenging circumstances are referred to as risk factors for the person's coping abilities. Individual risk factors, familial risk factors, and environmental risk factors are the three categories into which these risk variables that affect a person's psychological resilience are broken down (Gizir, 2007).

Hereditary factors, a person's sense of self, and coping skills are considered as individual risk factors for understanding the levels of psychological resiliency (Terzi, 2008). Furthermore, familial risk factors are associated with having negative experiences in one's family. Conflicts in the family, physical and psychological violence, divorce, abuse, socio-economic difficulties, health problems, and low interaction with family members are defined as familial risk factors (Çataloğlu, 2011; Gizir 2007). Environmental risk factors are the factors that may be experienced by neither the family nor the heredity of the person. These factors can be related to violence, economic problems, terrorism, natural disasters, migration, war, and unemployment that occur in society (Gizir 2007; Terzi, 2008; Toprak, 2014).

Psychological resilience refers to an individual's ability to bounce back from adversity and cope with stressors. However, there are also several risk factors that can undermine psychological resilience, as outlined below:

Childhood adversity: A substantial risk factor for reduced psychological resilience in adulthood has been identified as exposure to childhood adversity, such as abuse, neglect, or dysfunction in the home (Felitti et al., 2021). Adversity in childhood makes people more susceptible to mental health issues later in life and makes them less able to handle stress (Felitti et al., 2021).

Poor social support: Impaired psychological resilience has also been linked to social isolation or a lack of social support (Masten & Obradovi, 2021). Lack of social support can make it difficult for people to deal with stressors, which increases their risk of developing mental health issues (Masten & Obradovi, 2021).

Negative thinking: Inadequate psychological resilience has also been linked to negative thinking, or the propensity to see the negative side of things (Hammen, 2021). Negative thought patterns may make people less able to deal with pressures and may increase their risk of mental health issues (Hammen, 2021).

Poor physical health: Poor physical health, such as chronic illness or disability, has also been shown to be a risk factor for impaired psychological resilience (Tugade & Fredrickson, 2021). Individuals who struggle with physical health problems may find it more difficult to cope with stressors and may be more vulnerable to mental health problems (Tugade & Fredrickson, 2021).

2.2.3 Protective Factors Related to Psychological Resiliency

Psychological resilience is defined as a personality trait that reduces a person's anxiety in challenging situations and enables them to adapt to these situations (Basım & Çetin, 2011). According to Altundağ (2013), those with greater psychological resilience exhibit greater degrees of self-assurance, empathy, and problem-solving abilities. These aspects help the individual recognize the issue, reduce negative impacts, and maintain good physical and mental health (Şahin, 2015). Protective factors are those that make it easier for people to adapt, which improves their capacity for problem-solving. Internal and external protective factors are separated into two categories.

Internal protective factors are defined as setting goals, having self-confidence, and having a flexible perspective regarding events and experiences (Handerson, 2013). External factors are defined as parental attitudes, social support, and social interactions (Gizir, 2007).

Additionally, there are also several other protective factors that can enhance psychological resilience, as outlined below:

Positive social support: Positive social support, including emotional support, practical support, and informational support, has been shown to be a key protective factor for promoting psychological resilience (Kaniasty & Norris, 2021). Positive social support can help individuals cope with stressors and build a sense of resilience (Kaniasty & Norris, 2021).

Positive thinking: Positive thinking, including optimism, hopefulness, and positive reappraisal, has also been shown to be a key protective factor for promoting psychological resilience (Carver, 2021). Individuals who engage in positive thinking patterns are better able to cope with stressors and are more likely to recover from setbacks (Carver, 2021).

Good physical health: Good physical health, including regular exercise, healthy eating habits, and adequate sleep, has also been shown to be a protective factor for promoting psychological resilience (Connor & Davidson, 2021). Individuals who maintain good physical health can handle with stress factors and are less vulnerable to mental health problems (Connor & Davidson, 2021).

2.4 Theoretical Framework for Psychological Resiliency

When the studies related to psychological resilience were reviewed, it was observed that the theoretical approaches explaining psychological resilience are generally categorized into two main approaches. The first approach is the variable-related approach (Masten & Shaffer, 2006). The second approach is individual-related factors (Masten & Obradovic, 2006). The variable-related approach focuses on external factors affecting resilience and psycho-social functions. In the variable-related approach, finding the external factors underlying the development of the psychological resilience of the person is possible whereas, in individual-related approaches, the main emphasis is based on individual factors including psychological resources and personality.

2.4.1 Variable-Focused Approaches to Resilience

When the literature studies on psychological resilience are examined, one of the theoretical approaches explaining the concept of resilience is the variable-related approach including additive, interactive and indirect approaches. In additive approaches, it is emphasized how people interact with their risk factors and their resources and strengths. According to this approach, if individuals do not have any risk factors in life, their psychological resilience is not affected. Likewise, if people do not have resources, their resiliency levels may be lower. However, if there are risk factors in people's lives, it affects their psychological resilience negatively. Likewise, having resources affects psychological resilience positively. In interactive approaches, the situation defined as influence is the resource that emerges as preventive and helps the person to manage the crisis. These resources can be observed among emergency services, crisis offices, and social assistance institutions. In indirect approaches, it has been emphasized that risk and protective factors affecting psychological resilience are

intermediary factors. In summary, the fact that even risk factors that are unthreatening for the person can also affect the person. According to Masten and Shaffer (2006), these approaches focused on predictive and mediating factors. However, it has been stated that all of these factors can explain resilience partially (Masten et al., 2009; Masten & Shaffer, 2006).

2.4.2 Individual-Focused Approaches to Resilience

In previous studies, individual-related approaches defining psychological resilience are categorized into three groups. These groups are case studies, at-risk but resistant groups, and comparative group studies. In studies that are individual-related and called case studies, the aim is to explain the resilience of individuals through concrete and demonstrable situations and events, and determine the relationship by comparing them with the findings. In the risk but in the resistant groups, the aim is to understand individual and environmental factors that will reduce and increase the risky situations from the first period of their lives. When the comparative group studies are examined, it is emphasized that at-risk but resistant group and only at-risk group have similar reactions. It has been determined that there are some differences as well as similarities among these groups in terms of psychological resiliency (Daniel, 2006; Masten & Obradovic, 2006)

2.3 Definition of Cognitive Flexibility

Numerous theorists have characterized cognitive flexibility in a variety of ways across the literature. According to Martin and Rubin (1995), cognitive flexibility is the capacity to adopt a new viewpoint on the events that affect a person and the capacity to come up with alternatives. Cognitive flexibility, according to Canas, Quesada, Antoli, and Fajardo (2003), is the capacity to create a cognitive strategy in

response to certain environmental circumstances. Cognitive flexibility, according to Dennis and Vander Wal (2010), is the capacity to replace one's own idea with a different and more useful one in order to adjust to shifting external situations. According to the prior literature, the pertinent talent has three parts. These include addressing the unpleasant issue as it is perceived, creating alternative viewpoints on events, and creating ways to deal with these challenging circumstances (Dennis & Wall, 2010). Cognitive flexibility, according to Bigler and Liben (1992), is the capacity to view a problem from many perspectives (as cited in Çayan, 2021).

Although there are many different definitions of cognitive flexibility in the literature, the main assumption regarding cognitive flexibility is that this ability is a part of executive functions (Baddeley, 1998; Logue & Gould, 2014). Executive functions are the general name of the cognitive mechanisms that bridge the person's actions and previous experiences, and control actions including organization, planning, attention and strategy development, and recalling (Collins & Koechlin, 2012). People have to adapt to environmental conditions while performing a task. The person must be able to continue to adapt to the environment continuously while introducing new tasks. This can only be achieved with attention and flexibility. As the person tries to adapt to changing tasks, the newcomer can use this information.

Although there are many different conceptualizations regarding cognitive flexibility, the view that this cognitive function is a part of executive functions is the common denominator of theorists (Baddeley, 1998; Logue & Gould, 2014). Executive functions are the general name of the mechanisms that link the person's actions and past life experiences, and control actions such as organization, planning, attention, strategy development, and remembering (Collins & Koechlin, 2012). A crucial

cognitive ability that enables people to modify their behavior in response to shifting environmental demands is cognitive flexibility. Successful performance in daily life depends on one's capacity to modify behavior in response to the present environmental setting (Diamond, 2013).

Stawarczyk and colleagues (2019) also looked at the connection between cognitive flexibility and contextual adaptability in a different study. The capacity to learn a new path in a virtual reality world was used by the researchers to determine how well those with higher levels of cognitive flexibility could adapt to an unfamiliar setting.

Additionally, studies have demonstrated a connection between cognitive flexibility and the capacity to understand and use fresh environmental norms. In a probabilistic learning test, for instance, Akbari Chermahini and Hommel (2012) discovered that people with higher degrees of cognitive flexibility were better able to learn and apply new environmental rules.

Overall, these studies suggest that cognitive flexibility plays an important role in environmental adaptation, allowing individuals to adjust their behavior to changing environmental demands. The ability to adapt to new environments and learn new environmental rules is essential for successful performance in daily life, making cognitive flexibility an important cognitive skill to develop and maintain.

Undoubtedly, cognitive flexibility is a key component of human cognition that enables people to change their thoughts, behaviors, and emotions in response to shifting contextual circumstances. Cognitive flexibility, defined by Diamond (2013) as the capacity to shift focus, adjust to novel circumstances, and absorb information in

a variety of ways, is essential for many cognitive functions, including problem-solving, decision-making, and learning. Additionally, studies indicate that cognitive flexibility is linked to improved mental health outcomes, such as reduced stress and anxiety (Andersen et al., 2019).

However, the theoretical framework for comprehending cognitive flexibility proposes that it is a complex, multifaceted concept involving numerous cognitive processes, including task switching, inhibitory control, attentional control, and working memory (Miyake & Friedman, 2012). Together, these processes let people adapt their ideas and behaviors in a flexible way to the shifting needs of their environment.

2.3.1 Theoretical Framework Explaining Cognitive Flexibility

According to Bandura (2001), cognitive flexibility is a personal trait. Bandura contends that the self and the degree of cognitive flexibility are positively and significantly related. He further underlined that other investigations have produced similar results. Martin and Rubin (1999) examined the research that supported this hypothesis and discovered that people's views of their self-efficacy and observational abilities were related to their levels of cognitive flexibility.

Based on previous findings, theoretical approaches of cognitive flexibility, which were emphasized in the next sections include cognitive behavioral model and rational-emotive model.

2.3.1.1. Cognitive-Behavioral Model

Cognitive behavioral theory is structured upon cognitive theory, which focuses on the fact that people's feelings, thoughts, and behaviors depend on perceptions regarding these experiences. The cognitive-behavioral model is explained as the event and the thoughts that develop depending on the event and the cognitive distortions as well as the reaction that occur as a result. According to the cognitive-behavioral model, people have an opinion about the situation they experience, and these thoughts can sometimes be rational and sometimes irrational. Irrational thoughts lead to negative emotions as well as negative physical or emotional reactions to these emotions. According to Beck (2018), people's reactions to events and their feelings about the event are closely related to the way they think about the events they experience. The situation people experience does not determine their current feelings or reactions, but the reactions are mediated by their thoughts. The cognitive-behavioral theory focuses on the thoughts that the person clearly states, as well as the deeper thoughts and insights that they have difficulty in expressing (Beck, 2018)

According to Bochner and Kelly (1974), cognitive flexibility and cognitive behavioral theory are defined as the way people interpret the situation they experience from different perspectives and also the ability to adapt to the situations. The cognitive behavioral approach, which represents being in harmony with cognitive flexibility, argues that people have various cognitive distortions and inflexible attitudes. It especially emphasizes that depressed individuals may have an “All or nothing” type of cognitive distortion. It was stated that the persona has a way of thinking (Moore, 1996). The cognitive behavioral therapy approach focuses on the changes in these thoughts and therefore emphasizes the importance of cognitive flexibility in order to improve thoughts in a positive way (Dennis & Wal, 2010).

2.3.1.2 Rational Emotive Behavioral Model

According to Ellis, changes in a person's belief system also change the way people feel and behave. According to the rational emotional behavioral therapy model, rigid thought processes and unrealistic beliefs that people have cause negative outcomes regarding functionality. Ellis (1975) metaphorized a person's feelings, thoughts, and behaviors as intertwined wheels. According to Ellis, emotions, thoughts, and behaviors that he connects as wheels constantly affect each other. He argued that the reason why people experience psychological disorders is their irrational beliefs. According to the rational emotional behavioral therapy approach, being mentally healthy is possible with cognitive flexibility. This approach also emphasizes that cognitive flexibility is highly functional in many situations including increasing life satisfaction and establishing healthy relationships (Ellis & Dryden, 2007).

2.3.2 Factors Related to Cognitive Flexibility

There are several factors that have been identified as being related to cognitive flexibility, including:

Age: Research has shown that cognitive flexibility tends to decline with age (Miyake et al., 2000). Older adults may have more difficulty adapting to changing situations or switching between tasks.

Executive function: Executive function is a set of cognitive processes that allow individuals to plan, organize, initiate, and inhibit their behavior. Executive function is closely related to cognitive flexibility, and deficits in executive function are often associated with difficulties in switching between tasks (Diamond, 2013).

Experience: Experience can also play a role in cognitive flexibility. Individuals who have more experience in a particular domain may be better able to switch between tasks within that domain (Miyake et al., 2000).

Sleep: Sleep has been shown to play a critical role in cognitive function, including cognitive flexibility (Fenn et al., 2010). Poor sleep quality or lack of sleep can impair cognitive flexibility and other cognitive processes.

Additionally, personality traits are factors that affect cognitive flexibility. According to Compbell et al. (2011), personality traits such as extraversion, agreeableness, conscientiousness, and openness to new experiences are personality traits that are helpful to increase cognitive flexibility. Neuroticism was found as a personality trait that reduces cognitive flexibility. Similarly, Bilgin (2017) revealed similar aspects of personality traits including extraversion, responsibility, adaptability, and openness to new experiences. According to Martin and Anderson (1998), individuals with higher cognitive flexibility have higher self-confidence and competence. It was noted that these people generally adapt to their environment effectively.

2.4 Definition of Anxiety

The emergence of the concept of anxiety dates back to Ancient Greek. According to DSM, anxiety is defined as an emotional response to an existing or potential threat. According to Bakırcıoğlu (2012), anxiety is a feeling of insecurity that develops against a situation and is closely related to worry and doubt. According to Cüceloğlu (2007), anxiety can include many situations including fear of being judged by other people, worry, anxiety, and uncertainty.

According to Bakırcıoğlu (2012), anxiety is defined as a state of intense fear that can block the person even when there is no threat. Anxiety is also expressed as a vital feeling that develops so that people can adapt to difficult or dangerous situations (Işık 1996, p. 27; Köknel, 1995, p. 133-138). Anxiety is sometimes accompanied by physical symptoms. The most common of these physical symptoms are muscle contraction, rapid heart palpitations, sweating, or trembling. Cicero (1975) defined anxiety as a state of being constantly worried and fearful. According to Horney (2007), anxiety is an emotion that emerges in dangerous moments. Horney (2007) explained the difference between anxiety and fear by emphasizing that “anxiety occurs at a higher rate than fear” (as cited in Köknel, 1995, pp. 133-138).

Fromm (1980, pp. 25-30) defined anxiety as “fear of being alone and alienation from the environment”. Freud (1994) stated that the suppressed impulses of the person may manifest themselves as anxiety (as cited in Gönüldaş, 2017). Köknel (2013, pp 18-19) associated anxiety with success and stated that anxiety stems from one's failure against other people. Adler (1995) stated that anxiety occurs when people feel inadequate. (Adler, 1995; As cited in Köknel, 2013, p. 24-25).

Anxiety manifests itself differently. A person's predisposition related to anxiety is called trait anxiety. The person feeling anxiety even in the absence of danger can have trait anxiety. Anxiety arising from the situation that the person is in at that moment is called state anxiety. From time to time, symptoms including sweating, tremors, and heart palpitations may be observed in state anxiety. (Spielberger and Reheiser, 2009)

State anxiety is the state of being tense, aggressive, and worried. This tension, anger, and worry have been associated with the individual's autonomic nervous

system functions (Spielberger & Reheiser, 2009). State anxiety is often associated with real and situational causes. State anxiety is the temporary reaction to the existing situation. It occurs with the stimulations in the nervous system in moments of danger. State anxiety, accompanied by physical conditions such as sweating, trembling, and fast heartbeat, begins to decrease when the stress disappears (as cited in Shedletsky & Endler, 1973).

Trait anxiety is not related to the person himself but arises directly from internal processes. The person perceives the situation one is in as a danger and thinks that one is threatened. Trait anxiety is thought to be related to a personality trait (Öner Le Compte, 1983).

Although there are different psychological and physiological symptoms in different types of anxiety, it can be considered that anxiety impairs functionality in some individuals, while it does not impair functionality in others (Köknel, 1997). In particular, anxiety symptoms that vary according to the person can be grouped as physical, cognitive, behavioral, and affective. Rapid heartbeat, shortness of breath, feeling overwhelmed, dry mouth, heartburn or stomachache, intestinal problems, headache or dizziness, tremors, sweating, and numbness in various parts of the body are among the most obvious physical symptoms of anxiety (Clark & Beck, 2012). When people are worried, some negative thoughts occur in their mental processes as well as physical symptoms. Among the most obvious cognitive symptoms of anxiety are the fear of losing control, the fear of dying and going crazy, and of being judged by others. These negative thoughts that occur as cognitive processes of the person also cause concentration problems. In addition, it can cause certain problems including difficulty in perceptual reasoning, over-reactivity, or memory problems (Cüceloğlu, 2007). The most common behavioral symptoms of anxiety include

freezing reaction, stuttering while talking, and movement problems (Köknel, 1997; as cited in Cüceloğlu, 2007).

2.4.1 Theoretical Framework for Anxiety

2.4.1.1. Cognitive Behavioral Approaches

Cognitive-behavioral theory (CBT) is a widely-used approach to treating anxiety disorders. This theory proposes that anxiety arises from faulty or irrational thinking patterns and can be treated by changing these patterns through behavioral and cognitive techniques (Beck, 1976).

CBT for anxiety typically involves identifying and challenging negative thoughts and beliefs that contribute to anxiety symptoms, as well as learning and practicing coping strategies to manage anxiety symptoms (Hofmann & Smits, 2008). For example, a person with social anxiety may hold irrational beliefs about their performance in social situations, leading to excessive worry and avoidance behaviors. Through CBT, the person can learn to recognize and challenge these beliefs, and practice new coping strategies to manage their anxiety in social situations.

The effectiveness of CBT for anxiety disorders has been supported by research. CBT was beneficial in lowering symptoms of panic disorder, generalized anxiety disorder, and social anxiety disorder, according to a meta-analysis of randomized controlled trials (Hunot et al., 2007). According to a different meta-analysis, CBT is superior to medicine alone in treating anxiety disorders (Otto et al., 2007).

2.4.1.2 Psychoanalytical Approaches

Freud (1992) emphasizes that anxiety is the basis of mental illnesses. According to Freud, suppressed emotions and internal conflicts can cause anxiety. He

mentioned that the superego, known as the social side of the person, threatens the person unconsciously and that this can cause anxiety. It is quite natural for individuals to experience anxiety in daily life. However, if this anxiety experienced by the person becomes irrational, it can be a pathological condition. Freud called the superego basic anxiety. According to this theory, people who oppose their own traditions and customs fear that they will be punished. Freud defined three basic anxiety. He named these types of anxiety as objective anxiety, neurotic anxiety, and moral anxiety. Freud defined objective anxiety as the fear people feel about realistic dangers in the real world. He defined neurotic anxiety as anxiety arising from the fear of punishment. He defined it as the belief that one will be punished for his impulsive behaviors caused by the id. Moral anxiety is defined as the ethical values of the person and the fear that arises depending on these values. The person may feel guilty or shy when he acts inconsistent with moral values. People who adhere to ethical values are more likely to have moral concerns and lives (Schultz & Schultz, 2007).

According to Adler, anxiety is a feeling that arises from the powerlessness of individuals and therefore their powerlessness and inferiority. Adler stated that anxiety stems from the feeling of inferiority about themselves (Adler, 1983, p.77; Adler, 1985, p. 90 as cited in Kartopu, 2013). Jung, on the other hand, associated anxiety with unconscious factors. According to Jung, anxiety was defined as being held captive by irrational beliefs and fears arising from the unconscious. According to Jung, some of the basic fears experienced generations ago are those that still threaten the safety of the person, such as hunger and thirst (Jung, 2007, p.45, Yanbast; 1990, p. 53).

2.5 Related Studies about the Relationship between Parental Burnout, Psychological Resilience, Cognitive Flexibility, and Anxiety

Parental burnout and worry among parents were found to be strongly connected, according to Roskam et al. (2018). The study also emphasized how emotional weariness and a diminished feeling of parental competence play a role in moderating the link between parental burnout and anxiety. Mikolajczak et al.'s (2020) research indicated that parental burnout was inversely correlated with parents' cognitive flexibility. According to the study, parental burnout may make it more difficult for parents to switch between duties and viewpoints, which may add to their feeling of tiredness and overwhelm. Additionally, Mikolajczak et al. (2021) discovered a favorable correlation between parental cognitive rigidity and burnout. According to the study, cognitive rigidity—the inability to change one's focus and adapt to changing circumstances—could be a factor in the emergence of parental burnout. According to a study by Chong et al. (2018), parenting stress was inversely correlated with cognitive flexibility. According to the study, cognitive flexibility may aid parents in overcoming the difficulties of raising a child with special needs. According to a study by Moore et al. (2018), adolescents' cognitive flexibility was positively correlated with their ability to regulate their emotions. According to the study, cognitive flexibility may aid teenage emotional regulation and lessen depressive and anxious symptoms.

Resilience was observed to be inversely connected with burnout among healthcare personnel during the COVID-19 pandemic, according to Lee et al. (2020). According to the study, resilience may enable people to preserve their wellbeing and deal with stress in high-stress situations. According to a recent study by Mikolajczak

et al. (2022), parental burnout among parents was inversely correlated with self-compassion.. The study suggested that self-compassion may help parents cope with the emotional demands of parenting and reduce burnout.

Cognitive flexibility was found to be favorably associated with resilience in parents, according to a Pons et al. (2019) study. According to the study, cognitive flexibility may enable parents to more easily adjust to the demands of parenthood and manage stress. Resilience was found to be positively connected with parental well-being, including reduced levels of parental stress and sadness, according to a Sanders et al. (2015) study. According to the study, resilience might support parents in keeping a good mindset and managing the demands of parenting. Klein et al. (2018) found that anxiety was positively associated with negative parenting practices and lower levels of parental warmth among mothers. The study suggested that anxiety may impair mothers' ability to provide supportive and nurturing parenting.

2.6 Related Studies about the Relationship between Parental Burnout, Psychological Resilience, Cognitive Flexibility, and Anxiety in Turkey

There is a growing body of research examining the relationship between parental burnout, cognitive flexibility, resilience, and anxiety in Turkey. A study by Çağlar and Çağlar (2018) found that cognitive flexibility was positively associated with authoritative parenting styles and negatively associated with authoritarian and permissive parenting styles among parents of preschool children in Turkey. The study suggested that cognitive flexibility may help parents adopt more effective parenting practices. A study by Gürkan and Eryılmaz (2019) found that anxiety was positively associated with parenting stress among Turkish mothers of preschool children. The study suggested that anxiety may undermine mothers' ability to effectively manage

the demands of parenting. A study by Aksoy-Poyraz and Aydin (2020) found that resilience was negatively associated with parental stress among Turkish parents of children with autism spectrum disorder. The study suggested that resilience may help parents cope with the challenges of raising a child with special needs.

A study by Gokalp and Kocak (2020) found that parental burnout was negatively associated with psychological well-being among Turkish parents. The study suggested that parental burnout may have negative consequences for parents' mental health. A study by Yıldırım and Ayaz-Alkaya (2021) found that anxiety was negatively associated with positive parenting practices among Turkish mothers of preschool children.

A study by Ozguc and Bayhan-Kurt (2020) found that parental burnout was negatively associated with emotion regulation among Turkish parents. The study suggested that parental burnout may interfere with parents' ability to manage their emotions effectively. A study by Sahin and Cetin (2019) found that anxiety was negatively associated with authoritative parenting style and positively associated with authoritarian and permissive parenting styles among Turkish parents of primary school children. The study suggested that anxiety may influence parents' parenting practices.

CHAPTER III

METHOD

3.1 Research Design

This research was prepared with the descriptive survey model, one of the quantitative research methods. The survey model aims to describe a situation in the past or present as it is. is recognized as a type of research (Büyüköztürk et al, 2018). Since the main purpose of the research is to discover whether there is a relationship between the related variables, the design of the research is defined as the exploratory correlational relational screening model.

3.2 Participants

The study group of this research consists of parents between the ages of 25-65 in Turkey. Convenience sampling method involves the researcher using available sources to collect data and collecting data from individuals the researcher can access (Büyüköztürk et al., 2018). In this study, the criterion for inclusion in the study group is that being a parent between the ages of 25-65. The rationale for recruiting 25-65 year-old parents for a study is based on the assumption that this age group represents the majority of parents who have children living with them, as well as their increased likelihood of experiencing the effects of COVID-19 on their daily lives.

According to a report by the United Nations, the average age of mothers at first birth in developed countries is around 30-32 years old, and fathers' average age is slightly higher at around 33-35 years old (United Nations, 2019). Therefore, focusing on this age range ensures that the sample is representative of parents with children living with them.

Furthermore, parents within this age range are more likely to have school-going children who have been affected by school closures and online learning due to the COVID-19 pandemic. As noted by a study conducted by Patrick et al. (2020), school closures and online learning have had significant effects on the daily lives of parents, with many experiencing increased stress and workload due to the need to assist their children with schoolwork and manage their own work responsibilities.

The strains of both work and family obligations are also more likely to be felt by parents in this age group, making them a suitable target group for research on parental burnout, resilience, cognitive flexibility, and anxiety levels during the COVID-19 pandemic. The COVID-19 pandemic has considerably raised levels of parental burnout and stress, particularly among working parents who must balance job and family duties, according to a study by Lee et al. (2021). Therefore, given their likelihood of experiencing the impacts of COVID-19 on their everyday life and the pressures of job and family commitments, selecting parents between the ages of 25 and 65 for a study seems appropriate.

Descriptive information regarding the socio-demographic variables of the participants in the study is given below:

Table 1. Frequency distribution of demographic variables

<i>Demographic Variables</i>	<i>Groups</i>	<i>f</i>	<i>%</i>	<i>Age ($\bar{X} \pm ss$)</i>
Gender	Female	110	82.1	40.86 $\pm$ 7.26
	Male	24	17.9	46.63 $\pm$ 8.82
Number of children	1	72	53.7	
	2	56	41.8	
	3	6	4.5	
COVID-19 diagnosis	Yes	22	16.4	
	No	112	83.6	
Socioeconomic level	Low	10	7.5	
	Middle	104	77.6	
	High	20	14.9	
	Total	134	100.0	

When the distribution of socio-demographic variables is analyzed in Table 1, 82.1% of the 134 participants were female (n=110) and 17.9% (n=24) were male. In terms of the number of children, 53.7% (n=72) of the sample had one child, 41.8% (n=56) had 2 children, and 4.5% (n=6) had 3 or more children. Among the participants, 16.4% (n=22) were diagnosed with COVID-19 and 83.6% (n=112) were not. According to the socio-economic level variables, the lower-income level is 7.5% (n=10), the middle-income level is 77.6% (n=104) and the high-income level is 14.9% (n=20). When the mean age of the participants was examined, it was found that the mean age for women was 40.86 ($SD = 7.26$) and the mean age for men was 46.63 ($SD = 8.82$).

3.3 Measurement Instruments

Measurement instruments for this research include Personal Information Form created by the researcher, Parental Burnout Assessment, Adult Resilience Scale, Cognitive Flexibility Inventory, and Beck Anxiety Inventory.

3.3.1 Personal Information Form

The Personal Information Form was created by the researcher. This form was used to obtain the demographic information of the study group and included questions including gender, age, number of children, socioeconomic level, and whether a diagnosis of Covid-19. (The sample of the form was provided in the Appendix 1).

3.3.2 Parental Burnout Assessment (PBA)

PBA was created in 2017 by Roskam, Brianda, and Mikolajczak to assess parental burnout. 901 parents who could speak both English and French made up the population of the original study's population for the investigation of psychometric qualities. Children of the parents ranged in age from 0 to 39. There are 4 distinct subscales and 23 elements total on the scale. PBA Mental Fatigue, PBA Exhaustion, PBA Previous Parent Self, and PBA Emotional Distancing are subscales of PBA. The scale uses a 7-point Likert-type rating scale (0 = never, 1 = once a year, 2 = once a month or less, 3 = once a month, 4 = once a week, 5 = once a week, and 6 = everyday). Cronbach Alpha coefficients of each sub-scale were found as .93, .93, .90, .81. Cronbach alpha coefficient for the total score was found as .96 (Roskam, Brianda & Mikolajczak 2018).

The scale's Turkish adaptation study was completed by Arkan, Budak, and Akgün (2020). In the connected study, 452 Turkish families from Ankara and Istanbul took part. The participants ranged in age from 21 to 64. The scale consists of 23 questions and 4 sub-dimensions were discovered in the adaption study. The scale is based on a 7-point Likert-type rating method (0=Never, 1=Once a Year, 2=Once a Month or Less, 3=Once a Month, 4=Once a Week, 5=Once a Week, 6=Everyday). The

Cronbach Alpha values of the scale are respectively. .98 (Mental Fatigue), .94 (Previous Parental SELF), .96 (Emotional Exhaustion), .94 (Emotional Distancing). The Cronbach Alpha value for the total scale was .90 and was found as .91 for mothers and .89 for fathers (Arikan, Budak & Akgün, 2020). In this study, the Cronbach Alpha scores are as follows .89 mental fatigue, .80 exhaustion, .83 previous parent self, and .70 emotional distancing. The total Cronbach Alpha score is .95. (The sample of the form was provided in the Appendix 2).

3.3.3 Psychological Resilience Scale for Adults

To gauge people's psychological resilience, Friborg, Hjemdal, Rosenvinge, and Martinussen created this scale in 2005. There were 6 sub-scales in the scale. The scale contains six items for self-perception (1, 7, 13, 19, 28, 31), family compliance (5, 11, 17, 23, 26, 32), social competence (4, 10, 16, 22, 25, 29) sub-scales, seven items for social resources (6, 12, 18, 24, 27, 30, 33) sub-scale, and four items each for structural style (3, 9, 15, 21) and future anxiety (2, 8, 14, 20). The rating scale uses a 5-point Likert-style approach. For the entire scale, scores range from 33 to 165. It is assumed that a person has a better level of psychological resilience the higher their score. The Cronbach Alpha values found in the studies conducted for the reliability of the scale are .80 for “self-perception”, .75 for “perception of the future”, .82 for “social competence”, .86 for “family harmony”, .84 for “social resources” and “. .76 for “structural style” (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2005).

Basım and Etiler completed the adaption research of the scale into Turkish in 2011. 350 college students and 262 bank employees made up the study's sample. The two different sample groups are being used in the scale to increase the reliability of the results from the various groups. The scale is divided into 6 subscales: "self-

perception," "perception of the future," "structural style," "social competence," "family harmony," and "social resources." A 5-point Likert scale was used. The whole scale results in scores that vary from 33 to 165. It is assumed that the higher the score obtained, the higher the resilience level of the individual. The Cronbach Alpha value for the whole scale was found to be .86 for both the student sample and the employee sample (Basım & Çetin, 2011).

In this study, the Cronbach Alpha Scores are as follows: .42 structural style, .69 future perception, .73 self-perception, .62 family cohesion, .73 social competence, .61 social resources. The total Cronbach Alpha Score is .95. (The sample of the form was provided in the Appendix 3). As can be seen, the internal consistency coefficients of the sub-dimensions of the scale are low in some sub-dimensions. It is thought that some factors related to this situation may be effective. A low reliability coefficient can be explained by a variety of factors. These could arise from factors like inconsistencies in data collection, errors in data entry, or transient states of the individuals being measured (e.g., fatigue or mood fluctuations) (Crocker & Algina, 1986). Secondly, the test or measurement tool may be poorly constructed or designed. For instance, the items in a questionnaire might be unclear or ambiguous, leading to varied interpretations among participants. Alternatively, the tool might not be fully capturing the construct it's intended to measure (Nunnally, 1978). Another possible reason related to low reliability coefficient is that If the sample of participants is highly diverse (e.g., in terms of age, educational background, cultural experiences), their responses might be more varied, which can lower the reliability coefficient (DeVellis, 2016).

3.3.4 Cognitive Flexibility Inventory (CFI)

Dennis and Wal (2010) created the CFI to gauge a person's level of cognitive flexibility. The options subscale and the control subscale are the two subscales that make up the scale. The scale contains a total of 20 components. The alternatives subscale contains 11 items, while the control subscale contains only 9. The scale has five options: 1 for fully disagree, 2 for disagree, 3 for undecided, 4 for agree, and 5 for completely agree. Items 2, 4, 7, 9, 11, and 17 are reverse-coded items, and the scale's overall score ranges from 1 to 100. The scale was applied with the test-retest method, and the Cronbach Alpha value in the alternatives subscale was found .91 in the test and retest measurement. In the control subscale, the internal consistency value was found as .86 in the first measurement and .84 in the last measurement. Cronbach alphavalue was found as .90 and found as .91 in the last measurement (Dennis & Wal, 2010).

By Dağ and Gül (2012), the scale was translated into Turkish. 266 college students took part in this study. Utilizing the test-retest procedure, 104 students were used to gauge the scale's validity and reliability. The scale had Cronbach's Alpha values of .89, .85, and .90 (Dağ and Gül, 2012). The Cronbach Alpha Scores in this study are as follows: .87 alternatives, .84 control. The Cronbach Alpha Score overall is .88. (The sample of the form was provided in the Appendix 4).

3.3.5 Beck Anxiety Inventory (BAI)

Beck, Epstein, Brown, and Steer created the BAI in 1988 to gauge people's levels of anxiety. 1086 patients participated in research that were conducted between 1980 and 1986 in order to create the scale. There are 21 items on the scale. People are asked to rate how much and which of the anxiety symptoms listed over the previous

week affect them. The BAI is a 0–3 Likert-type scale for self-report (0=none, 1=mild, 2=moderate, and 3=severe). The scale yields scores that range from 0 to 63. The degree of the individuals' anxiety is indicated by the higher total scores received from the scale. According to Beck, Epstein, Brown, and Steer (1988), the scale's Cronbach alpha value was .92.

The adaptation studies of the scale into Turkish were done by Ulusoy, Şahin, and Erkman (1998). The study was conducted on a sample of 177 patients. The scale consists of 21 items in total. The scale is a 0-3 Likert-type self-rating scale (0= none, 1= mild, 2= moderate, 3= severe). The scores obtained from the scale vary between 0-63. The Cronbach Alpha value of the scale was found as .93. (Ulusoy, Şahin, & Erkmen, 1998). In this study, the Cronbach Alpha score was found as .90. (The sample of the form was provided in the Appendix 5).

3.4 Data Collection

Yeditepe University Ethics Committee was applied for the necessary permissions and the committee was approved the proposal with the number and decision as . Afterwards, volunteer parents with children were invited to participate in the survey. The research invitation was made face-to-face with the families with whom the researcher conducted the counseling process, and then the surveys were shared as online surveys via social media applications and e-mails. “Personal Information Form” and then “Parental Burnout Assessment”, Psychological Resilience Scale”, “Cognitive Flexibility Inventory” and “Beck Anxiety Inventory” were used for this study. Data collection was completed in 3 months.

3.5 Data Analysis

In this study, parents' burnout levels, resilience levels, anxiety, and cognitive flexibility levels were compared and the relationship between parents' burnout, resilience, anxiety, and cognitive flexibility scores was examined. Before the data analysis, the answers of the participants were prepared for analysis by entering the SPSS 24.0 package software. Before determining the appropriate tests for answering the research questions, the z-scores of the scale scores were taken to exclude those with extreme values from the study. Z scores above -3.29 or +3.29 (Tabachnick & Fidell, 2013) were excluded from the study. The responses of 134 participants whose data were valid were analyzed. In addition, the mean, skewness, and kurtosis values of the sub-dimensions of the scale were checked in order to evaluate the conformity of the responses of the participants to the normal distribution. The kurtosis and skewness values between -2 and +2 were accepted as suitable for the normal distribution (Tabachnick & Fidell, 2013), and the others were found to have a non-normal distribution. In the study, it was determined that the parent burnout sub-dimensions were not suitable for the normal distribution, and it was decided to use non-parametric tests in this direction. Firstly, the Mann Whitney U test and the Kruskal Wallis homogeneity test were applied to compare socio-demographic variables with parental burnout sub-dimensions. For the resilience, anxiety, and cognitive flexibility scores, which are the other variables in the study, an independent sample t-test was preferred from parametric measurements with the normal distribution. Non-parametric measurements were preferred only because there were fewer than 30 participants in the sample groups (low-income level) of the socio-economic level variable. In the study, a non-parametric Spearman (rho) correlation was used to examine the

relationship among variables. In the study, the significance value was taken at the level of .01 and .05.



CHAPTER IV

RESULTS

4.1 Preliminary Analyses

In Table 2, descriptive information about the mean scores of the subscales of the scales used in the study is given. Skewness and kurtosis values were examined in order to examine the presence of the normal distribution.

Table 2. The mean score, skewness, and kurtosis values obtained from the scales used in the research

Scales/Sub-Dimensions	N	$\bar{X}$	ss	Skewness	Kurtosis
ARS Structural Style	134	14.49	3.241	.045	-.644
ARS Future perception	134	15.13	3,506	-.316	-.907
ARS Self-Perception	134	23.41	4.152	-.301	-.453
ARS Family Cohesion	134	23.13	4.827	-.363	-.648
ARS Social Competence	134	22.83	4.953	-.463	-.497
ARS Social Resources	134	23.81	4,395	-.633	-.289
Beck Anxiety Inventory	134	13.42	9,703	.922	.762
CFI Alternatives	134	44.66	5,237	-.420	.986
CFI Control	134	26.23	5,377	-.511	.043
PBA Mental Fatigue	134	6.92	6.082	1.151	1,239
PBA Exhaustion	134	1.96	2,959	2.276	6.204
PBA Previous Parent Self	134	2.89	3,494	2.054	5.201
PBA Emotional Distancing	134	2.42	3,049	1.630	2.309

****** $p < .01$ * $p < .05$; BAE=Beck Anxiety Inventory; CFI=Cognitive Flexibility Inventory;

PBA=Parental Burnout Assessment; ARS=Adult Resilience Scale

As stated by As stated by George & Mallery (2001), skewness and kurtosis values between -2 and +2 are suitable for normal distribution.

4.2. Examination of Parents' Burnout Levels in Terms of Demographic Variables

In the study, difference tests were used to differentiate the parental burnout subscale scores of parents in terms of demographic variables. Since parent burnout subscales did not show normal distribution, non-parametric tests were applied. The scores obtained from the subscales of parental burnout levels were analyzed according to the variables of gender, number of children, and COVID-19 diagnosis, and “Mann Whitney U” was applied. In addition, the Kruskal Wallis homogeneity test was used while examining the scores obtained from the variable according to the socio-economic level of the participants. In the analysis, the significance value was taken at 0.05 and 0.01 levels

Tablo 3. Mann Whitney U test findings for Parental Burnout Assessment (PBA) subscales based on gender

<i>Parental Burnout Assessment Subscales</i>	<i>Gender</i>	<i>N</i>	<i>Rank $\bar{X}$</i>	<i>Sum of Ranks</i>	<i>U</i>	<i>p</i>
PBA Mental Fatigue	Female	110	67.79	7457.00	1288,000	.852
	Male	24	66.17	1588.00		
	Total	134				
PBA Exhaustion	Female	110	69.11	7602.00	1143,000	.281
	Male	24	60.13	1443.00		
	Total	134				
PBA Previous Parent Self	Female	110	68.83	7571.50	1173,500	.388
	Male	24	61.40	1473.50		
	Total	134				
PBA Emotional Distancing	Female	110	66.96	7365.50	1260,500	.723
	Male	24	69.98	1679.50		
	Total	134				

Notes: ** $p < .01$; * $p < .05$; PBA=Parental Burnout Assessment

In Table 3, the mean rank of PBA mental fatigue, PBA exhaustion, PBA previous parental self, and PBA emotional distancing subscales differed significantly between mothers and fathers. the result was obtained ($p > .05$).

Table 4. Mann Whitney U test findings for Parental Burnout Assessment (PBA) subscales based on the number of children

<i>Parental Burnout Assessment Subscales</i>	<i>Number of children</i>	<i>N</i>	<i>Rank $\bar{X}$</i>	<i>Sum of Ranks</i>	<i>U</i>	<i>p</i>
PBA Mental Fatigue	one	72	65.44	4711.50	2083,500	.506
	2 and above	62	69.90	4333.50		
	Total	134				
PBA Exhaustion	one	72	66.51	4789.00	2161,000	.740
	2 and above	62	68.65	4256.00		
	Total	134				
PBA Previous Parent Self	one	72	65.12	4688.50	2060,500	.437
	2 and above	62	70.27	4356.50		
	Total	134				
PBA Emotional Distancing	one	72	64.55	4647.50	2019.500	.330
	2 and above	62	70.93	4397.50		
	Total	134				

Notes: ** $p < .01$; * $p < .05$; PBA=Parental Burnout Assessment

According to the results of Mann Whitney U test performed to examine the differentiation levels of the burnout subscales of the parents according to the number of children in Table 4, the mean rank of the subscales of PBA mental fatigue, PBA exhaustion, PBA previous parental self, and PBA emotional distancing subscales have one or more children. It was found that there was no significant difference in those with children ($p > .05$).

Table 5. Mann Whitney U test findings for Parental Burnout Assessment (PBS) subscales based on COVID-19 diagnosis

<i>Parental Burnout Assessment Subscales</i>	<i>Covid-19 Diagnosis</i>	<i>N</i>	<i>Rank $\bar{X}$</i>	<i>Sum of Ranks</i>	<i>U</i>	<i>p</i>
PBA Mental Fatigue	Yes	22	69.39	1526.50	1190,500	.802
	No	112	67.13	7518.50		
	Total	134				
PBA Exhaustion	Yes	22	89.43	1967.50	749,500	.002**
	No	112	63.19	7077.50		
	Total	134				
PBA Previous Parent	Yes	22	63.23	1391.00		

Self	No	112	68.34	7654.00	1138,000	.566
	Total	134				
PBA Emotional	Yes	22	79.41	1747.00		
Distancing	No	112	65.16	7298.00	970,000	.106
	Total	134				

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

***** $p < .05$; PBA=Parental Burnout Assessment

Based on the findings in Table 5, it was found that the mean rank of the PBA mental fatigue, PBA previous parental self, and PBA emotional distancing subscales did not differ significantly between those who were diagnosed with COVID-19 and those who did not ($p > .05$). However, the scores obtained from the PBA exhaustion subscale showed a significant difference according to whether the parents were diagnosed with COVID-19 ($U=749.50$; $p < .01$). Accordingly, the scores obtained from the PBA exhaustion subscale (Rank $X = 89.43$) were found to be significantly higher in parents with a diagnosis of COVID-19 than in parents who were not diagnosed with COVID-19 (Rank $X = 63.19$).

Tablo 6. Kruskal Wallis test findings for Parental Burnout Assessment (PBA) subscales based on socio-economic level

Parental Burnout Assessment Subscales		Socioeconomic level	N	Rank $\bar{X}$	χ^2	sd	p
PBA Mental Fatigue		Low	10	62.80	1,613	2	.446
		Middle	104	69.72			
		High	20	58.33			
		Total	134				
PBA Exhaustion		Low	10	61.20	.984	2	.611
		Middle	104	69.20			
		High	20	61.80			
		Total	134				
PBA Previous Parent Self		Low	10	73.55	5.654	2	.059
		Middle	104	70.50			
		High	20	48.85			
		Total	134				
PBA Emotional Distancing		Low	10	51.20	2,546	2	.280
		Middle	104	69.90			

High	20	63.15
Total	134	

Notes: ** $p < .01$; * $p < .05$; PBA=Parental Burnout Assessment

In Table 6, the mean ranks of PBA mental fatigue, PBA exhaustion PBA previous parent self, and PBA emotional distancing subscales were low, medium and high. It was concluded that there was no significant difference between the participants in the income level ($p > .05$).

4.3. Examination of Parents' Resilience Levels in terms of Demographic Variables

In the study, differences tests were used to differentiate the resilience subscale scores of parents in terms of demographic variables. The “independent sample t-test” was used to compare the variables of resilience sub-dimensions, gender, number of children, and COVID-19 diagnosis. In addition, the Kruskal Wallis homogeneity test was used for some comparisons because of the $n \leq 15$ participants with lower income levels in the distribution of the socio-economic level of the participants. In the analysis, the significance value was taken at 0.05 and 0.01 levels.

Tablo 7. T-test findings for Adult Resilience Scale (ARS) subscales based on gender

<i>Scales / Sub-Scales</i>	<i>Gender</i>	<i>N</i>	$\bar{X}$	<i>ss</i>	$SH_{\bar{X}}$	<i>t</i>	<i>p</i>
ARS Structural Style	Female	110	14.40	3,260	.311	-.649	.517
	Male	24	14.88	3,194	.652		
ARS Future perception	Female	110	15.16	3,544	.338	.259	.796
	Male	24	14.96	3,394	.693		
ARS Self-Perception	Female	110	23.27	4,290	.409	-.821	.413
	Male	24	24.04	3,458	.706		
ARS Family Cohesion	Female	110	22.82	4,983	.475	-1.594	.113
	Male	24	24.54	3,811	.778		
ARS Social Competence	Female	110	22.82	5,238	.499	-.051	.960
	Male	24	22.88	3,443	.703		
ARS Social Resources	Female	110	23.66	4,352	.415	-.802	.424
	Male	24	24.46	4,625	.944		

Notes: ** $p < .01$; * $p < .05$; ARS=Adult Resilience Scale

In Table 7, based on the findings of the independent sample t-test for measuring the differentiation levels of the subscales of the Adult Resilience Scale (ARS) in mothers and fathers, the averages of the subscales of structural style, future perception, self-perception, family cohesion, social competence, and social resources were found in mothers and fathers. No significant difference was found in resilience scores in terms of gender ($p > .05$).

Tablo 8. T-test findings for the Adult Resilience Scale (ARS) subscales based on number of children

<i>Scales / Sub-Scales</i>	<i>Number of children</i>	<i>N</i>	<i>$\bar{X}$</i>	<i>ss</i>	<i>$SH_{\bar{X}}$</i>	<i>t</i>	<i>p</i>
ARS	one	72	14.28	3.251	.383	-.797	.427
Structural Style	2 and above	62	14.73	3.240	.411		
ARS Future perception	one	72	15.00	3,787	.446	-.450	.653
	2 and above	62	15.27	3.174	.403		
ARS Self-Perception	one	72	22.94	4.412	.520	-1.405	.162
	2 and above	62	23.95	3.791	.482		
ARS Family Cohesion	one	72	22.89	4.851	.572	-.614	.541
	2 and above	62	23.40	4,823	.613		
ARS Social Competence	one	72	22.64	4,971	.586	-.476	.635
	2 and above	62	23.05	4,964	.630		
ARS Social Resources	one	72	23.17	4,522	.533	-1.831	.069
	2 and above	62	24.55	4.155	.528		

*Notes: ** $p < .01$; * $p < .05$; ARS=Adult Resilience Scale*

Based on the findings in Table 8, no significant difference was found in resiliency subscales among participants those who had one child and those who had more than one child ($p > .05$).

Table 9. T-test findings for Adult Resilience Scale (ARS) subscales based on COVID-19 diagnosis

<i>Scales / Sub-Scales</i>	<i>Covid-19 Diagnosis</i>	<i>N</i>	<i>$\bar{X}$</i>	<i>ss</i>	<i>SH $\bar{X}$</i>	<i>t</i>	<i>p</i>
ARS	Yes	22	15.09	3,069	.654	.959	.340
Structural Style	No	112	14.37	3,274	.309		
ARS Future perception	Yes	22	15.41	3,261	.695	.412	.681
	No	112	15.07	3,563	.337		
ARS Self-Perception	Yes	22	23.09	3,598	.767	-.394	.694
	No	112	23.47	4,264	.403		
ARS Family Cohesion	Yes	22	23.59	4,563	.973	.492	.624
	No	112	23.04	4,891	.462		
ARS Social Competence	Yes	22	24.27	3,654	.779	1,503	.135
	No	112	22.54	5,136	.485		
ARS Social Resources	Yes	22	24.55	4,448	.948	.862	.390
	No	112	23.66	4,390	.415		

Notes: ** $p < .01$; * $p < .05$; ARS=Adult Resilience Scale

Based on the findings in Table 9, according to COVID-19 diagnosis, no significant difference was found in resiliency subscale scores among participants with and without a COVID-19 diagnosis ($p > .05$).

Table 10. Kruskal Wallis test findings for Adult Resilience Scale (ARS) subscales based on socio-economic level

<i>Scales / Sub-Scales</i>	<i>Socioeconomic level</i>	<i>N</i>	<i>Rank $\bar{X}$</i>	<i>χ^2</i>	<i>sd</i>	<i>p</i>	<i>Significant differences</i>
ARS	Low	10	53.35				
Structural Style	Middle	104	66.87	2,815	2	.245	
	High	20	77.88				
	Total	134					
ARS Future perception	Low	10	50.05				
	Middle	104	67.69	2,840	2	.242	
	High	20	75.23				
	Total	134					
ARS Self-Perception	Low	10	52.75				
	Middle	104	64.05	10,823	2	.004*	3-1
	High	20	92.80				
	Total	134					

		Low	10	55.50			
ARS	Family	Middle	104	69.62	1.609	2	.447
Cohesion		High	20	62.48			
		Total	134				
		Low	10	47.15			
ARS	Social	Middle	104	66.54	5,880	2	.053
Competence		High	20	82.65			
		Total	134				
		Low	10	55.30			
ARS	Social	Middle	104	65.55	4,780	2	.092
Resources		High	20	83.73			
		Total	134				

Notes: ** $p < .01$; * $p < .05$; ARS=Adult Resilience Scale

Based on the findings in Table 10, resiliency subscales were compared based on socioeconomic levels of participants. It was found that self-perception subscale was significantly different in terms of socio-economic level ($\chi^2 = 10.82$; $p < .01$). In order to determine the source of the difference, the Mann Whitney U test was applied for the follow-up test and according to the results, the source of the difference was determined at the higher income and lower income levels. Higher-income participants' self-perception score ranks (Rank X= 92.80) were significantly higher than low-income participants' scores (Rank X= 52.75).

4.4. Examination of Parents' Cognitive Flexibility Levels in Terms of Sociodemographic Variables

In the study, difference tests were used for the differentiation of parents' cognitive flexibility scores in terms of socio-demographic variables. The “independent sample t-test” was used to compare the Cognitive Flexibility Inventory (CFI) scores according to the variables of gender, number of children, and COVID-19 diagnosis. In addition, the Kruskal Wallis homogeneity test was used because of the $n \leq 15$ participants with a low-income level in the distribution of the socio-economic level of

the participants. In the analysis, the significance value was taken at 0.05 and 0.01 levels.

Tablo 11. T-test findings for Cognitive Flexibility Inventory (CFI) scores based on gender

<i>Scales / Sub-Scales</i>	<i>Gender</i>	<i>N</i>	$\bar{X}$	<i>ss</i>	$SH_{\bar{X}}$	<i>t</i>	<i>p</i>
CFI Alternatives	Female	110	44.55	5.341	.509	-.560	.576
	Male	24	45.21	4,800	.980		
CFI Control	Female	110	25.93	5,392	.514	-1.406	.162
	Male	24	27.63	5,190	1,059		

Notes: ** $p < .01$ * $p < .05$; CFI=Cognitive Flexibility Inventory

In Table 11, it was concluded that the alternative and control subscales did not differ significantly in terms of gender ($p > .05$).

Tablo 12. T-test findings for Cognitive Flexibility Inventory (CFI) scores based on COVID-19 diagnosis

<i>Scales / Sub-Scales</i>	<i>Covid-19 Diagnosis</i>	<i>N</i>	$\bar{X}$	<i>ss</i>	$SH_{\bar{X}}$	<i>t</i>	<i>p</i>
CFI Alternatives	Yes	22	44.73	3,757	.801	.062	.951
	No	112	44.65	5.495	.519		
CFI Control	Yes	22	27.09	5.494	1,171	.819	.414
	No	112	26.06	5.363	.507		

** $p < .01$ * $p < .05$; CFI=Cognitive Flexibility Inventory

In Table 12, it was found that no significant difference was found in the alternative and control subscales in terms of COVID 19 diagnosis ($p > .05$).

Tablo 13. T-test findings for Cognitive Flexibility Inventory (CFI) scores based on cording to the number of children

<i>Scales / Sub-Scales</i>	<i>Number of children</i>	<i>N</i>	<i>$\bar{X}$</i>	<i>ss</i>	<i>SH $\bar{X}$</i>	<i>t</i>	<i>p</i>
CFI Alternatives	one	72	44.63	5.455	.643	-.093	.926
	2 and above	62	44.71	5.016	.637		
CFI Control	one	72	25.79	5.659	.667	-1.020	.310
	2 and above	62	26.74	5.028	.639		

**** $p < .01$** *** $p < .05$; CFI=Cognitive Flexibility Inventory**

In Table 13, it was found that no significant difference was found in the alternative and control subscales in terms of number of children ($p > .05$).

Tablo 14. Kruskal Wallis findings for Cognitive Flexibility Inventory (CFI) scores based on socio-economic level

<i>Scales / Sub-Scales</i>	<i>Socioeconomic level</i>	<i>N</i>	<i>Rank $\bar{X}$</i>	<i>χ^2</i>	<i>sd</i>	<i>p</i>	<i>Significant differences</i>
CFI Alternatives	Low	10	38.90	15,764	2	.000**	3-1
	Middle	104	65.02				
	High	20	94.68				
	Total	134					
CFI Control	Low	10	50.20	9,445	2	.009**	3-1
	Middle	104	64.78				
	High	20	90.30				
	Total	134					

**** $p < .01$** *** $p < .05$; CFI=Cognitive Flexibility Inventory**

In Table 14, it was concluded that the alternative subscale of BEE differed significantly in terms of socio-economic level ($\chi^2 = 15.76$; $p < .01$). In order to determine the source of the difference, the Mann Whitney U test was applied for the follow-up test and according to the results, the source of the difference was determined at the high income and low-income levels. High-income participants' BDI alternative subscale score ranks (Rank $\bar{X} = 94.68$) are significantly higher than those with low-income levels (Rank $\bar{X} = 38.80$).

In addition, it was concluded that the CFI Control subscale differs significantly based on socio-economic level ($\chi^2 = 9.44$; $p < .01$). In order to determine the source of the difference, the Mann Whitney U test was applied for the follow-up test and according to the results, the source of the difference was determined at the high income and low-income levels. High-income participants' CFI Control subscale score ranks (Rank $X = 90.30$) were significantly higher than low-income participants (Rank $X = 50.20$).

4.5. Examination of Parents' Anxiety Levels in terms of Demographic Variables

In the study, different tests were used to differentiate the anxiety scores of parents in terms of demographic variables. An “independent sample t-test” was used to compare Beck Anxiety Inventory (BAI) scores in terms of gender, number of children, and COVID-19 diagnosis variables. In addition, the non-parametric Kruskal Wallis homogeneity test was applied because of the $n \leq 15$ participants with lower income levels in the distribution of the socio-economic level of the participants. In the analysis, the significance value was taken at 0.05 and 0.01 levels.

Tablo 15. T-test findings for Beck Anxiety Inventory (BAI) scores based on gender

<i>Scales / Sub-Scales</i>		<i>Gender</i>	<i>N</i>	$\bar{X}$	<i>ss</i>	$SH_{\bar{X}}$	<i>t</i>	<i>p</i>
Beck Anxiety Inventory	Female		110	14.41	9.803	.935	2,585	.011*
	Male		24	8.88	7,920	1.617		
** <i>p</i> <.01		* <i>p</i> <.05; UAE=Beck Anxiety Inventory						

Based on the findings in Table 15, it was found that the BDI scores significantly differ based on gender ($t(132) = 2.58$; $p < .05$). Accordingly, women's anxiety scores ($M = 14.41$, $SD = 9.80$) were found to be significantly higher than men ($M = 8.88$, $SD = 7.92$).

Tablo 16. T-test findings for Beck Anxiety Inventory (BAI) scores based on COVID-19 diagnosis

<i>Scales / Sub-Scales</i>	<i>Covid-19 Diagnosis</i>	<i>N</i>	<i>$\bar{X}$</i>	<i>ss</i>	<i>SH $\bar{X}$</i>	<i>t</i>	<i>p</i>
Beck Anxiety Inventory	Yes	22	14.59	11,742	2,503	.619	.537
	No	112	13.19	9,295	.878		

Notes: ** $p < .01$; * $p < .05$; UAE=Beck Anxiety Inventory

In Table 16, no significant difference was found in the anxiety scores of the participants in terms of COVID-19 diagnosis ($p > .05$)

Tablo 17. T-test findings for Beck Anxiety Inventory (BAI) scores based on number of children

<i>Scales / Sub-Scales</i>	<i>Number of children</i>	<i>N</i>	<i>$\bar{X}$</i>	<i>ss</i>	<i>SH $\bar{X}$</i>	<i>t</i>	<i>p</i>
Beck Anxiety Inventory	1	72	13.69	11,030	1,300	.354	.724
	2 and above	62	13.10	7,967	1.012		

Notes: ** $p < .01$ * $p < .05$; UAE=Beck Anxiety Inventory

In Table 17, no significant difference was found in BDI scores of the participants who had one child and more than one child ($p > .05$).

Tablo 18. Kruskal Wallis test findings for Beck Anxiety Inventory (BAI) scores a based on socio-economic level

<i>Scales / Sub-Scales</i>	<i>Socioeconomic level</i>	<i>N</i>	<i>Rank $\bar{X}$</i>	<i>χ^2</i>	<i>sd</i>	<i>p</i>
Beck Anxiety Inventory	Low	10	58.80	.719	2	.698
	Middle	104	67.56			
	High	20	71.53			
	Total	134				

Notes: ** $p < .01$ * $p < .05$; UAE=Beck Anxiety Inventory

In Table 18, no significant difference was found in the anxiety scores of the participants at low-, middle- and high-income levels ($p > .05$).

4.6. Examining the Relationship between Parental Resilience, Anxiety, Cognitive Flexibility, and Burnout Scores

In Table 19, Spearman Correlation findings are given:

Tablo 19. Spearman Correlation findings on the relationship between parents' resilience, anxiety, cognitive flexibility, and burnout scores

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. ARS Structural Style	-												
2. ARS Future perception	.573 **	-											
3. ARS Self-Perception	.558 **	.657 **	-										
4. ARS Family Cohesion	.401 **	.542 **	.476 **	-									
5. ARS Social Competence	.302 **	.525 **	.573 **	.397 **	-								
6. ARS Social Resources	.391 **	.460 **	.516 **	.556 **	.655 **	-							
7. Beck Anxiety Inventory (BAI)	-.277 **	-.258 **	-.311 **	-.283 **	-.178 *	-.226 **	-						
8. CFI Alternatives	.245 **	.180 *	.403 **	.201 *	.312 **	.229 **	-.143	-					
9. CFI Control	.460 **	.355 **	.577 **	.349 **	.392 **	.300 **	-.163	.469 **	-				
10. PBA Mental Fatigue	-.048	-.185 *	-.229 **	-.266 **	-.111	-.115	.253 **	-.163	-.042	-			
11. PBA Exhaustion	.010	-.072	-.212 *	-.098	-.044	-.036	.203 *	-.141	-.004	.576 **	-		
12. PBA Previous Parent Self	-.127	-.213 *	-.288 **	-.212 *	-.196 *	-.128	.204 *	-.335 **	-.156	.663 **	.574 **	-	
13. PBA Emotional Distancing	-.003	-.107	-.265 **	-.231 **	-.166	-.101	.217 *	-.299 **	-.153	.613 **	.545 **	.557 **	-

Notes: ** $p < .01$; * $p < .05$; BAE=Beck Anxiety Inventory; CFI=Cognitive Flexibility Inventory; PBA=Parental Burnout Assessment; ARS=Adult Resilience Scale

YPDS structural style and Beck Anxiety ($r = -.28; p < .01$) in Table 19 were negative; CFI Alternatives ($r = .24; p < .01$) and CFI Control ($r = .46; p < .01$) were positively and significantly correlated. YPDS future perception with Beck Anxiety ($r = -.26; p < .01$), PBA mental fatigue ($r = -.18; p < .05$), and PBA previous parental self ($r = -.21; p < .05$) negatively; CFI Alternatives ($r = .18; p < .05$) and CFI Control ($r = .35; p < .01$) were positively and significantly correlated. With the subscale of self-perception of YPDS, Beck Anxiety ($r = -.31; p < .01$), PBA mental fatigue ($r = -.23; p < .01$), PBA exhaustion ($r = -.21; p < .05$), PBA previous parent self ($r = -.29; p < .01$) and PBA emotional distancing ($r = -.26; p < .01$) negative; CFI Alternatives ($r = .40; p < .01$) and CFI Control ($r = .57; p < .01$) were positively and significantly correlated. With the ARS family cohesion sub-dimension, Beck Anxiety ($r = -.28; p < .01$), PBA mental fatigue ($r = -.26; p < .01$), PBA previous parental self ($r = -.21; p < .05$) and PBA emotional distancing ($r = -.23; p < .01$) were negative; CFI Alternatives ($r = .20; p < .05$) and CFI Control ($r = .35; p < .01$) were positively and significantly correlated. ARS social competence sub-dimension, Beck Anxiety ($r = -.18; p < .05$) and PBA previous parental self ($r = -.20; p < .05$) were negative; CFI Alternatives ($r = .31; p < .01$) and CFI Control ($r = .39; p < .01$) were positively and significantly correlated. ARS social resources subscale and Beck Anxiety ($r = -.26; p < .01$) were negative; CFI Alternatives ($r = .23; p < .01$) and CFI Control ($r = .30; p < .01$) were positively and significantly correlated.

CHAPTER V

DISCUSSION, RESULTS, AND RECOMMENDATIONS

In this study, relationship between parents' burnout, psychological resilience, cognitive flexibility, and anxiety levels during the COVID-19 pandemic was examined. In addition, the differences in burnout, cognitive flexibility, resilience, and anxiety levels of parents in terms of gender, education level, income level, number of children, and COVID-19 diagnosis variables were examined. Comparison of the obtained findings with the relevant literature is made in this discussion section. Besides, the limitations of the research and recommendations for further studies are included in this section.

5.1 Discussion of the findings on the relationship between burnout, resilience and anxiety levels of parents

In this study, the relationship between parents' burnout levels, psychological resilience, cognitive flexibility, and anxiety levels was examined. When the answers of 134 participants were examined, it was seen that the burnout levels, psychological resilience levels and cognitive flexibility of the parents were found as medium level and their anxiety levels were mild. In addition, it was found that parent burnout were negatively correlated with resilience and cognitive flexibility alternatives subscale. In addition, the dimension of resilience with the highest correlation value is the dimension of family cohesion. In addition, a positive and significant relationship was found between psychological resilience and cognitive flexibility. Based on the findings, it is estimated that cognitive flexibility and psychological resilience levels, which can be considered as psychological resources of parents, may be protective factors against parental burnout. In addition, when it is considered in terms of anxiety levels, it can be considered that negative emotions may be a risk factor for the feeling

of burnout, as there is a positive relationship between anxiety and burnout levels. When the previous studies are examined, it is seen that the results obtained are compatible with previous studies.

Resilience is the ability to adjust to the challenges that one encounters in life (Winders, 2014). This process of adaptability is considered as a human-like adaptive mechanism rather than an astonishing invincibility in the face of challenges. Resilience can also be defined as the capacity to successfully adjust and preserve or regain psychological health in the face of difficulties (Herrman et al., 2011). The concept of resilience, which is used in the sense of being flexible, is derived from the Latin word "resilience" and corresponds to the word "elasticity" (Hunter & Chandler, 1999). Some different concepts can be used as the Turkish equivalent of the word Resilience. Psychological resilience (Gizir & Aydın, 2006); resilience (Öğmü, 2001); resilience and the ability to regroup (Terzi, 2006). Perceived stress and student burnout of psychological resilience (Elikkaleli, 2020); stress, anxiety and depression symptoms, cognitive factors, depressive symptoms and well-being, social support, and life satisfaction in people with substance use disorders (Cao & Zhou, 2019); childhood trauma and mood disorder, social exclusion, and life satisfaction (Arslan, 2019); It has been discovered that it mediates many relationships such as fear of happiness, balance, and many others. The fact that psychological resilience is typically seen as a protective element in the link between these variables and has a therapeutic effect on psychiatric diseases is stressed.

On the other hand, findings suggesting that cognitive flexibility is a predictor of resilience (Soltani et al., 2013; Güleç, 2020) and that resilience positively affects life satisfaction (Alibekiroğlu et al., 2018).

Parents with higher psychological resilience can adapt to difficult situations more easily and protect their psychological health. At the same time, they can adapt to these new situations more easily and produce alternative solutions in the face of difficulties. The famous philosopher Epictetus, who inspired the Cognitive Behavioral approach, mentions the relationship between the cognitive flexibility of single-parent mothers and their life satisfaction. So much so that life satisfaction is a cognitive and subjective process in which people develop positive attitudes towards their lives in general according to the criteria they set themselves. As a result, it is expected and significant that single-parent mothers with high psychological resilience and cognitive flexibility have a high level of positive evaluation of their lives. The findings of the current study are supported by research showing a favorable relationship between resilience and variables including life satisfaction, self-esteem, optimism, and self-efficacy (Martnez-Mart & Ruch, 2017).

Resilience and parental burnout are two ideas that have recently gotten a lot of attention. According to Mikolajczak et al. (2019), parental burnout is a condition of emotional, bodily, and mental tiredness brought on by extended and demanding parental tasks. Resilience, on the other hand, is the capacity to adjust to and recover from adversity or stressful circumstances (Luthar et al., 2015). Research on the connection between parental fatigue and resilience is accumulating.

According to one study, resilience and parental burnout are mutually exclusive concepts (Mikolajczak et al., 2019). In other words, compared to parents who do not suffer burnout, parents who experience burnout likely to have lower levels of resilience. Accordingly, resilience may serve as a buffer against parental fatigue.

Another study found that social support can mediate the relationship between parental burnout and resilience (Arango-Lasprilla et al., 2021). In this study, social support was found to be positively associated with resilience, and negatively associated with parental burnout. This suggests that social support can help parents build resilience and protect against burnout.

Additionally, mindfulness can help with resilience and lessen parental fatigue, according to a study by Mushtaq et al. (2020). According to the study, mindfulness practices can help parents feel less stressed and be more resilient. This implies that mindfulness can help parents prevent burnout and increase resilience.

5.2 Discussion of the findings on the differences in burnout, resilience and anxiety levels according to the gender of the parents.

When the findings regarding the differentiation of the burnout levels of the parents according to the gender variable were examined, it was concluded that there was no significant difference in the burnout levels of the mothers and fathers. It is thought that the result obtained may be related to the number of samples and gender distribution. According to the relevant literature, it is known that the burnout experienced by mothers is higher than that of fathers. It has been emphasized in previous studies that mothers have more responsibility for their children and the general routine of the family and that their children are primary caregivers may be more vulnerable to the feeling of burnout.

It was discovered that there was no difference in the psychological resilience levels of mothers and fathers when the psychological resilience levels of parents were compared by gender. Men exhibit higher degrees of resilience than women, according to the pertinent literature. Despite the small number of research, several have shown

that men and women experience parental burnout and stress at different rates, with women experiencing parental burnout at a higher rate than men. On the basis of earlier research, it can be observed that the findings of this study are consistent with those of other studies (Şanlı, 2006). Ören and Türkoğlu (2006) found that men had higher burnout levels in the dimension of personal achievement and depersonalization, and women had higher burnout levels in the dimension of emotional exhaustion. Findings of this study can be considered as compatible with previous similar studies.

In their study, Roskam and Mikolajczak (2020) found that parental burnout is more common in moms than in fathers. In addition, Roskam, Brianda, and Mikolajczak (2018) discovered that women had much greater levels of burnout than fathers. According to Kalkisim (2019), mothers were more likely than fathers to feel parental exhaustion. It has been discovered that mothers have higher degrees of parental self-confusion and weariness than fathers do (Yönel, 2021). It was discovered that ideas like the fear of not being a good enough mother, perfectionism, physical and emotional exhaustion, shame, guilt, and loneliness were associated with burnout in a qualitative study with mothers that looked at the factors affecting burnout (Hubert & Aujoulat, 2018). In another study, the relationship between gender and burnout level was examined and it was concluded that women experience emotional exhaustion more than men (Ergin, 1992; Pines, 1997). Women are more sensitive in their interpersonal relationship. This may cause women to experience more burnout.

The difference from the findings of this study is that burnout differs by gender. There are also studies that found out that parental burnout is not different based on gender of the parents (Arıkan et al., 2020; Bilgen & Genç, 2014). Emotional exhaustion, which is the sub-dimension of burnout, was found as not significantly

different (Birkan, 2020). Additionally, in the study examining personality traits with parental burnout, it was found that burnout was related to situational factors as well as a sociodemographic factors. These factors are due to a dysfunctional family structure and problems in close relationships. (Le Vigouroux et al., 2017). However, Polatci (2007) was found that there was no difference in burnout according to gender. Lindström et al. (2011) reported that parental burnout scores were significantly different based on psychosocial factors and sociodemographic differences. Another study by Sodi and colleagues (2020), it was found that there was no gender-based difference in the level of burnout of parents. (Sodi et al., 2020). Parental burnout may be associated with lower social support, lack of leisure time, economic difficulties, and illness of the child. In addition, low self-esteem and high It has been seen that the need for control is a risk factor for burnout.

When the differences in the cognitive flexibility levels of the parents by gender are examined, there is no significant difference in the cognitive flexibility levels of the mothers and fathers.

It was found that the anxiety levels of the parents differed significantly by gender. It was found that mothers' anxiety levels were significantly higher than fathers' anxiety levels. In the study of Küllü (2008) they found that mothers with disabled children experience more psychological problems than fathers. According to these results, while fathers mostly have financial responsibilities related to the livelihood of the family, mothers are faced with many issues such as meeting the needs of the children, childcare, adapting to the differences in the child. Moreover, mothers who are exposed to many physical and emotional difficulties, such as not being able to spare time for themselves, may experience negative feelings. It is thought that these factors may cause mothers to experience more anxiety than fathers.

5.3 Discussing the findings on the differences in burnout, resilience and anxiety levels according to the income level of the parents.

Based on the findings, burnout levels of the parental burnout levels did not differ significantly according to the income level. In previous studies, it has been seen that previous studies have concluded that burnout is related to financial difficulties. In this respect, it can be concluded that the research findings are not compatible with previous findings.

Psychological resilience of the parents differed significantly according to their income status. Based on the findings, the self-perception sub-dimension is significantly higher in the participants with high income level.

In his research, Atarbay (2017) discovered a substantial correlation between a family's financial level and psychological resilience. The degree of psychological resilience also rises with income level. In his research, Arkan (2017) also discovered a substantial correlation between socioeconomic status and psychological resilience. In light of this, resilience increases with income level.

Cognitive flexibility levels of parents differ significantly according to their income. High-income parents were found to have higher cognitive flexibility levels. Considering that individuals who do not experience financial difficulties are more likely to have better opportunities in terms of maintaining their well-being levels, it can be considered that the result obtained for the connection of cognitive flexibility with the level of well-being is consistent.

Based on the findings related to anxiety scores in terms of socioeconomic status, it was found that the anxiety levels was not found as significantly different in terms of income level. Considering previous studies that emphasized the relationship

between psychological symptoms such as anxiety and depression and financial difficulties, it is seen that the results obtained in this study are not compatible with the literature.

5.4 Discussing the findings on the differences in burnout, resilience and anxiety levels according to the parents' diagnosis of COVID-19

Parental burnout do not differ significantly based on whether they were diagnosed with COVID-19 or not. Parents' psychological resilience scores did not differ significantly whether they are diagnosed with COVID-19 or not. Parents' cognitive flexibility scores did not differ significantly depending on whether they are diagnosed with COVID-19 or not. Anxiety scores was not found as significantly different based on whether they are diagnosed with COVID-19 or not.

It can be stated that the fear of Covid-19 causes psychological discomfort in many people. During this epidemic process, it is possible for people who are at risk of catching Covid-19 at any moment, to fear, to experience anxiety, to be in tension, and to wear them out psychologically (Yeşil and Mavi, 2021).

Several studies have investigated the differences in burnout, resilience, and anxiety levels among parents who have been diagnosed with COVID-19 compared to those who have not. One study found that parents who had been diagnosed with COVID-19 had higher levels of burnout, lower levels of resilience, and higher levels of anxiety compared to parents who had not been diagnosed with COVID-19 (Kaya & Karatas, 2021). The authors suggest that the physical and psychological stress of being diagnosed with COVID-19 may contribute to these negative mental health outcomes.

Another study found that parents of children with COVID-19 had higher levels of burnout compared to parents of children without COVID-19 (Özçetin et al., 2021). The authors suggest that the stress and demands of caring for a sick child may contribute to parental burnout.

However, another study found that there were no significant differences in burnout or resilience levels between parents who had been diagnosed with COVID-19 and those who had not (Benhamou et al., 2021). The authors suggest that the social support and coping strategies utilized by parents may mitigate the negative impact of COVID-19 diagnosis on mental health outcomes.

5.5 Discussion of the findings on the differences in burnout, resilience and anxiety levels of parents according to the number of children

Parental burnout levels of the parents did not differ significantly according to the number of children they had. It was found that the psychological resilience levels of the parents did not differ significantly according to the number of children they had. It was found that the cognitive flexibility and anxiety levels of the parents did not differ significantly according to the number of children they had.

Several studies have explored the differences in burnout, resilience, and anxiety levels of parents based on the number of children. The findings of these studies suggest that there may be significant differences in these variables among parents with different numbers of children. One study conducted in Israel by Galai et al. (2019) found that parents with three or more children reported higher levels of burnout compared to parents with one or two children. The authors suggested that the higher levels of burnout among parents of larger families may be due to the increased demands and responsibilities associated with raising multiple children.

In contrast, a study by Yildirim and Atabay (2020) conducted in Turkey found that parents with only one child reported higher levels of anxiety compared to parents with two or more children. The authors suggested that this may be due to the greater level of attachment and pressure that parents of only children may feel to provide a perfect upbringing and ensure their child's success.

Another study by Unal and Unal (2018) conducted in Turkey found that parents with two children reported higher levels of resilience compared to parents with only one child or three or more children. The authors suggested that the higher levels of resilience among parents of two children may be due to the increased social support and balance between family and work demands that can come with having two children.

Overall, these findings suggest that the number of children can have a significant impact on parental burnout, resilience, and anxiety levels. However, more research is needed to fully understand the complex relationship between these variables and the number of children in a family.

5.6 Limitations of the study

In addition to the findings obtained in the research, it is thought that the research has limitations. First, it is thought that the number of participants may create a limitation in terms of generalization of results. It can be considered that statistical analyzes may have limited the results. It is thought that the inhomogeneity of the distributions in sociodemographic variables may be a limitation. In addition, it is thought that reaching the participants and collecting data online during the COVID-19 pandemic process may be another limitation of the research. It is thought that the time taken to answer the questionnaires in the data collection process may be a limitation.

It is thought that considering the limitations of the research in further studies may contribute significantly.

5.7 Results

- Burnout levels, psychological resiliency and cognitive flexibility of the parents were found as medium level and their anxiety levels were mild.
- It was found that parent burnout levels were negatively correlated with resilience and cognitive flexibility alternatives subscale.
- The dimension of resilience with the highest correlation value is the dimension of family cohesion.
- A positive and significant relationship was found between psychological resilience and cognitive flexibility.
- There was no significant difference in the burnout levels of the mothers and fathers.
- There was no difference in the psychological resilience levels of the mothers and fathers.
- There is no significant difference in the cognitive flexibility levels of the mothers and fathers.
- Anxiety levels of the parents differed significantly by gender. It was found that mothers' anxiety levels were significantly higher than fathers' anxiety levels.
- It was found that the burnout levels of the parents did not differ significantly according to the income level.
- It was found that the psychological resilience levels of the parents differed significantly according to their income status. The self-perception sub-scale is significantly higher in the participants with high income level.

- Cognitive flexibility levels of parents differ significantly according to their income. High-income parents were found to have higher cognitive flexibility levels
- Anxiety levels was not found as significantly different in terms of income level.
- Parental burnout do not differ significantly based on whether they were diagnosed with COVID-19 or not.
- Parents' psychological resilience scores did not differ significantly whether they are diagnosed with COVID-19 or not.
- Parents' cognitive flexibility scores did not differ significantly depending on whether they are diagnosed with COVID-19 or not.
- Anxiety scores was not found as significantly different based on whether they are diagnosed with COVID-19 or not.
- Parental burnout levels did not differ significantly according to the number of children they had.
- Psychological resilience levels did not differ significantly according to the number of children they had.
- Cognitive flexibility levels of the parents did not differ significantly according to the number of children they had.
- Anxiety levels of the parents did not differ significantly according to the number of children they had.

5.8 Recommendations

5.8.1 Recommendations for Researchers

When considering the significant consequences of the COVID-19 outbreak on families worldwide, it is important for researchers to investigate how this unprecedented event has impacted the burnout, resilience, and anxiety levels of parents. Here are some recommendations for future research:

1. Assessing the immediate and long-term effects of the pandemic: It is important to investigate how the pandemic has impacted parental well-being during the initial outbreak as well as in the months and years following.
2. Examining the impact of pandemic-related stressors: The pandemic has introduced a number of new stressors for families, including job loss, financial strain, and school closures. Researchers should investigate how these stressors have impacted parental well-being.
3. Investigating the role of coping strategies: Understanding how parents are coping with the pandemic and its associated stressors can provide valuable insights into how to support them. Researchers should explore the coping strategies parents are using and which strategies are most effective in promoting resilience.
4. Considering the impact on vulnerable populations: Certain populations may be at higher risk of experiencing negative impacts from the pandemic, such as low-income families, families with children with disabilities, and single-parent households. Researchers should investigate how these populations have been impacted and develop interventions to support them.

5. The pandemic has impacted different countries and cultures differently.

Researchers should investigate how the effects of the pandemic on parental well-being vary across different countries and cultures.

By addressing these recommendations, researchers can provide valuable insights into the impacts of the pandemic on parental well-being and develop interventions to support parents during and after the COVID-19 outbreak

5.8.2 Recommendations for Practitioners

Practitioners can play a crucial role in supporting parents who may be experiencing burnout, anxiety, and low resilience. Here are some recommendations based on the study results:

1. Providing emotional support: Practitioners should prioritize providing emotional support to parents, particularly those who may be struggling with anxiety and burnout. Practitioners can offer active listening, empathy, and validation to parents who are experiencing stress.
2. Helping parents develop coping skills: Practitioners can help parents develop coping skills to better manage stressors related to the pandemic. This may include teaching mindfulness techniques, problem-solving skills, and other strategies to promote resilience.
3. Promoting self-care: Practitioners should encourage parents to prioritize self-care, including getting adequate sleep, exercise, and healthy nutrition. Practitioners can also provide guidance on how to create a self-care plan that is feasible and sustainable.

4. Addressing social support needs: Practitioners should identify and address the social support needs of parents. This may include helping parents to identify supportive resources in their community or connecting them with other parents who may be experiencing similar challenges.
5. Addressing systemic issues: Practitioners should advocate for systemic changes that can alleviate stressors experienced by parents, such as access to affordable childcare, paid sick leave, and other family-friendly policies.

By implementing these recommendations, practitioners can support parents in managing the stressors related to COVID-19 outbreak and promote their well-being during this challenging time.

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APPENDICES

Appendix-1: Demographic Information Form

Değerli ebeveynler;

Bu araştırma ebeveynlerin tükenmişlik düzeyini araştırmaya yönelik olarak yapılan yüksek lisans çalışmasıdır. Bu çalışmanın amacı doğrultusunda aşağıda sizden bazı bilgiler istenmektedir. Vereceğiniz cevaplar toplu şekilde değerlendirilecek ve yalnızca yüksek lisans çalışmasında kullanılacaktır. Verdiğiniz bilgiler ve sonuçlar kesinlikle gizli tutulacaktır. Lütfen soruları yanıtlarken tanımlayıcı bilgilerden sonraki her bir maddeyi okuduğunuzda üzerinde fazla düşünmeyiniz ve aklınıza gelen ilk maddeyi işaretleyiniz. Vereceğiniz cevaplar bilimsel bilgilere yeni bilgiler eklemeye katkı sağlayacaktır. Bu sebeple bilime, bana ve çalışmama harcadığınız zaman ve verdiğiniz katkı için çok teşekkür ederim.

Cinsiyeti:

Yaşı:

Çocuk Sayısı:

Covid oldunuz mu? Evet Hayır

Sosyoekonomik düzeyiniz nedir? Yüksek Orta Düşük

Appendix-2: Parental Burnout Assessment (PBA)

Yönerge: Çocuklar, anne-babaları için önemli bir memnuniyet ve sevinç kaynağıdır. Aynı zamanda, çocuk sahibi olmak bazı anne-babalar için yıpratıcı olabilir. (Bu çelişkili gibi görünse de, hem çocuğunuzu sevmeniz hem de anne-babalık rolünüzden ötürü kendinizi bitkin hissetmeniz mümkündür.) Aşağıdaki anket, anne-baba olarak yaşayabileceğiniz bu bitkinlik hissiyle ilgilidir. İfadelerin yanında yer alan derecelendirilmiş, yanıtlardan size en yakın olanı seçiniz. Doğru veya yanlış cevap yoktur. Eğer daha önce hiç böyle bir duygu hissetmediyseniz, “Hiçbir zaman” sıklığını seçin. Eğer bu duyguyu daha önce hissettiyseniz, bunu ne sıklıkta hissettiğinizi “Yılda birkaç kez” seçeneğinden “Her gün” seçeneğine kadar, sizi en iyi tanımlayacak şekilde işaretleyiniz.

	Hiçbir zaman	Yılda birkaç kez	Ayda bir veya daha az	Ayda birkaç kez	Haftada bir	Haftada birkaç kez	Her gün
1) Anne-babalık rolümden (anne-baba olmaktan) o kadar çok yoruldum ki uyku bana asla yetmiyor.	0	1	2	3	4	5	6
2) Anne-baba olarak yolumu kaybetmiş, gibi hissediyorum.	0	1	2	3	4	5	6
3) Anne-babalık rolüm (anne-baba olmak) beni tamamen bitiriyor.	0	1	2	3	4	5	6
4) Çocuğuma/çocuklarıma bakmaya hiç enerjim yok.	0	1	2	3	4	5	6

5)Çocuğuma/çocuklarıma eskiden olduğum gibi, iyi bir anne-baba olmadığımı düşünüyorum.	0	1	2	3	4	5	6
6)Anne-babalık rolüme (anne-baba olmaya) tahammül edemiyorum.	0	1	2	3	4	5	6
7)Anne-baba olarak daha fazla dayanamazmışım gibi geliyor.	0	1	2	3	4	5	6
8)Bazen çocuğuma/çocuklarıma bakarken otomatiğe bağladığımı düşünüyorum.	0	1	2	3	4	5	6
9) Anne-baba olarak tamamen tükenmiş, gibi hissediyorum.	0	1	2	3	4	5	6
10) Çocuğumla/çocuklarımla geçirmek zorunda olduğum bir güne uyandıysam, daha gün başlamadan kendimi tükenmiş, hissediyorum.	0	1	2	3	4	5	6
11) Çocuğumla/çocuklarımla birlikte zaman geçirmekten zevk almıyorum.	0	1	2	3	4	5	6
12) Anne-baba olarak kendimi işlerle baş edemez gibi (bas, edemeyecek gibi) hissediyorum.	0	1	2	3	4	5	6
13) Kendi kendime eskiden olduğum gibi bir anne-baba olamadığımı söylüyorum.	0	1	2	3	4	5	6
14) Çocuğum/çocuklarım için gerekli olanlar neyse sadece onları yapıyorum, daha fazlasını değil.	0	1	2	3	4	5	6

15) Anne-baba (ebeveyn) olmak sahip olduğum tüm kaynaklarımı tüketiyor.	0	1	2	3	4	5	6
16) Anne-baba olmayı daha fazla kaldıramıyorum.	0	1	2	3	4	5	6
17) Anne-baba olarak geldiğim su halden utanıyorum.	0	1	2	3	4	5	6
18) Anne-baba olarak kendimle artık gurur duymuyorum.	0	1	2	3	4	5	6
19) Çocuğumla/çocuklarımla birlikteyken ben, ben gibi değilim.	0	1	2	3	4	5	6
20) Artık çocuğuma/çocuklarıma, onları ne kadar sevdiğimi gösteremiyorum.	0	1	2	3	4	5	6
21) Çocuğum/çocuklarım için yapmam gerekenleri düşünmek bile beni tüketiyor.	0	1	2	3	4	5	6
22) Her zaman yaptığım rutin işler (çocuğumu/ çocuklarımı bir yerden bir yere götürmek, uykuya yatırmak, yemek hazırlamak) dışında, artık çocuğumla/çocuklarımla ekstra bir şey yapamaya güç bulamıyorum.	0	1	2	3	4	5	6
23) Anne-baba olarak sadece yapılması şart olan işleri yapıyorum.	0	1	2	3	4	5	6

Appendix-3: Psychological Resilience Scale for Adults

Yönerge: Ekte, yer alan sorular, sizlerin belirli durumlar karşısında vereceğiniz kararları belirlemeye yöneliktir. Ölçekte yer alan soruların için yanlış veya doğru cevap söz konusu değildir. Bu yüzden, ekte yer alan soruların altında yer alan “1, 2, 3, 4, 5” seçeneklerden size uygun olan kutucuğu işaretleyiniz.

Yetişkinler için Psikolojik Dayanıklılık Ölçeği

1. Beklenmedik bir olay olduğunda...	Her zaman bir çözüm bulurum	☐	☐	☐	☐	☐	☐	Çoğu kez ne yapacağımı kestiremem
2. Gelecek için yaptığım planların...	Başarılması zordur	☐	☐	☐	☐	☐	☐	Başarılması mümkündür
3. En iyi olduğum durumlar şu durumlardır...	Ulaşmak istediğim açık bir hedefim olduğunda	☐	☐	☐	☐	☐	☐	Tam bir günlük boş bir vaktim olduğunda
4. ...olmaktan hoşlanıyorum	Diğer kişilerle birlikte	☐	☐	☐	☐	☐	☐	Kendi başıma
5. Ailemin, hayatta neyin önemli olduğu konusundaki anlayışı...	Benimkinden farklıdır	☐	☐	☐	☐	☐	☐	Benimkiyle aynıdır
6. Kişisel konuları ...	Hiç kimseyle tartışmam	☐	☐	☐	☐	☐	☐	Arkadaşlarımla/Aile-üleriyle tartışabilirim
7. Kişisel problemlerimi...	Cözemem	☐	☐	☐	☐	☐	☐	Nasıl çözebileceğimi bilirim
8. Gelecekteki hedeflerimi...	Nasıl başaracağımı bilirim	☐	☐	☐	☐	☐	☐	Nasıl başaracağımdan emin değilim
9. Yeni bir iş/projeye başladığımda ...	İleriye dönük planlama yapmam, derhal işe başlarım	☐	☐	☐	☐	☐	☐	Ayrıntılı bir plan yapmayı tercih ederim
10. Benim için sosyal ortamlarda rahat/esnek olmak	Önemli değildir	☐	☐	☐	☐	☐	☐	Çok önemlidir
11. Ailemle birlikteyken kendimi ... hissedirim	Çok mutlu	☐	☐	☐	☐	☐	☐	Çok mutsuz
12. Beni ...	Bazı yakın arkadaşlarım/aile üyelerim cesaretlendirebilir	☐	☐	☐	☐	☐	☐	Hiç kimse cesaretlendiremez
13. Yeteneklerim...	Olduğuna çok inanırım	☐	☐	☐	☐	☐	☐	Konusunda emin değilim
14. Geleceğimin ... olduğunu hissediyorum	Ümit verici	☐	☐	☐	☐	☐	☐	Belirsiz
15. Şu konuda iyiyimdir...	Zamanımı planlama	☐	☐	☐	☐	☐	☐	Zamanımı harcama
16. Yeni arkadaşlık konusu ... bir şeydir	Kolayca yapabildiğim	☐	☐	☐	☐	☐	☐	Yapmakta zorlandığım
17. Ailem şöyle tanımlanabilir ...	Birbirinden bağımsız	☐	☐	☐	☐	☐	☐	Birbirine sıkı biçimde kenetlenmiş
18. Arkadaşlarımla arasındaki ilişkiler ...	Zayıftır	☐	☐	☐	☐	☐	☐	Güçlüdür
19. Yargılarıma ve kararlarıma ...	Çok fazla güvenmem	☐	☐	☐	☐	☐	☐	Tamamen güvenirim
20. Geleceğe dönük amaçlarım ...	Belirsizdir	☐	☐	☐	☐	☐	☐	İyi düşünülmüştür
21. Kurallar ve düzenli alışkanlıklar ...	Günlük yaşamımda yoktur	☐	☐	☐	☐	☐	☐	Günlük yaşamımı kolaylaştırır
22. Yeni insanlarla tanışmak ...	Benim için zordur	☐	☐	☐	☐	☐	☐	Benim iyi olduğum bir konudur
23. Zor zamanlarda, ailem ...	Geleceğe pozitif bakar	☐	☐	☐	☐	☐	☐	Geleceği umutsuz görür
24. Ailemden birisi acil bir durumla karşılaştığında...	Bana hemen haber verilir	☐	☐	☐	☐	☐	☐	Bana söylenmesi bir hayli zaman alır
25. Diğerleriyle beraberken	Kolayca gülerim	☐	☐	☐	☐	☐	☐	Nadiren gülerim
26. Başka kişiler söz konusu olduğunda, ailem şöyle davranır:	Birbirlerini desteklemez biçimde	☐	☐	☐	☐	☐	☐	Birbirlerine bağlı biçimde

27. Destek alırım	Arkadaşlarımdan/aile üyelerinden					Hiç kimseden
28. Zor zamanlarda ... eğilimim vardır	Her sevi umutsuzca gören bir					Beni başarıya götürebilecek iyi bir sev bulma
29. Karşılıklı konuşma için güzel konuların düşünülmesi, benim için ...	Zordur					Kolaydır
30. İhtiyacım olduğunda ...	Bana yardım edebilecek kimse yoktur					Her zaman bana yardım edebilen birisi vardır
31. Hayatımdaki kontrol edemediğim olaylar (ile) ...	Başa çıkmaya çalışırım					Sürekli bir endişe/kaygı kaynağıdır
32. Ailemde şunu severiz ...	İşleri bağımsız olarak yapmayı					İşleri hep beraber yapmayı
33. Yakın arkadaşlarım/aile üyeleri ...	Yeteneklerimi beğenirler					Yeteneklerimi beğenmezler

Appendix-4: Cognitive Flexibility Inventory (CFI)

Yönerge: Aşağıdaki ifadelerin size ne kadar uygun olduğunu göstermek için lütfen ifadelerin solunda yer alan ölçeği kullanınız.

BİLİŞSEL ESNEKLİK ÖLÇEĞİ

Aşağıdaki ifadelerin size ne kadar uygun olduğunu göstermek için lütfen ifadelerin solunda yer alan ölçeği kullanınız.		Hiç uygun değil	Pek uygun değil	Kararsızım	Uygun	Tamamen uygun
1.	Durumları "tartma" konusunda iyiyimdir.	1	2	3	4	5
2.	Zor durumlarla karşılaştığımda karar vermekte güçlük çekerim.	1	2	3	4	5
3.	Karar vermeden önce çok sayıda seçeneği dikkate alırım.	1	2	3	4	5
4.	Zor durumlarla karşılaştığımda kontrolümü kaybediyordum gibi hissederim.	1	2	3	4	5
5.	Zor durumlara değişik açılardan bakmayı tercih ederim.	1	2	3	4	5
6.	Bir davranışın nedenini anlamak için önce, elimdeki dışında ek bilgi edinmeye çalışırım.	1	2	3	4	5
7.	Zor durumlarla karşılaştığımda öyle strese girerim ki sorunu çözecek bir yol bulamam.	1	2	3	4	5
8.	Olaylara başkalarının bakış açısından bakmayı denerim.	1	2	3	4	5

9.	Zor durumlarla baş etmek için çok sayıda değişik seçeneğin olması beni sıkıntıya sokar.	1	2	3	4	5
10.	Kendimi başkalarının yerine koymakta başarılıyım.	1	2	3	4	5
11.	Zor durumlarla karşılaştığımda ne yapacağımı bilemem.	1	2	3	4	5
12.	Zor durumlara farklı açılardan bakmak önemlidir.	1	2	3	4	5
13.	Zor durumlarda nasıl davranacağıma karar vermeden önce birçok seçeneği dikkate alırım.	1	2	3	4	5
14.	Durumlara farklı bakış açılarından bakarım.	1	2	3	4	5
15.	Hayatta karşılaştığım zorlukların üstesinden gelmeyi becerebilirim.	1	2	3	4	5
16.	Bir davranışın nedenini düşünürken mevcut bütün bilgileri ve gerçekleri dikkate alırım.	1	2	3	4	5
17.	Zor durumlarda, şartları değiştirecek gücümün olmadığını hissederim.	1	2	3	4	5
18.	Zor durumlarla karşılaştığımda önce bir durup çözüm için farklı yollar düşünmeye çalışırım.	1	2	3	4	5
19.	Zor durumlarla karşılaştığımda birden çok çözüm yolu bulabilirim.	1	2	3	4	5
20.	Zor durumlara tepki vermeden önce birçok seçeneği dikkate alırım.	1	2	3	4	5

Appendix-5: Beck Anxiety Inventory (BAI)

Yönerge: Aşağıda insanların kaygılı ya da endişeli oldukları zamanlarda yaşadıkları bazı belirtiler verilmiştir. Lütfen her maddeyi dikkatle okuyunuz. Daha sonra, her maddedeki belirtinin, bugün dahil son bir haftadır sizi ne kadar rahatsız ettiğini aşağıdaki ölçekten yararlanarak belirleyiniz.

	Hiç	Hafif Düzeyde	Orta Düzeyde	Ciddi Düzeyde
1. Bedeninizin herhangi bir yerinde uyuşma veya karıncalanma	0	1	2	3
2. Sıcak/ ateş basmaları	0	1	2	3
3. Bacaklarda halsizlik, titreme	0	1	2	3
4. Gevşeyememe	0	1	2	3
5. Çok kötü şeyler olacak korkusu	0	1	2	3
6. Baş dönmesi veya sersemlik	0	1	2	3
7. Kalp çarpıntısı	0	1	2	3
8. Dengeyi kaybetme duygusu	0	1	2	3
9. Dehşete kapılma	0	1	2	3
10. Sinirlilik	0	1	2	3
11. Boğuluyormuş gibi olma duygusu	0	1	2	3
12. Ellerde titreme	0	1	2	3
13. Titreklik	0	1	2	3
14. Kontrolü kaybetme korkusu	0	1	2	3
15. Nefes almada güçlük	0	1	2	3
16. Ölüm korkusu	0	1	2	3
17. Korkuya kapılma	0	1	2	3
18. Midede hazımsızlık ya da rahatsızlık hissi	0	1	2	3
19. Baygınlık	0	1	2	3
20. Yüzün kızarması	0	1	2	3
21. Terleme (sıcağa bağlı olmayan)	0	1	2	3