RESEARCH ARTICLE / ARAŞTIRMA YAZISI

The Burnout and Loneliness Levels of Housewives in Home-Quarantine during Covid-19 Pandemic

Covid-19 Pandemisi Nedeniyle Oluşan Ev Karantinasında Ev Hanımlarının Tükenmişlik ve Yalnızlık Düzeyleri

Veysel Kaplan

Abstract:

The objective of this study was to determine burnout and loneliness levels of housewives during home-quarantine process caused by the COVID-19 outbreak. 111 housewives were included in the study using the online survey method. Personal Information Form, Housewives Burnout Scale (CUBAC) and UCLA Loneliness Scale (U-LS) were used to collect data. The average age of housewives was 38.75 ± 9.98, the mean score ECUBAC was 60.14 ± 17.97 and the mean score U-LS was 44.84 ± 8.78. The results show that relations with husband and children, education levels, time of marriage, the number of children and responsibility level of house-works affect the level burn-out and loneliness levels of housewives (p <0.05). During the quarantine process caused by the epidemic, the intensity of housework has increased, as all family members were at home and the care and nutritional needs of the individuals changed due to the epidemic. However, despite this increase, the fact that only housewives were responsible for housework, just like before the quarantine, caused them to feel high levels of burnout and loneliness.

Keywords: Burn-Out, Covid-19 Pandemic, Home-Quarantine, Housewife, Loneliness

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[1] PhD, RN, Faculty of Health Sciences, Nursing Department, Harran University, Şanlıurfa-Turkey,·Orcid İd: https://orcid.org/0000-0001-9082-1379

Address of Correspondence/Yazışma Adresi: Faculty of Health Sciences, Nursing Department, Harran University, Şanlıurfa-Turkey, E-mail: vyslkpln@hotmail.com

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Öz:

Çalışma, COVID-19 salgını nedeniyle oluşan karantina sürecinde ev hanımlarının tükenmişlik ve yalnızlık düzeylerinin belirlenmesi amacıyla yapılmıştır. Çalışmaya 111 ev hanımı, online anket yöntemi ile, dahil edilmiştir. Verilerin toplanmasında Kişisel Bilgi Formu, Ev Hanımlarında Tükenmişlik Ölçeği (EHTÖ) ve UCLA Yalnızlık Ölçeği (YÖ) kullanılmıştır. Çalışma sonucunda, ev hanımlarının yaş ortalaması 38.75±9.98, EHTÖ puan ortalaması 60.14±17.97 ve YÖ puan ortalaması 44.84±8.78 olarak tespit edilmiştir. Kadınların eş ve çocuklarıyla olan ilişkileri, eğitim düzeyleri, evlilik süreleri, çocuk sayıları ve evdeki işlerden sorumluluk düzeyleri ile yalnızlık ve tükenmişlik düzeyleri arasında ilişki tespit edilmiştir (p <0.05). Salgın nedeniyle oluşan karantina sürecinde, tüm aile bireylerinin evde olması ve salgın ile ilişkili olarak bireylerin bakım ve beslenme ihtiyaçlarının değişmesi ev içi işlerinin yoğunluğunu artmıştır. Ancak bu artışa rağmen, tıpkı karantina öncesinde olduğu gibi ev işlerinden sadece ev hanımlarının sorumlu olması, onların yüksek düzeyde tükenmişlik ve yalnızlık hissetmelerine neden olmuştur.

Anahtar Kelimeler: Tükenmişlik, Covid-19 Salgını, Ev Karantinası, Ev Hanımları, Yalnızlık

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Introduction

Epidemics, like other natural calamity (e.g. earthquake, tsunami, etc.), are considered as disasters and negatively affect individuals in various areas such as daily life, physical health, psychological status, family relations, social life, and economic life (Kaya, 2020; World Health Organization [WHO], 2020). The COVID-19 virus, which is included in the beta-coronavirus family including SARS-CoV and MERS-CoV, also emerged in 2019 and rapidly affected the whole world in a short time and caused a global epidemic (Murthy, Gomersall and Fowler, 2020; Parody and Lui, 2020; WHO, 2020). Basically, this virus, which causes respiratory tract infection, not only threatens the physical health of individuals but also causes both acute and chronic problems on mental health (Holmes, 2020; Holt-Lunstad, 2017).

In particular, the transformation of the virus into a global epidemic and the incremental increase in the number of cases have caused negative pictures such as panic, fear, anxiety, and stress at the social level (Rajkumar, 2020; Sim, 2010). Inability to perform cultural/religious rituals in the early deaths of the epidemic, empty market shelves, interpretation of every bodily sensation as a disease, exposure to information pollution on social media, continuous programs on tv about the epidemic caused a social trauma, especially on children, women, elderly and on those with chronic diseases (Bozkurt, Zeybek, and Aşkın, 2020; Qiu, 2020; Tian, 2020; Wang, 2020).

Women are among the groups most affected by the adverse health (physical and mental), economic, security, or social safety effects of the COVID-19 epidemic. Social isolation, which is the most basic strategy applied to prevent the epidemic from spreading, places extra burdens on women, especially through the family channel (Ergönen, Biçen and Ersoy, 2020; Kara, 2020; World Economic Forum, [WEF], 2020).

Difficult housewives duties, such as performing household activities that already existed before isolation, meeting the educational and emotional needs of children, and meeting the care needs of elderly/sick people at home, if any, have increased exponentially due to the social isolation caused by the epidemic (Kara, 2020; Liu et al., 2020; WEF, 2020). With the isolation process, housewives have new obligations such as offering extra hygiene at home, preparing more and healthier meals, keeping order in the crowded family environment, following school-age children's online education processes, arranging games and children's events because of their constant homestay (Aylaz and Yıldız, 2020; Tang, Junjian and Babatunde; 2020).

A woman is accepted as the classical caregiver of the family in almost every society. As a woman, housewives also have to spend time and effort for situations such as caring for the sick/elderly individuals and managing the quarantine process, especially as a result of their gender roles, by assuming the caring role for the family during the epidemic period (Aylaz and Yıldız, 2020; Hussein, 2020; Tang, Junjian, and Babatunde, 2020; Wenham, Smith and Morgan, 2020). Heavy responsibilities pose serious risks for both the physical and psychological health of housewives, such as meeting their routine health needs (taking medication, following their treatment, etc.), personal needs (washing, feeding, going to the toilet, dressing, etc.), and emotional needs (sharing their loneliness, supporting, etc.), especially when dealing with sick/elderly individuals (Xiao, 2020). When the literature is reviewed, it is stated that housewives carry great risks not only in terms of many physical diseases, especially in terms of psychological problems such as depression, health anxiety, burnout, and loneliness because of their intense housework, the necessity of constantly caring for the sick/elderly people at home, spending a long time at home and being deprived of social relations from which they can receive support (Chen, 2020; Holt-Lunstad, 2017; Reger, Stanley and Joiner, 2020; Tayaz and Koç, 2018; Thunström, 2020). As a global public health concern, violence against women both physically and psychologically continues to threaten women throughout the epidemic era. It is a fact that violence against women increases during all kinds of emergencies, including epidemics (Ergönen, Biçen, and Ersoy, 2020; Usher, 2020; WHO, 2020). Social isolation, especially implemented within the scope of protection measures; In addition to intense stress and anger bursts, it causes domestic conflicts, excessive alcohol consumption in men, and, accordingly, violence against women (Aylaz and Yıldız, 2020; Bilge and Bilge, 2020; Brooks, 2020; Gardazi, Mobeen and Ali Gardazi; 2020).

Housewives have to live in the same house with family members who inflict violence on them due to isolation measures; are deprived of social and professional support they can apply to protect themselves from violence (Aylaz and Yıldız, 2020; Holt-Lunstad, 2017; United Nations, 2020). In studies, it is stated that especially this compulsory homestay process negatively affects the mental health of housewives and they feel obliged to do whatever is requested from them to reduce violence (Bektaş and Özben, 2016; Holt-Lunstad, 2017; United Nations, 2020).

In this context, our study was conducted to determine the loneliness and burnout levels of housewives during the home isolation process due to the COVID-19 global epidemic. Especially in the literature, it is seen that studies in this area are insufficient.

As a result of our study, it is thought that effective data will be obtained on the subject and will guide protective and solution-producing studies for housewives, who are a risk group in terms of mental problems during the quarantine process.

Material and Method

Purpose/Design of the Research

This study was conducted descriptively to determine the burnout and loneliness levels of housewives during the quarantine process caused by the COVID-19 outbreak.

Sample of the Research and Inclusion Criteria

The sample of this study consists of a total of 111 participants (volunteering women over the age of 18, not working, and having no problem in terms of reading/understanding/filling in data collection tools were included in the study).

Data Collection

This study was conducted as an online cross-sectional self-report questionnaire (01/04/2020 - 01/08/2020).

Due to the COVID-19 outbreak, the data were obtained through Google Forms surveys sent to individuals' smartphones to prevent all kinds of disease transmission during the quarantine phase.

First, the 'Informed Consent' form was sent to the participants. Later, a question form consisting of the Personal Information Form, Burnout Scale for Housewives, and UCLA-Loneliness Scale was sent to the participants who accepted to participate in the study.

Personal Information Form

The form was created by the researcher by examining the literature; It includes questions about the personal characteristics of the housewives, such as their age, educational status, economic status, their relationship with their spouse and children, and their thoughts on changes in housework during the quarantine process.

Burnout Scale for Housewives

In order to determine the burnout levels of housewives, it was developed by Ramirez, Hernández and Rubia (2009) and its Turkish psychometric evaluation was made by Durak and Durak (2020).

The scale, which consists of 20 items on which the self-assessment is performed, is a Likert type between 1-5 and the score range is 20-100. A high total score is an indication that the level of burnout felt is high (Durak and Durak, 2020).

In the study conducted by Durak and Durak (2020), the Cronbach alpha internal reliability coefficient of the scale was found to be 0.84. In this study, the Cronbach alpha internal reliability coefficient was found at 0.94.

UCLA-Loneliness Scale

It was developed by Russell, Peplau, and Ferguson (1978). It is a scale consisting of 20 items of which 10 are straight and 10 are reverse coded. In each item of the scale, a situation that expresses feelings or thoughts about social relations is presented and individuals are asked to indicate how often they experience this situation on a four-point scale.

High scores are accepted as an indication that loneliness is more intense. Theoretically, since the score for each item varies between 1 and 4, the scores to be taken from the scale are the lowest 20 and the highest 80 (Russel, Peplau and Ferguson, 1978).

Cronbach's alpha internal reliability coefficient was determined as 0.96 in the study of Turkish validity and reliability studies conducted by Demir (1989). In this study, the Cronbach alpha internal reliability coefficient was found at 0.94.

Data Analysis

While evaluating the data obtained in the study, SPSS (Statistical Package for Social Sciences) for Windows 22.0 program was used for statistical analyses. In the analysis of the data, ANOVA and t-test were used to compare the percentage, arithmetic mean and standard deviation, introductory characteristics and scale mean scores to examine the descriptive characteristics of housewives and were considered significant at the p <0.05 level.

The Ethical Principles of The Study

The study was approved by a research ethics committee was received. The participant were first given information about the research's details, then get their consent.

Findings

It was determined that the average age of women included in the study was 38.75 ± 9.98 and 20.7% of them were primary school graduates. In addition, 18% of the housewives who participated in the study evaluated their relationship with their spouse as bad, 69.4% as good with their children, 47.7% stated that they were only responsible for housework and 88.3% stated that housework increased during the quarantine period.

Table 1.

Distribution of Characteristics Regarding the Socio-Demographic Characteristics of Housewives

Characteristics	S	%
Age/Year (X ± SS)	38.75±9.98	Min.21 / Max. 57
Educational Status		
Illiterate	15	13.5
Elementary School Graduate	32	28.8
High school graduate	23	20.7
University Graduate	41	36.9
Length of marriage		
0-10 years	47	42.4
11-20 years	22	19.8
Between 20-30 years	32	28.8
Between 31-40 years	10	9.0
Number of Children		
1	24	21.6
2	50	45.0
3	18	16.2
4 and more	19	17.2
Relationship Status with Spouse		
Good	53	47.7
Medium	38	34.3
Poor	20	18.0
Relationship Status with Children at Home		
Good	77	69.4
Medium	34	30.6
Poor	0	0
People Responsible for Housework		
Only my responsibility	53	47.7
My responsibility but I get help	39	35.2
There is job sharing at home	19	17.1
The density of Housework in Quarantine		
Increased	98	88.3
No change	13	11.7
Decreased	0	0
Total	111	100

Table 2 shows the average scores of housewives from CUBAC and U-LS. The total CUBAC score an average of those included in the study was 60.14 ± 17.97 and the U-LS total score average was determined as 44.84 ± 8.78.

Table 2.

Total Score Average of Housewives for CUBAC and U-LS

Scales	X ± SS	Lowest/Highest Min-Max Values	Possible Min-Max Values
CUBAC	60.14 ± 17.97	24 - 96	20 - 100
U-LS	44.84 ± 8.78	29 - 65	20 -80

The distribution of CUBAC and U-LS mean scores according to the socio-demographic characteristics of housewives is shown in Table 3. When the CUBAC scores of the women included in the study were examined according to their education level and the number of children, it was found that there was a statistically significant difference between the groups ($p<0.05$). According to the results of the analysis, it was determined that the groups with high school graduates and more than 4 children had higher average CUBAC and U-LS points. When the scale average scores of the individuals participating in the study were examined in terms of the duration of the marriage, it was found that the CUBAC average scores did not differ between the groups, while the scores of individuals who were married between 1 and 10 years from U-LS were found to be statistically significantly higher ($p<0.05$).

When the CUBAC scores of the women included in the study were examined according to their own income, the status of sharing work at home, and their relationship with their spouse, a significant difference was found between the groups ($p<0.05$). It was determined that the CUBAC scores of housewives who do not have an income of their own, who are completely responsible for housework, and who have a bad relationship with their spouse are statistically significantly higher ($p<0.05$). In addition, according to the relationships of housewives with their children, the mean scores of CUBAC and U-LS were found to be statistically significant between the groups ($p<0.05$).

Table 3.

Distribution of Averages of CUBAC and LS score according to the socio-demographic characteristics of housewives

Characteristics	Scales	
	CUBAC / X±SS	U-LS / X±SS
Educational Status		
Illiterate (15)	70,08±17,35	49,17±6,98
Primary Education (32)	55,25±17,8	42,56±9,44
High School (23)	64,06±20,66	48,2±7,79
University (41)	56,95±15,32	42,97±85
	F=4,133 p=0,008	**F=4,227 p=0.007**
Marriage Duration		
1-10 years (47)	65,59±16,94	49,27±7,24
11-20 years (22)	58,68±16,02	44,4±8.12
21-30 years (32)	59,46±19,7	42,46±9,23
31 years and over (10)	57,2±23,06	44,8±11,02
	F=0,879 p=0,454	**F=2,813 p=0.043**
Number of Children		
1 (24)	57,83±19,92	44,78± 8,98
2 (50)	55,6±16,62	42,42±8,78
3 (18)	66,61±14,39	47,47±9,8
4 and above (19)	68,89±18,18	48,88±4,9
	F =3,736 p=0.023	**F =3,301 p=0.013**
Relationship with Spouse		
Good (53)	53,56±14,37	44,15±8,12
Moderate (38)	64,18±17,06	44,65±8,29
Poor (20)	69,9±21,98	47,05±11,22
	F =8,472 **p=0.001**	F =0,800 p=0.452
Relationship with Child		
Good (77)	56,18±16,4	43,71±8,10
Medium (34)	69,11±18,35	47,41±9,81
	t =-3,6915 **p=0.001**	t=-2,074 **p=0.04**
Sharing of Housework		
Only I do it (53)	64,9±19,19	45,52±9,12
I always get help (39)	52,89±16,61	41,26±6,9
Sharing work (19)	57,2±15,26	45,66±8,91
	F =4,153 p=0,018	F =1,941 p=0.149

Discussion

Destructive events that affect all individuals in the society, such as epidemics, damage many values of the individual in physical, psychological, economic, and social areas and cause negative feelings such as burnout and loneliness (Akpınar and Ceran, 2020; Kukuoğlu, 2018). In many studies on the negative effects of the epidemic, it has been determined that housewives are a risky group in terms of these negative effects (Kara, 2020; Liu et al., 2020; WEF, 2020). The responsibilities of housewives, which already existed before the epidemic, have increased exponentially with the epidemic. In parallel with this, when our research results were examined, almost 90% of the women participating in the study stated that their housework increased during the quarantine process. The pressure created with this new order is thought to cause housewives to feel high levels of burnout. As a result of the study, it was determined that the average score (60.14 ± 17.97) that housewives got from CUBAC was a score close to the maximum level. As another result, 48% of the women participating in the study stated that they are completely/only themselves responsible for housework despite the increased responsibilities. In addition, it was found that the exhausted levels of housewives who stated that they are completely/only responsible for housework are significantly high. This loneliness of housewives against responsibilities is thought to be the main reason for feeling lonely. When the literature was examined, it was found that the scores obtained in many studies in which the level of loneliness of women was tried to be

determined varied between 37.63 and 39.71 (Kavlak and Saruhan, 2002; Khorshid, 2004; Öngider, 2013). However, as a result of our study, it was seen that the average score that housewives got from U-LS was 44.84 ± 8.78. Considering these results, it was determined that the COVID-19 process had a serious negative impact on the loneliness felt by housewives.

In line with the results of the study, a significant relationship was found between the level of exhaustion and loneliness of housewives with many variables such as education levels, duration of the marriage, number of children, and relationships with their spouse/children. When the loneliness and burnout levels of housewives were examined according to their educational status, it was found that the loneliness and burnout levels of the illiterate group were significantly higher. In many studies in the literature, it has been found that individuals with a low education level feel more burnout and loneliness (Cemaloğlu and Şahin, 2007; Danış, Yıldız, Tekin and Alkan, 2017; Khorshid, 2004).

A high level of education generally improves an individual's sense of self. The developing self-perception creates awareness about the needs of the individual, how they will be met, and what resources they will benefit from, and thus prevents the development of psychologically disturbing feelings such as burnout and loneliness (Yılmaz, Ülker and Yılmaz, 2018). At the same time, having a long education and training process that extends to the university enables having a wide social environment where loneliness can be shared or support can be obtained for the difficulties in life. This

social support is thought to be the reason for the lower levels of loneliness and burnout, especially felt.

The number of children draws attention as another factor affecting both loneliness and burnout. In line with the results of our study, it is seen that having 4 or more children significantly increases both the burnout and loneliness levels of housewives. The results of the study are similar to the studies in the literature (Allendorf and Ghimire, 2013; Erol, Sezer, Şişman and Öztürk, 2016). In proportion to the number of children a woman is responsible for, the work to be done and the burden of these jobs will increase. This increase naturally brings about intense burnout (Demirli and Aydıner, 2018; Şahin and Şad, 2018). Despite the number of children in the house, the reasons for the feeling of loneliness in housewives are considered as being the sole responsibility of all household chores and being away from their social relations due to social movement restrictions.

When the loneliness and burnout levels of housewives were examined in the context of their relationships with their spouses and children, it was determined that the average scores of burnout and loneliness of women who described their relations with both their spouses and children as good were significantly lower. Healthy relationships and harmony in the family are the basic basis for resolving any conflicts and disputes that may occur in the home. However, in the opposite case, it is stated that the problems experienced by the individual especially in his/her relationship with his/her spouse or unhealthy communication cause many psychological problems (Altay, Gönener and Demirkıran, 2010). In the studies in the literature, parallel to our results, it has been determined that the poor relationship with the spouse causes women to feel high levels of loneliness and burnout (Altay, Gönener and Demirkıran, 2010; Çapri and Gökçakan, 2012; Demirli and Aydıner, 2018).

Conclusions

Our study results show that the quarantine process caused by COVID-19 negatively affected housewives and they felt high levels of burnout and loneliness. In addition, it was found that housewives who have a large number of children to whom they are responsible, who do not have good relations with their spouses and children, who have a low education level and who have been married for a short time, experience more burnout and loneliness.

Housewives during the epidemic period are one of the groups most affected physically and mentally. During the quarantine process in almost every part of the society, housewives are expected to perform the traditional roles of mother and woman in the family and to eliminate the negative physical and psychological problems caused by the epidemic. The fact that housewives alone are accountable for all these tasks, however, causes them to feel both severely lonely and drained. This shows us that in case of any disaster/epidemic, our society, which has a

family structure where all the family-related responsibility is on the woman, needs protective and developing practices that will alleviate the burden of housewives.

Suggestions

In crisis situations such as epidemics/disasters, it is of great importance to increase and support the studies in which the psychological problems and needs of women are determined. In line with the data obtained from these studies, developing projects to eliminate all kinds of vulnerabilities/needs of housewives, planning and participating in skills training, establishing women's centers or safe places where they can socialize will make a great contribution to the protection of housewives in case of a possible disaster/epidemic.

Sensitive groups such as housewives should not be ignored in crisis tables that will create during epidemic/disaster situations. Particularly, the integration of gender-sensitive approaches into epidemic/disaster management should be considered as a fundamental right for housewives and other women. This perspective will enable the society to gain strength against disasters/epidemics as a whole.

Women's mental health and obstetricians should be included in the epidemic health teams and evaluations should be made in terms of a potential crime, harassment, or mental illness.

During the quarantine process, priority should be given to women affected by the disease, to children, or to pregnant women who benefit from health services. Furthermore, social services should be provided for the domestic needs of these women.

Declarations

Ethics Approval and Consent to Participate
The necessary ethics committee permission to start this study was obtained from the Social Sciences Ethics Committee of Harran University with the number 76244175-752.01.01 dated 14.10.2020. During the study process, the ethical rules stated in the Helsinki Declaration were observed and consent was obtained from the participants.

Consent for Publication
Not applicable

Availability of Data and Materials
Data sets used and / or analysed for the current study with the online database can be obtained from the relevant author upon reasonable request.

Competing Interests
The author declares that no competing interests in this manuscript

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Authors' Contributions
The author (VK) worked as the primary responsible in all areas of the study, read and approved the final version of the article.

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