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Bedtime Procrastination and Parental Burnout Among Mothers

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Abstract

Motherhood involves multiple childcare and family responsibilities that may limit opportunities for personal time and rest. Bedtime procrastination may provide mothers with time for personal activities but may also be associated with parental burnout. However, the relationship between bedtime procrastination and parental burnout among mothers remains insufficiently explored. This study aimed to investigate the relationship between bedtime procrastination and parental burnout among mothers and to examine differences in these variables according to selected demographic characteristics. A descriptive correlational design was employed with a sample of 202 mothers from Irbid, Jordan. Data were collected using the Bedtime Procrastination Reasons Scale and the Parental Burnout Assessment. Pearson's correlation coefficient and mean comparison procedures were used to examine the relationships and differences according to the study variables. Bedtime procrastination and parental burnout were both at moderate levels. A statistically significant positive correlation was found between bedtime procrastination and parental burnout. Statistically significant differences in bedtime procrastination were found according to age, presence of an infant, and income level, while no significant differences were found according to educational level, number of children, or employment status. Parental burnout also differed significantly according to age, presence of an infant, and income level, with mothers of infants reporting higher levels of parental burnout. The findings indicate an association between bedtime procrastination and parental burnout among mothers. They also highlight the relevance of considering bedtime behavior and parental burnout together when examining mothers' psychological and behavioral experiences.

INTRODUCTION

Good sleep is essential for both mental and physical health. It contributes to energy restoration, enhanced functional performance, emotional balance, and the ability to cope with the demands of daily life (Hill et al., 2022). However, mothers are exposed to multiple roles and responsibilities associated with childcare, household affairs, and, for some, professional duties. These demands may limit the time available for personal activities and relaxation and may contribute to delaying bedtime despite the intention to sleep (Lollies et al., 2022). Bedtime procrastination refers to the voluntary delay of going to bed despite having no external reason that prevents a person from doing so. It is therefore distinct from sleep deprivation resulting from insufficient sleep time and from involuntary sleep disruption caused by factors that interfere with sleep. In some cases, bedtime procrastination may be associated with the desire to use the late evening as personal time after a demanding day. Nauts et al. (2019) identified several reasons people give for delaying bedtime, including the desire to enjoy personal time,

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difficulty ending daily activities, anxiety related to sleep, and the perception that nighttime provides an opportunity to relax and escape daily pressures. These reasons provide a basis for understanding why some individuals voluntarily delay bedtime despite recognizing the importance of adequate sleep.

The term revenge bedtime procrastination has been used to describe bedtime delay that is particularly associated with the desire to regain personal time perceived to have been lost during the day. However, this concept should be distinguished from bedtime procrastination as a broader behavioral phenomenon. Not every instance of delayed bedtime necessarily reflects a desire to reclaim personal time, and bedtime delay may occur for different reasons. Oliveira et al. (2025) addressed this issue by developing a scale concerned with reasons for bedtime procrastination, building on previous qualitative work on the explanations people give for going to bed late. Thus, the reasons underlying bedtime procrastination may include deliberate or less mindful forms of delay as well as strategic reasons for postponing bedtime. Accordingly, in the present study, bedtime procrastination is considered primarily as a behavior involving the voluntary delay of bedtime, while the motivations associated with such delay provide a context for understanding the behavior rather than being treated as a separate sleep disorder.

This phenomenon may be particularly relevant to mothers because they often spend substantial portions of the day responding to the needs of children and family and managing household and work-related responsibilities. Consequently, the evening or late-night period may represent an opportunity for personal activities, relaxation, or time away from daily obligations (Deval & Sharma, 2026). Delaying bedtime may provide temporary personal time, but it may also reduce the time available for sleep and recovery. This distinction is important because reduced sleep duration or poor sleep quality should not be assumed to be synonymous with bedtime procrastination. Rather, bedtime procrastination represents a voluntary behavioral decision, whereas sleep deprivation or sleep disruption may occur for reasons that are not under the individual's control. Research has linked parenting stress and family-related demands with bedtime procrastination among parents (Shipman-Lacewell et al., 2026; Lee et al., 2025). Deval and Sharma (2026) also reported a moderate level of bedtime procrastination among mothers and identified relationships between bedtime procrastination, sleep quality, and psychological distress. These findings suggest that delaying bedtime may represent one behavioral response to the pressures and demands experienced by mothers.

The accumulation of parenting demands and the depletion of psychological and emotional resources may also be related to parental burnout. Parental burnout refers to a psychological condition resulting from chronic exposure to the pressures and demands associated with parenting. When the demands of childcare and family responsibilities exceed the available psychological and emotional resources of parents, parental burnout may emerge, accompanied by exhaustion, emotional distancing, and changes in the individual's experience of the parental role (Bogdán et al., 2025). Ren et al. (2024) indicate that mothers may experience substantial parenting demands because of their involvement in daily childcare, housework, and family responsibilities. Tracchegiani and Carone (2025) also demonstrated the relationship between parenting demands and burnout among mothers and fathers during the perinatal period. In addition, Kutz (2024) found a link between maternal burnout and sleep-related difficulties, while Hormozi et al. (2022) demonstrated a positive correlation between parental burnout and sleep problems among mothers. These findings provide a basis for considering bedtime behavior and parental burnout within the same research context, while recognizing that bedtime procrastination and sleep problems are conceptually distinct.

The relationship between bedtime procrastination and parental burnout may be particularly relevant when examining mothers in Irbid, Jordan. Mothers in this context, as in other settings, may experience the combined demands of childcare, household responsibilities, and employment, which can affect the time available for personal activities and rest. Examining

these two variables among mothers in Irbid can therefore provide context-specific evidence concerning how bedtime behavior is related to parental burnout within a particular group of mothers. Such a context is important because findings from studies conducted among general adults or mixed samples of parents may not fully reflect the experiences of mothers whose daily responsibilities are closely connected to childcare and family demands.

It is therefore reasonable to consider a possible relationship between bedtime procrastination and parental burnout among mothers. On the one hand, the pressures associated with parenting may reduce opportunities for personal time and contribute to delaying bedtime. On the other hand, repeated bedtime delay may reduce opportunities for adequate rest and recovery and may be associated with the exhaustion experienced in the parental role. However, the presence of a relationship between the two variables does not by itself establish a causal direction. Despite the growing body of research addressing bedtime procrastination, sleep-related difficulties, and parental burnout separately, the relationship between bedtime procrastination and parental burnout among mothers remains insufficiently explored. Previous studies have also frequently examined general samples of adults or parents, with less attention to mothers as a specific group. Therefore, the present study seeks to examine the relationship between bedtime procrastination and parental burnout among mothers in Irbid, Jordan, while also examining whether these two variables differ according to selected demographic characteristics.

METHODS

Design

This study aimed to investigate the relationship between bedtime procrastination and parental burnout among mothers. It also sought to identify differences in these two variables based on selected demographic factors, including age, educational level, number of children, presence of an infant, income level, and employment status. The study employed a correlational design to examine the nature, direction, and strength of the relationship between bedtime procrastination and parental burnout among mothers. In addition, it examined differences in these variables according to the participants' demographic characteristics. Data were collected using bedtime procrastination and parental burnout scales after examining their validity and reliability.

Participants

The study sample consisted of 202 mothers from Irbid city, Jordan. Participants were selected using convenience sampling based on the characteristics of the target population and the objectives of the study. Participation was limited to mothers who met the study requirements and agreed to participate voluntarily. Mothers who did not meet the study requirements or did not provide the required responses were not included in the final sample.

The demographic information collected included age, educational level, number of children, presence of an infant, income level, and employment status. The questionnaires were distributed electronically using Google Forms through available channels for reaching the target participants. Only responses that provided the information required for the study were included in the final analysis.

The age groups were defined as under 20 years, 20–30 years, and over 30 years. The number of children was grouped into one, 2–4, and five or more children. Income level was classified as low, middle, and high, as reported by the participants. Employment status was classified as employed or unemployed. The variable concerning the presence of an infant was recorded as yes or no.

Table 1. Frequencies and percentages according to the study variables.

Variable	Group	Frequency	%
Age	Under 20 years	17	8.4
	20–30 years	54	26.7
	Over 30 years	131	64.9
Educational level	High school or less	43	21.3
	Bachelor's degree	114	56.4
	Higher studies	45	22.3
Number of children	1	34	16.8
	2–4	130	64.4
	5 or more	38	18.8
Presence of an infant	No	130	64.4
	Yes	72	35.6
Income level	Low	42	20.8
	Middle	142	70.3
	High	18	8.9
Employment status	Employed	94	46.5
	Unemployed	108	53.5
Total		202	100.0

Instruments

First: Bedtime Procrastination Reasons Scale

The study used the Bedtime Procrastination Reasons Scale developed by Oliveira et al. (2025). The scale was developed based on the qualitative findings of Nauts et al. (2019) concerning reasons for delaying bedtime and the concept of bedtime procrastination discussed by Kroese et al. (2014). The scale consists of nine items distributed across three dimensions: deliberate procrastination, mindless procrastination, and strategic delay, with three items for each dimension. The items are rated on a five-point Likert scale ranging from 1 (never) to 5 (always). Higher scores indicate more frequent endorsement of the reasons or patterns associated with bedtime delay. Item Analysis in the Current Study Item-total correlation coefficients were calculated using a pilot sample of 30 participants who were not included in the main study sample. The correlation coefficients ranged from 0.73 to 0.95, as shown in Table 2. All item-total correlations were statistically significant. The results showed acceptable consistency between the items and the total score; therefore, no item was removed from the scale.

Table 2. Correlation coefficients between items and the total score of the bedtime procrastination reasons scale

Item	Correlation coefficient
1	0.75**
2	0.82**
3	0.95**
4	0.73**
5	0.89**
6	0.80**
7	0.73**
8	0.78**
9	0.83**

*Note. *p < .01.

Reliability was examined using test-retest reliability and internal consistency. The scale was administered to a pilot group of 30 participants outside the main study sample and was administered again after two weeks. The Pearson correlation between the two administrations was 0.92, indicating high stability over time. Internal consistency was examined using

Cronbach's alpha, which was 0.85 for the scale in the current study. These results indicate that the scale showed adequate reliability for use in the present study.

Second: The parental burnout scale

The study used the Parental Burnout Assessment (PBA) developed by Roskam et al. (2018) to assess parental burnout. The original assessment was developed to measure parental burnout as a psychological syndrome related to chronic stress in the parental role. The original version consists of 23 items across four dimensions: exhaustion in the parental role, contrast with the previous parental self, feelings of being fed up, and emotional distancing.

For the present study, an adapted and shortened version of the assessment was used. The version used in the current study consisted of 20 items across three dimensions: exhaustion in the parental role (9 items), contrast with the previous self (6 items), and feelings of being fed up (5 items). The emotional distancing dimension was not included in the version used in this study. The items were answered on a five-point Likert scale ranging from 1 (never) to 5 (always). Higher scores indicate higher levels of parental burnout.

The shortened version was used to focus the assessment on the three dimensions included in the study and to maintain a manageable questionnaire for the participating mothers. Because the version used in the present study differs from the original PBA in the number of items, dimensions, and response format, its psychometric properties were examined again using the current study procedures before conducting the main analysis.

To examine the consistency of the items within the adapted version, correlations were calculated between each item and the total score of its corresponding domain and between each item and the total scale score. These analyses were conducted using a pilot sample of 30 participants who were not included in the main study sample. The item-domain correlations ranged from 0.80 to 0.93, while the item-total correlations ranged from 0.75 to 0.94, as shown in Table 3. All correlations were statistically significant. These results provided evidence of acceptable item consistency within the adapted version, and no item was removed. The correlations among the three domains and between each domain and the total scale score were also examined. The results are presented in Table 4.

Table 3. Correlations between items, their domains, and the total scale score

Item	Item-domain correlation	Item-total correlation
1	0.88**	0.94**
2	0.86**	0.75**
3	0.93**	0.85**
4	0.90**	0.88**
5	0.80**	0.94**
6	0.92**	0.94**
7	0.87**	0.92**
8	0.93**	0.83**
9	0.84**	0.86**
10	0.81**	0.78**
11	0.82**	0.80**
12	0.85**	0.82**
13	0.82**	0.86**
14	0.86**	0.82**
15	0.86**	0.86**
16	0.87**	0.82**
17	0.84**	0.86**
18	0.87**	0.87**
19	0.93**	0.84**
20	0.90**	0.84**

*Note. *p < .01.

Table 4. Correlations among the domains and between the domains and the total scale score

	1	2	3	4
1 Exhaustion	1			
2 Contrast with the previous self	0.869**	1		
3 Feelings of being fed up	0.908**	0.876**	1	
4 Parental burnout	0.890**	0.893**	0.870**	1

*Note. *p < .01.

All correlations were positive and statistically significant at the 0.01 level. The correlations between the three domains and the total score ranged from 0.870 to 0.893, while the correlations among the domains ranged from 0.869 to 0.908. These results support the consistency of the three domains with the total score in the adapted version used in the present study.

Reliability was examined using test-retest reliability and internal consistency. The assessment was administered to a pilot group of 30 participants outside the main study sample and was administered again after two weeks. Pearson's correlation coefficients were calculated between the two administrations. Internal consistency was examined using Cronbach's alpha. The results for the three domains and the total score are presented in Table 5. The Cronbach's alpha coefficients ranged from 0.72 to 0.86, while the test-retest coefficients ranged from 0.84 to 0.91. These results indicate acceptable internal consistency and stability of the adapted version used in the present study.

Table 5. Cronbach's alpha and test-retest reliability of the parental burnout assessment

Domain	Test-retest	Cronbach's alpha
Exhaustion	0.85	0.72
Contrast with the previous self	0.87	0.79
Feelings of being fed up	0.84	0.81
Parental burnout	0.91	0.86

Translation and Adaptation Procedure

The study instruments were translated into Arabic for administration to the participants. The Arabic versions were reviewed to ensure that the items were clear and appropriate for the study participants and the study context. For the Parental Burnout Assessment, the version used in the present study was an adapted and shortened version of the original assessment. The psychometric properties of the versions used in the present study were examined before the main analysis.

Data Collection and Statistical Analysis

Data were collected electronically using Google Forms. The questionnaire was distributed to mothers in Irbid, Jordan, through available channels for reaching the target participants. Participation was voluntary, and only participants who agreed to take part in the study completed the questionnaire. The final sample included 202 completed responses. Responses that did not provide the information required for the study were not included in the final analysis. The collected data were organized and prepared for statistical analysis according to the study variables. The data were analyzed using SPSS. Frequencies and percentages were calculated to describe the demographic characteristics of the participants. Means and standard deviations were calculated to describe the levels of bedtime procrastination and parental burnout. Pearson's correlation coefficient was used to examine the relationship between bedtime procrastination and parental burnout and between bedtime procrastination and the three parental burnout domains.

To examine differences in bedtime procrastination and parental burnout according to the selected demographic variables, one-way analysis of variance (ANOVA) was used for variables with more than two groups, while the appropriate mean comparison was used for variables with two groups. Eta squared (η^2) was reported as an effect-size measure for the ANOVA results. Statistical significance was determined at $\alpha = 0.05$. The assumptions relevant to the statistical tests were considered before conducting the analyses. The final analyses were based on the completed responses included in the study sample.

For interpretation of the five-point scale means, equal intervals were used to classify the results into three levels: low (1.00–2.33), moderate (2.34–3.67), and high (3.68–5.00). The analyses were selected according to the research questions. The main analysis focused on the relationship between the two study variables and on differences across the predefined demographic groups. Therefore, separate group comparisons were used to address the demographic questions rather than developing a multivariable predictive model.

RESULTS

Level of bedtime procrastination and parental burnout among mothers

Table 6 shows that the overall level of bedtime procrastination among mothers was moderate, with a mean score of 3.42 and a standard deviation of 0.79. The mean scores of the individual items ranged from 3.06 to 4.11. Item 9 had the highest mean score (M = 4.11, SD = 1.01), indicating a high level, followed by Item 8 (M = 3.74, SD = 1.11), also indicating a high level. Item 1 ranked third, with a mean score of 3.47 (SD = 1.16), indicating a moderate level. Item 7 had the lowest mean score (M = 3.06, SD = 1.23), indicating a moderate level.

Table 6. Means and standard deviations of the reasons for bedtime procrastination among mothers, sorted in descending order of means

Rank	No.	Mean	Standard deviation	Level
1	9	4.11	1.01	High
2	8	3.74	1.11	High
3	1	3.47	1.16	Medium
4	3	3.43	1.17	Medium
5	2	3.35	1.13	Medium
6	6	3.34	1.21	Medium
7	5	3.23	1.16	Medium
8	4	3.07	1.16	Medium
9	7	3.06	1.23	Medium
Revenge bedtime procrastination		3.42	0.79	Medium

Level of parental burnout

Table 7 shows that the overall level of parental burnout among the mothers was moderate, with a mean of 2.88 and a standard deviation of 0.88. The mean scores of the three domains ranged from 2.14 to 3.45. Exhaustion had the highest mean score (M = 3.45, SD = 0.97), indicating a moderate level, whereas feelings of being fed up had the lowest mean score (M = 2.14, SD = 1.19), indicating a low level.

Table 7. Means and standard deviations of parental burnout levels, arranged in descending order of arithmetic means

Rank	No.	Mean	Standard deviation	Level	Rank
1	1	Exhaustion	3.45	0.97	Medium
2	2	Contrast with the previous self	2.65	1.08	Medium
3	3	Feelings of being fed up	2.14	1.19	Low
		Parental burnout scale	2.88	0.88	Medium

Relationship of bedtime procrastination and parental burnout

Table 8 shows statistically significant positive correlations between bedtime procrastination and parental burnout and its three domains. The correlation with exhaustion was r = 0.575, followed by the correlation with parental burnout as a total score (r = 0.558), contrast with the previous self (r = 0.425), and feelings of being fed up (r = 0.349). All correlations were statistically significant at p < .001.

Table 8. Pearson's correlation coefficients for the relationship between bedtime procrastination and parental burnout

Parental burnout domain	r	p	N
Exhaustion	0.575**	< .001	202
Contrast with the previous self	0.425**	< .001	202
Feelings of being fed up	0.349**	< .001	202
Parental burnout scale	0.558**	< .001	202

Note. p < .01.

Table 9. Means, standard deviations, and ANOVA results for bedtime procrastination according to demographic variables

Variable	Group	Mean	SD	F	p	η²
Age	Under 20 years	3.74	0.718	4.832	.009	.046
	20–30 years	3.62	0.695			
	Over 30 years	3.30	0.810			
Educational level	High school or less	3.60	0.876	1.856	.159	.018
	Bachelor's degree	3.41	0.744			
	Higher studies	3.28	0.795			
Number of children	1	3.50	0.819	1.263	.285	.013
	2–4	3.45	0.774			
	5 or more	3.24	0.804			
Presence of an infant	Yes	3.60	0.748	6.002	.015	.029
	No	3.32	0.794			
Income level	High	3.20	0.873	4.074	.018	.039
	Middle	3.36	0.749			
	Low	3.71	0.826			
Employment status	Employed	3.33	0.804	2.354	.127	.012

Table 10. Means, standard deviations, and ANOVA results for parental burnout according to demographic variables

Variable	Group	Mean	SD	F	p	η²
Age	Under 20 years	3.37	0.880	5.289	.006	.050
	20–30 years	3.05	0.870			
	Over 30 years	2.75	0.856			
Educational level	High school or less	3.14	0.965	2.373	.096	.023
	Bachelor's degree	2.81	0.822			
	Higher studies	2.82	0.912			
Number of children	1	2.99	1.085	0.926	.398	.009
	2–4	2.90	0.834			
	5 or more	2.72	0.833			
Presence of an infant	Yes	3.13	0.824	9.869	.002	.047
	No	2.74	0.882			
Income level	High	2.94	1.044	6.736	.001	.063
	Middle	2.75	0.815			
	Low	3.30	0.906			
Employment status	Employed	2.83	0.836	0.649	.422	.003
	Unemployed	2.93	0.917			

DISCUSSION

The study showed that the level of bedtime procrastination among mothers was moderate, as was the level of parental burnout. This finding can be understood in light of the multiple roles and responsibilities undertaken by mothers. Caring for children and managing household affairs require considerable time and effort and may limit opportunities for personal time during the day. Consequently, the evening may provide some mothers with an opportunity for personal activities, relaxation, or time away from daily responsibilities. This may contribute to delaying bedtime without necessarily resulting in a high level of bedtime procrastination. This finding is consistent with Nauts et al. (2019), who indicated that perceiving nighttime as an opportunity for personal time is one of the reasons individuals give for delaying bedtime.

The moderate level of parental burnout may also be related to the pressures and challenges associated with motherhood and family responsibilities. Mikolajczak et al. (2019) explained that parental burnout results from an imbalance between the demands of the parental role and the resources available to the parent. Thus, the moderate level observed in the present study may reflect the presence of ongoing parental demands alongside resources or coping strategies that may help mothers manage these demands. This finding is consistent with Ciciolla and Luthar (2019), who indicated that mothers face increasing daily burdens and accumulated responsibilities that may contribute to psychological and physical exhaustion. However, these pressures do not necessarily result in high levels of parental burnout. Similarly, Shweikh (2025) and Boubakeria and Abib (2024) reported psychological and familial pressures among mothers that may be reflected in exhaustion and stress associated with their continued familial and social roles.

A statistically significant positive correlation was found between bedtime procrastination and parental burnout among mothers. This indicates that higher levels of bedtime procrastination were associated with higher levels of parental burnout in the present sample. The finding may be understood in relation to the accumulated daily pressures and responsibilities associated with childcare and household affairs, which may limit mothers' opportunities for personal time during the day. Consequently, some mothers may delay bedtime to engage in personal activities or obtain time for themselves. At the same time, delaying bedtime may reduce the time available for sleep and psychological and physical recovery and may therefore be associated with greater exhaustion. Because the present study employed a correlational design, however, this association does not establish a causal direction between bedtime procrastination and parental burnout.

The observed relationship can also be considered in light of the risk-resource balance model proposed by Kim and Kerr (2024), which suggests that parental burnout may occur when the demands of parenting exceed available psychological and personal resources. When mothers experience continuing demands on their time and energy, staying awake later may provide temporary personal time. However, this may occur alongside reduced opportunities for sleep and recovery. Hill et al. (2022) identified self-regulation as an important factor associated with bedtime procrastination, while Lee et al. (2025) reported that difficulties in emotion regulation, insomnia, and the need for personal time away from daily caregiving demands were associated with sleep-related difficulties among parents. These findings provide a possible context for understanding the relationship observed in the present study.

The finding is also consistent with Johnson et al. (2026), who reported an association between caregiving and daily stressors and bedtime procrastination. Individuals experiencing greater caregiving burdens may be more likely to delay sleep in order to gain time for themselves. Similarly, Boubakeria and Abib (2024) indicated that the ongoing psychological and physical stresses experienced by mothers may lead them to seek compensatory mechanisms to achieve psychological comfort and emotional balance. Abdel Moneim (2024) also demonstrated a relationship between psychological stress, sleep disorders, and psychological

strain. Together, these findings provide a context in which bedtime behavior and parental exhaustion may be related, while the present study does not establish that one directly causes the other.

The results further showed statistically significant differences in bedtime procrastination according to age, presence of an infant, and income level. In contrast, no statistically significant differences were found according to educational level, number of children, or employment status. Thus, bedtime procrastination was not completely uniform across the demographic groups examined in the present study. However, the present data do not establish the specific reasons underlying the differences according to age or income level. The difference associated with the presence of an infant may be considered in relation to the particular demands of caring for an infant and the different daily and nighttime routines associated with this responsibility. These findings should be interpreted within the characteristics of the present sample and should not be generalized beyond the study context.

With regard to parental burnout, statistically significant differences were found according to age, presence of an infant, and income level, whereas no statistically significant differences were found according to educational level, number of children, or employment status. Mothers with an infant reported higher levels of parental burnout than mothers without an infant. This finding may be related to the demands associated with infant care. Caring for an infant may involve continuous physical and emotional effort, frequent nighttime feeding and awakenings, disrupted sleep patterns, and increased childcare responsibilities, all of which may contribute to the depletion of psychological and physical resources.

This finding is consistent with Sarvaran et al. (2024), who reported that mothers caring for infants experience higher levels of fatigue and sleep disturbances and that their sleep quality may decline because of the continuing demands of nighttime care. Sultan et al. (2023) also demonstrated that postpartum sleep disturbances are associated with increased stress and negative mood among mothers. These findings provide a possible context for understanding the higher level of parental burnout observed among mothers with infants. The finding can also be considered in light of the parental burnout model proposed by Mikolajczak et al. (2019), according to which parental burnout may emerge when parenting demands exceed available psychological and personal resources.

The significant differences according to age and income level indicate that demographic characteristics were not uniformly unrelated to parental burnout in the present sample. At the same time, the absence of statistically significant differences according to educational level, number of children, and employment status suggests that these characteristics were not associated with significant differences in parental burnout among the mothers studied. The reasons underlying the observed differences according to age and income cannot be determined from the present data and may require further investigation.

The effect sizes associated with the demographic variables were generally small. This indicates that the demographic variables examined in the study accounted for relatively limited differences in bedtime procrastination and parental burnout. Therefore, demographic characteristics alone may not provide a complete explanation of these phenomena. Previous research has highlighted the relevance of psychological factors, including self-regulation and related personal resources, in understanding bedtime procrastination and parental burnout (Hill et al., 2022; Kroese et al., 2016; Mikolajczak et al., 2019).

Overall, the findings indicate an association between bedtime procrastination and parental burnout among the mothers included in the present study. They also indicate that some demographic characteristics, particularly age, presence of an infant, and income level, were associated with differences in the two study variables, whereas other characteristics were not. These findings support the value of considering psychological and behavioral factors alongside demographic characteristics when examining bedtime procrastination and parental burnout.

Accordingly, counseling and preventive programs for mothers may consider areas such as self-regulation, time management, emotional regulation, and positive coping with parental stress. Particular attention may also be given to mothers caring for infants in view of the higher level of parental burnout observed in this group. Future studies may examine additional psychological and familial variables to provide a broader understanding of bedtime procrastination and parental burnout among mothers.

Limitations and Future Directions

Several limitations should be considered when interpreting the findings of this study. First, the study employed a correlational design, which does not allow for establishing causal relationships between bedtime procrastination and parental burnout. Second, the data were collected using self-report measures, which may make responses susceptible to self-perception bias or the desire to present a positive social image. Third, the study was limited to a sample of 202 mothers from Irbid, Jordan, which may limit the generalizability of the findings to mothers in other social and cultural settings. Fourth, the study examined a limited number of demographic variables and did not address other potentially relevant variables, such as social support, marital satisfaction, sleep quality, psychological resilience, and life stress levels. Despite these limitations, the study provides further understanding of the relationship between bedtime procrastination and parental burnout among mothers. Future studies may adopt longitudinal or experimental designs and examine additional psychological and family variables to provide a more comprehensive understanding of this relationship.

CONCLUSION

Mothers reported moderate levels of bedtime procrastination and parental burnout, with a significant positive association between the two. Both varied significantly by age, infant presence and income, but not by education, number of children or employment status; mothers with infants reported greater burnout. These findings suggest that maternal support programmes could address sleep-related behaviours and parental stress alongside family and social support, while further research explores additional psychological and familial factors.

ETHICAL CONSIDERATIONS

The study was conducted in accordance with the Declaration of Helsinki and was approved by the Research Ethics Committee of King Faisal University, Saudi Arabia (Approval No. KFU-2026-264105; approved on 16 May 2026). Participation was voluntary, and informed consent was obtained from the participants before completing the questionnaire. Participants were informed of the purpose of the study and that their participation was voluntary.

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AUTHOR CONTRIBUTION STATEMENT

RN, NF, SM, AH, AZH, and AI contributed to the study. RN, NF, and SM contributed to data collection and study procedures. AH, AZH, and AI contributed to the study design,

methodology, data analysis, and manuscript preparation. AI supervised the overall study and critically reviewed the manuscript. All authors approved the final version of the manuscript.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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