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Examination of Female Healthcare Professionals' Work-Family Life Balance and Burnout Within the COVID-19 Period

COVID-19 Pandemi Sürecinde Kadın Sağlık Çalışanların İş Aile Yaşam Dengesi ve Tükenmişliğinin İncelenmesi

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ABSTRACT

Objective: The study aimed at female healthcare professionals' work-family life balance and burnout levels during the COVID-19 pandemic.

Materials and Methods: The study has a cross-sectional descriptive design. The questionnaire forms were sent to female healthcare professionals online. A total of 305 female healthcare professionals who answered the questionnaire were included. Data were collected using the "Descriptive Information Form", "Work-Family Life Balance Scale (WFLBS)", and "Maslach Burnout Inventory (MBI)."

Results: In the study, female healthcare professionals' mean WFLBS score was 3.140.66; "Negative Impacts of Work on Family" subscale mean score was 2.30±1.10; "Negative Impacts of Family on Work" subscale mean score was 3.751.19 and "Work-Family Accordance" subscale mean score was 3.910.78. Mean MBI score was found as 46.1913.51, while mean scores were found as 19.80±8.57 for "Emotional Exhaustion", 6.72± 4.90 for "Depersonalization", and 19.66±5.39 for "Personal Accomplishment" subscales. A negative correlation was found between the overall mean scores of the WFLBS and the MBI.

Conclusion: It was found that work-family life balance of female healthcare professionals was moderate, and the lowest score was found in the negative effect of the job on the family. It found that as work-family life balance of female healthcare professionals deteriorated, their burnout levels increased.

Keywords: Burnout, COVID-19, female healthcare professionals, work-family life balance

ÖZ

Amaç: Araştırma, COVID-19 pandemi sürecinde kadın sağlık çalışanların iş aile yaşam dengesi ve tükenmişliklerinin incelenmesi amacıyla yapıldı.

Materyal ve Metot: Araştırma kesitsel tanımlayıcıdır. Anket formu online olarak kadın sağlık çalışanlarına gönderildi. Anketlere geri dönüş sağlayan 305 kadın sağlık çalışanı araştırmaya dahil edildi. Veriler, tanıtıcı bilgi formu, İş Aile Yaşam Dengesi Ölçeği (İAYDÖ), Maslach Tükenmişlik Anketi (MBI) kullanılarak toplandı.

Bulgular: Araştırmada kadın sağlık çalışanların İAYDÖ toplam puan ortalaması 3,14±.0,66; "İşin Aileye Olumsuz Etkisi" alt boyut puan ortalaması 2,30±1,10; "Ailenin İşe Olumsuz Etkisi " alt boyut puan ortalaması 3,751,19 ve "İş- Aile Uyumu "alt boyut puan ortalaması 3.910.78 olarak bulundu. MTÖ toplam puan ortalaması 46,19±13,51; "Duygusal tükenme" alt boyut puan ortalaması 19,80±8.57; "Duyarsızlaşma" alt boyut puan ortalaması 6,72± 4,90; "Kişisel başarı" alt boyut puan ortalaması 19,66±5,39 olarak saptandı. İAYDÖ ile MTÖ toplam puan ortalamaları arasında negatif yönde bir ilişki olduğu saptandı.

Sonuç: Kadın sağlık çalışanlarının iş-aile yaşam dengelerinin orta düzeyde olduğu, işin aileye olumsuz etkisinin ise en düşük puanı aldığı saptandı. Kadın sağlık çalışanların tükenmişliklerinin yüksek düzeyde olduğu saptandı. Kadın sağlık çalışanlarının iş-aile-yaşam dengeleri bozuldukça tükenmişliklerinin arttığı saptandı

Anahtar Kelimeler: COVID 19, iş aile yaşam dengesi, kadın sağlık çalışanları, tükenmişlik

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INTRODUCTION

Coronavirus disease (COVID-19) is a respiratory tract disease caused by a newly discovered coronavirus. COVID-19 was first reported in Wuhan, Hubei Province of China, in November 2019 and spread to almost all countries in a few months; in March 2020, the World Health Organization made the assessment that COVID-19 can be characterised as a pandemic.[1]

Within the scope of the measures taken in line with the course of the epidemic, with the changing working conditions of workplaces, the closure of schools and the need to meet some basic needs such as distance education of children, control of homework, cooking and cleaning in the household, it has become more difficult for women to bear with their business life.[2] Individuals working in the health sector during the COVID-19 pandemic period are faced with many sources of stress, such as the prolongation of working hours, the ever-increasing number of patients, the constant vigilance due to the risk of disease transmission, the physical limitation of working with protective equipment, the loss of spontaneity and autonomy, the current situation regarding COVID-19 and the need to keep track of information and family responsibilities.[3] Attaining satisfactory role balance is another key challenge working women face. Achieving a satisfactory role balance is challenging for women as they have to perform a disproportionate number of domestic roles.[4]

The COVID-19 pandemic has posed an unprecedented threat and significant challenges for healthcare professionals.[5] In terms of female healthcare professionals, it has caused problems related to working life to deepen even more.[6] During the COVID-19 pandemic, female healthcare professionals have become the greatest force in combating the epidemic.[5] Already experiencing gender-based problems in their business lives in the pre-pandemic process, female healthcare professionals have faced more problems due to the epidemic's physical and psychological effects.[6] Along with the increasing workload during the pandemic, healthcare providers have been pressured to prioritise their work and make personal sacrifices for their work. These pressure and job demands have negatively impacted healthcare providers' ability to leave their duties after they quit and caused work-family conflict.[7] Because of this work-life imbalance, many physicians, nurses, and other healthcare providers have faced a risk of burnout.[8] In studies conducted to examine the determinants of work-family conflict, it is reported that situations arising from the nature of health services lead to work-family conflict[2] and that female healthcare workers experience a higher level of work-family conflict compared to men.[9]

This descriptive study aimed to examine the work-family-life balance problems faced by healthcare professionals, who have become the greatest power in fighting against the pandemic, and their burnout levels within the framework of the female gender.

MATERIALS AND METHODS

Ethics Approval: The ethics committee approval was obtained from the Ethics Committee of a university (Date: 22/09/2020, decision no: 413808). All procedures have been carried out by the Helsinki Declaration.

Study Design: This is a cross-sectional and descriptive study.

Population and Sample: The study was conducted between 17 and 22 October 2020. In the study, "snowball sampling", one of the nonprobability sampling techniques, was used. Data were collected online. A total of 560 female healthcare professionals were reached through this online questionnaire form. 255 of the female health workers reached were not included in the study because they did not meet the research criteria (agreeing to participate in the study, working in a university, government or private hospital). Therefore, 305 (54.5%) female healthcare professionals who responded to the questionnaire forms were included in the study. Power analysis of the study was performed in G*Power 3.1 program. According to the power analysis, an effect size of 0.336 with a power of 90% at the 0.05 level of margin of error was obtained. The power analysis has indicated that the data collected were adequate.[10]

Data Collection Tools

Personal Information Form: This form questions the descriptive characteristics of female health workers.

Work-Family Life Balance Scale (WFLBS): This scale was developed by Apaydın (2011) to determine faculty members' work-family life balance perceptions.[11] The scale is an 11-item 5-point Likert type. The Work-Family Life Balance Scale consists of nine negative and two positive items. A score between 1 and 5 is taken from the scale. It was stated that the higher the score is, the higher the work-family life balance is. Negative items were reversely scored. The scale has three subscales: "Negative Impacts of Work on Family", "Negative Impacts of Family on Work", and "Work-Family Accordance". The Cronbach's alpha of the scale was.84.[11] In this study, we found Cronbach's alpha as .74.

Maslach Burnout Inventory (MBI): In this study, the MBI was used to evaluate the burnout levels of respondents. The MBI was developed by Maslach and Jackson in 1981, and it was adapted into Turkish by Ergin in 1992.[12,13] All 22 items of MBI are scored

using a 5-level frequency rating from "Never=0" to "Always=4". The MBI has three subscales: emotional exhaustion (EE), depersonalisation (DP), and personal accomplishment (PA). Emotional Exhaustion and Depersonalization consist of negative components, while Personal Accomplishment consists of positive components. It is expected for individuals experiencing burnout to have a high score of Emotional Exhaustion and Depersonalization and a low score of Personal Accomplishment. The Cronbach's alpha coefficients were found as 0.81; 0.70; and 0.77 for emotional exhaustion, depersonalisation, and personal accomplishment, respectively.[13] In this study, Cronbach's alpha values were found as 0.91; 0.80; and 0.74 for emotional exhaustion, depersonalisation, and personal accomplishment, respectively.

Statical Analysis: The statistical analysis was performed with SPSS Version 20.0 statistic software. Descriptive statistics for the variables were given as numbers, percentages, arithmetic mean and standard deviation. In the study, which showed normal distribution, the Independent Samples t-test was used to compare two independent groups. A one-way analysis of variance (ANOVA) was used to compare more than two group means. A value of $p<0.05$ was considered statistically significant.

RESULTS

The distribution of female health workers according to their descriptive characteristics is shown in Table 1.

The subscale mean scores of female health workers in the study are shown in Table 2.

The comparison of the descriptive characteristics of female health workers with the mean scores of WFLBS and MBI and their statistical significance

Table 1. Distribution of female healthcare professionals by their descriptive characteristics (n=305).

Mean age (Mean±SD)		30.66 ±7.14
		n(%)
Marital status	Married	178(58.4)
	Single	127(41.46)
Level of education	High school	15(4.9)
	Two-year degree	32(10.5)
	Undergraduate	210(68.9)
	Post-graduate	48(15.7)
	Doctor	13(4.3)
Profession	Nurse	163(53.4)
	Midwife	76(24.9)
	Other*	53(17.4)
Years in the profession	0-3	105(34.4)
	4-7	59(19.3)
	8-11	65(21.3)
	12 and more	76(24.9)
The state of working hours being affected during the Covid-19 pandemic process	Increased	167(54.8)
	Decreased	38(12.5)
	No change	100(32.8)
The state of family life being affected during the Covid-19 pandemic process	Little	9(3)
	Moderate	75 (24.6)
	Very much	213(69.8)
	No change	8(2.6)
The state of having chronic disease	Yes	56(18.4)
	No	249(81.6)
The state of having individuals older than 65 in the house	Yes	53(17.4)
	No	252(82.6)
The state of having individuals with chronic disease in the house	Yes	142(46.9)
	No	162(53.1)
The state of having been infected with COVID-19	Yes	24(7.9)
	No	281(92.1)
The state of having cared for individuals with COVID-19	Yes	180(59)
	No	125(41)
The state of having family members infected with COVID-19	Yes	51(16.7)
	No	54(83.3)
The state of staying isolated in one's home or at a different place (teacher's lodge, doctor's lodge) since the beginning of the COVID-19 process	Yes	125(41)
	No	180(59)
The hours of sleep one gets a day	0-3 hours	80(15.7)
	4-7 hours	202(66.2)
	7 hours and more	55(18)
The state of defining the diet during the pandemic process	Good	80(26.2)
	Moderate	167(54.8)
	Bad	58(19)

*: Pharmacist, Paramedic, Emergency medical technician, Radiology technician.

Table 2. Distributions of mean WFLBS and MBI Scores of female healthcare professionals (n=305).

SCALES		Number of items	Min. Score	Max. Score	X±SD
WFLBS Sub-dimensions	Negative effects of work on family	5	1	5	2.30±1.10
	Negative effects of family on work	3	1	5	3.75±1.19
	Work-family harmony	3	3	5	3.91±0.78
	WFLBS Total	11	1.64	5	3.14±0.66
MBI Sub-dimensions	Emotional Exhaustion	9	0	36	19.80±8.57
	Depersonalisation	5	0	20	6.72±4.90
	Personal accomplishment	8	0	31	19.66±5.39
	MBI Total	22	2	82	46.19±13.51

WFLBS: Work-Family Life Balance Scale; MBI: Maslach Burnout Inventor.

Table 3. Comparison of female healthcare professionals' mean WFLBS and MBI scores by their descriptive characteristics (n=305).

		WFLBS Total and Sub-dimensions (Mean±SD)				MBI Total and Sub-dimensions (Mean±SD)			
		Negative effects of work on family	**Negative effects of family on work**	**Work-family harmony**	**Total WFLBS**	**Emotional Exhaustion**	**Depersonalisation**	**Personal accomplishment**	**Total MBI**
Marital Status	Married	2.38±1.12	3.76±1.17	3.86±0.77	3.16±0.68	19.46±8.38	6.54±4.71	19.58±5.21	45.58±12.93
	Single	2.19±1.06	3.74±1.22	3.97±0.80	3.10±.64	20.27±8.85	6.98±5.17	19.77±5.65	47.03±14.29
Test and Significance		t=1.492 p=137	t=0.159 p=0.874	t=-1.203 p=0.230	t=.807 p=0.420	t=-0.817 p=414	t=-0.770 p=0.442	t=-299 p=0.765	t=-0.918 p=0.359
Level of Education	High school	2.89±1.16	3.91±1.15	3.66±0.78	3.38±.59	17.00±19.18	5.20±5.08	18.33±5.80	40.53±15.97
	Two-year degree	2.04±1.01	3.72±1.03	3.83±.78	2.99±.61	20.34±6.56	6.31±4.45	20.25±4.47	46.90±10.91
	Undergraduate	2.32±1.10	3.74±1.20	3.91±.78	3.14±.67	17.79±8.79	6.83±4.89	19.62±5.48	46.26±13.45
	Post-graduate	2.22±1.09	3.73±1.26	4.03±.80	3.12±.67	20.33±8.66	7.00±5.24	19.33±5.50	47.16±14.49
Test and Significance		F=2.165 p=0.092	F=0.095 p=0..963	F=0.980 p=0.402	F=1.199 p=0.310	F=0.635 p=0.593	F=0.643 p=0.588	F=0.447 p=0.720	F=0.992 p=0.397
Profession	Doctor	2.72±1.14	4.15±0.71	3.74±.81	3.39±.56	17.76±7.24	7.38±3.96	17.53±4.68	42.69±10.78
	Nurse	2.17±1.04	3.62±1.25	3.94±.77	3.05±.68	19.86±8.72	7.39±5.16	19.70±5.44	46.96±14.03
	Midwife	2.60±1.18	3.79±1.21	3.83±.72	3.26±.69	19.21±7.96	5.01±4.21	19.90±4.43	44.13±12.39
	Other*	2.20±1.07	3.96±0.99	3.96±.90	3.16±.56	20.94±9.30	6.98±4.76	19.69±5.37	47.62±13.86
Test and Significance		**F=3.496 p=0.016**	F=1.695 p=0.168	F=0.656 p=0.579	F=2.465 p=0.062	F=0.677 p=0.567	F=4.355 p=0.005	F=0.727 p=0.537	F=1.258 p=289

WFLBS: Work-Family Life Balance Scale; MBI: Maslach Burnout Inventor.

Table 3. Continue.

Years in the profession	0-3 years	2.43±1.20	3.82±1.19	3.88±.82	3.21±.70	19.78±8.64	6.41±4.94	19.50±5.55	45.70±13.42
	4-7 years	2.49±1.18	3.78±1.25	3.83±.78	3.20±.75	18.77±8.83	6.76±4.55	20.08±4.70	45.62±13.03
	8-11 years	1.98±.94	3.51±1.19	3.94±.76	2.93±.60	22.01±8.21	7.78±5.20	20.23±5.41	50.03±13.49
	12 years and more	2.27±0.946	3.82±1.13	3.99±0.76	3.16±0.56	18.72±8.38	6.22±4.80	19.06±5.66	44.01±13.61
Test and Significance		F=2.988 p=0.031	F=1.090 p=0..354	F=.527 p=0.664	**F=2.705 p=0.046**	F=2.146 p=0.095	F=1.418 p=0.238	F=.699 p=0.553	F=2.524 p=0.58
The state of working hours being affected during the Covid-19 pandemic process	Increased	2.19±1.03	3.73±1.21	4.02±0.76	3.11±0.61	20.22±8.55	7.17±4.95	20.31±5.49	47.71±13.60
	Decreased	2.40±1.14	3.64±1.23	3.76±.81	3.11±.73	18.44±7.87	5.97±4.34	18.18±5.77	42.60±11.86
	No change	2.46±1.19	3.82±1.14	3.78±.78	3.19±.72	19.61±8.89	6.26±4.99	19.13±4.94	45.00±13.69
Test and Significance		F=1.949 p=0.144	F=.0317 p=729	**F=4.025 p=0.019**	F=0.424 p=0.655	F=0.697 p=0.499	F=1.618 p=0.200	**F=3.191 p=0.043**	F=2.827 p=0.061
The state of family life being affected during the Covid-19 pandemic process	Little	2.57±1.25	4.18±1.13	3.74±.92	3.33±0.83	18.11±11.10	7.11±5.39	17.88±5.41	43.11±17.06
	Moderate	2.70±1.09	4.16±0.91	3.92±.92	3.43±0.61	17.02±8.60	5.50±5.34	20.00±6.43	42.53±14.15
	Very much	2.10±1.02	3.56±1.24	3.92±.76	3.00±0.62	21.06±8.07	7.18±4.66	19.57±4.96	47.82±12.66
	No change	3.60±1.31	4.54±0.46	3.62±.67	3.86±0.66	14.12±11.21	5.50±5.29	20.75±6.27	40.37±18.72
Test and Significance		**F=10.388 p=0.000**	**F=6.758 p=0.000**	F=0.532 p=0.661	**F=12.823 p=0.000**	**F=5.680 p=0.001**	F=2.390 p=0.069	F=0.564 p=651	**F=3.612 p=0.014**
The state of having chronic disease	Yes	2.36±1.16	4.16±0.86	3.88±0.73	3.26±0.66	20.07±8.05	5.27±4.86	19.98±5.14	45.32±13.23
	No	2.29±1.09	3.66±1.23	3.92±0.80	3.11±0.66	19.74±8.70	7.04±4.86	19.59±5.45	46.38±13.59
Test and Significance		t=.411, p=0.681	**t=3.555 p=0.001**	t=-.310 p=.757	t=1.585 p=0.114	t=.260, p=0.795	**t=-.2.449 p=0.015**	t=.485 p=0.628	t=-.522 p=0.602
The state of having individuals older than 65 in the house	Yes	1.92±0.84	3.31±1.29	3.83±0.85	2.82±.56	22.13±7.40	6.66±5.41	20.77±4.94	49.56±13.17
	No	2.38±1.13	3.84±1.15	3.93±0.77	3.20±0.67	19.30±8.73	6.74±4.80	19.42±5.46	45.48±13.50
Test and Significance		**t=-3.396 p=0.001**	**t=-2.984 p=0.003**	t=-0.859 p=391	**t=-3.886 p=0.000**	**t=2.191 p=0.029**	t=-0.110 p=0.913	t=.1.655 p=0.099	**t=-2.011 p=0.045**
The state of having individuals with chronic disease in the house	Yes	2.31±1.14	3.63±1.24	3.88±0.80	3.10±.70	19.86±8.46	6.32±4.74	19.95±5.39	46.15±13.48
	No	2.30.±1.07	3.85±1.13	3.93±0.77	3.17±.63	19.74±8.70	7.08±5.03	19.40±5.39	46.22±13.58
Test and Significance		t=0.034 p=973	t=-1.610 p=0.109	t=-0.554 p=0.580	t=-0.933 p=0.351	t=0.128 p=0.898	t=-1.337 p=0.182	t=0.899 p=0.369	t=-0.044 p=0.965
The state of having been infected with COVID-19	Yes	2.21±1.05	4.01±0.95	4.05±0.72	3.20±.59	20.41±10.12	7.33±5.59	19.04±4.41	46.79±17.32
	No	2.31±1.10	3.73±1.20	3.90±0.79	3.13±.67	19.74±8.45	6.67±4.85	19.71±5.47	46.13±13.17

Table 3. Continue.

Test and Significance		t=-0.423 p=0.673	t=1.117 p=0.265	t=0.911 p=363	t=0.518 p=0.605	t=0.366 p=0.714	t=0.629 p=530	t=-0.587 p=0.558	t=0.180 p=0.858
The state of having cared for individuals with COVID-19	Yes	2.04±0.89	3.71±1.18	3.95±0.78	3.02±.57	21.42±8.19	7.55±4.80	19.72±4.78	48.70±12.77
	No	2.68±1.25	3.80±1.20	3.85±0.79	3.30±.76	17.45±8.60	5.53±4.81	19.57±6.18	42.56±13.77
Test and Significance		**t=-0.4.832 p=0.000**	t=0.727 p=0.545	t=1.135 p=0.257	**t=-0.3.518 p=0.001**	**t=4.077 p=0.000**	**t=3.604 p=0.000**	t=0.222 p=0.824	**t=0.557 p=0.000**
The state of having family members infected with COVID-19	Yes	2.38±1.10	3.72±1.11	4.01±0.78	3.19±0.67	19.56±8.22	6.64±4.31	18.82±5.06	45.03±13.29
	No	2.29±1.10	3.75±1.20	3.89±0.78	3.12±0.66	19.84±8.66	6.74±5.02	19.83±5.45	46.42±13.57
Test and Significance		t=0.567 p=0.571	t= -0.180 p= 857	t=0.976 p=330	t=0.651 p=0.515	t=-0.211 p=0.833	t=-.129 p=0.898	t=-1.218 p=224	t=-0.666 p=506
The state of staying isolated in one's home or at a different place (teacher's lodge, doctor's lodge) since the beginning of the COVID-19 process	Yes	2.22±1.10	3.80±1.20	3.86±.84	3.10±.64	20.04±8.70	6.70±5.09	19.36±5.90	46.11±13.70
	No	2.36±1.09	3.71±1.18	3.95±0.74	3.16±.68	19.63±8.51	6.74±4.78	19.86±5.01	46.24±13.41
Test and Significance		t= -1.154 p=249	t= 638 p=524	t= -937 p=350	t= -855 p=393	t=0.407 p=0.685	t= -0.071 p=0.944	t=-0.771 p=0.442	t=-0.084 p=0.933
The hours of sleep one gets a day	0-3	2.53±1.03	3.84±1.03	3.86±0.77	3.25±.62	18.14±7.76	5.91±4.38	18.72±5.18	42.79±11.89
	4-7	2.22±1.06	3.67±1.21	3.92±0.78	3.08±.65	20.79±8.42	7.12±4.98	19.59±5.26	47.51±13.05
	7 hours and more	2.42±1.24	3.96±1.22	3.90±0.83	3.25±.74	17.58±9.29	5.96±4.93	20.72±5.93	44.27±15.82
Test and Significance		F=1.963 p=0.142	F=1.464 p=0.226	F=0.111 p=0.895	F=2.37 p=0.109	**F=4.180 p=0.016**	F=2.010 p=0.136	F=1.816 p=0.164	**F=3.091 p=0.047**
The state of defining the diet during the pandemic process	Good	2.31±1.05	3.64±1.14	3.95±0.80	3.12±.64	19.62±8.00	6.32±4.50	19.27±5.55	45.22±14.36
	Moderate	2.29±1.14	3.79±1.19	3.92±0.76	3.14±.68	19.91±8.69	6.94±5.07	19.70±5.29	46.55±12.71
	Bad	2.34±1.07	3.78±1.25	3.83±0.83	3.14±.65	19.72±9.14	6.67±4.99	20.06±5.50	46.46±14.67
Test and Significance		F=0.047 p=0.954	F=0.439 p=0.645	F=0.405 p=0.667	F=0.039 p=0.962	F=0.032 p=0.968	F=0.428 p=0.652	F=0.375 p=0.687	F=0.276 p=0.0759

Table 4. Comparison of age, WFLBS and MBI and Sub-dimensions**.**

		Age	Negative effects of work on family	Negative effects of family on work	Work-family harmony	Total WFLBS	Emotional Exhaustion	Depersonalisation	Personal accomplishment	Total MBI
Age	**r**	1	0.030	0.070	0.003	0.057	0.033	-0.019	0.016	0.020
	p	.	0.603	0.224	0.954	0.317	0.562	0.739	0.786	0.722
Negative effects of work on family	**r**	0.030	1	0.430**	-0.347**	0.848**	-0.593**	-0.302**	-0.136*	-0.541**
	p	0.603	.	**0.0001**	**0.0001**	0.**0001**	**0.0001**	**0.0001**	0.**017**	**0.0001**
Negative effects of family on work	**r**	0.070	0.430**	1	-0.156**	0.759**	-0.355**	-0.391**	-0.014	-0.373
	p	0.224	0.**0001**	.	**0.006**	**0.0001**	0.**0001**	**0.0001**	0.807	**0.0001**
Work-family harmony	**r**	0.003	-0.347**	-0.156**	1	-0.014	0.162**	0.022	0.367**	0.258**
	p	0.954	**0.000**	**0.006**	.	0.806	0.**004**	0.698	**0.000**	**0.000**
Total WFLBS	**r**	0.057	0.848**	0.759**	-0.014	1	-0.566**	-0.410**	0.009	-0.504
	p	0.317	**0.0001**	**0001**	0.806	.	**0.0001**	**0.0001**	0.872	**.0001**

Pearson Correlation; *:p<0.05; **p<0.01.

levels are shown in Table 3. Table 4 shows the correlation between age, and the scales used, and the subscales.

DISCUSSION AND CONCLUSION

The findings obtained as a result of the research were discussed in the light of the literature.

In this study, it was determined that the work-family life balance of female healthcare professionals was at a moderate level. When examined in terms of subdimensions, it was determined that the negative effect on the family received the lowest score. Work and family life balance is when an individual accords the needs of business and family life with each other and redresses the balance.[14] Female healthcare professionals who are at the centre of the fight against the COVID-19 pandemic have experienced negative circumstances such as balancing work and family life, failure to fulfil their responsibilities of caring for the sick, elderly, and children in their family in the face of the risk of infection, often being on duty at risk, and intensive and stressful work. Within that period, female healthcare professionals and their family members have been exposed to more psychological traumas, which has led to the deepening of the problems of female workers in the health sector.[6] Literature information supports our study findings in this respect.

This study determined that the work-family accordance of female healthcare professionals was at a good level. In the world and Türkiye, women experience extraordinary situations at their home, at work and in the community, due to the COVID-19 pandemic.[15] This situation may be associated with female healthcare professionals, who have both work and domestic responsibilities and have made more intense efforts not to disrupt their roles in the family and to ensure work-family accord. It is seen that women had to undertake the main part of the burden of care after the pandemic as before the pandemic. For example, when pre-pandemic data are examined, it is understood that those responsible for care work on a global scale are women to a large extent, as Oxfam indicates in its report on women and care work.[16] Similarly, as the Turkish Statistical Institute[17] has revealed in its report "Time Use Survey", "working women spend five times more time on family care than men in Türkiye. For household and family care, women allocate 3 hours and 31 minutes daily, and working men 46 minutes a day, on average."[17] According to the OECD's report,[18] Turkish women spend 5 hours and 8 minutes daily on unpaid work while their menfolk spend only 1 hour and 30 minutes daily. This information in the literature supports our study results.

It was found that female healthcare professionals who participated in the study experienced high levels of burnout. When many studies conducted in the pre-pandemic period were examined, it was reported that nurses had the highest burnout rates.[19] In a study

examining the mediating effect of social support between employees' work-life balance and burnout in the coronavirus pandemic measures and social isolation, Tuğsal[20] determined that the burnout levels of female healthcare professionals were higher. The result of the study was similar to the studies carried out. Healthcare professionals in the health sector have endured great sacrifices to solve the major health problems caused by the COVID-19 pandemic; moreover, they have served heroically for long periods at the risk of being detached from their families, loved ones, and even their own lives. Within that period, they often had to experience concerns such as staying alone with patients requiring intensive health care for a long time, the risk of becoming infected, and anxiety about infecting these viruses to their families and loved ones.[21,22] All these negative situations experienced might have caused healthcare professionals to experience more burnout.

In this study, a significant correlation was found between the number of years in the profession and the WFLBS mean scores, and those with 0-3 working years had higher mean scores of the WFLBS. This circumstance can be explained by the failure to complete the adaptation process to the profession, and the disturbance of the work-family life balance due to the different negativities arising from the COVID-19 pandemic. Work and family life conflicts during the COVID-19 period increase the stress on individuals, and being able to balance both becomes one of the main problems for women in this difficult process.[15,21,23] Çobanoğlu et al.[24] made a study on teachers and managers to evaluate work-life balance, and they found that as the number of years spent by participants in the profession increases, they become more successful in achieving a balance between work and life. Polat[23] stated that as female teachers' years of working in the profession decrease, the work-life imbalance increases and more conflicts are experienced. Based on this, it can be understood that the more experience an individual has, the higher his competence is to fulfil the demands and requirements of his job and to adapt between the two components. The studies conducted are in parallel with the study findings.

In terms of participants included in the study, a significant correlation was found between the mean overall WFLBS and MBI scores and the exposure to family life during the COVID-19 period, having an individual aged 65 years and older in the resident they lived, and the state of giving care for a COVID-19 patient. In many parts of the world, it was observed that COVID-19 often progresses severely among patients with advanced age and comorbidity.[25] In their study carried out with 425 patients, Li et al.[26] did not identify any young patient case under 15 years of age. More than half of the patients were male, and the majority were 45 years or older. In later studies, it was observed that the disease progressed more severely in advanced ages and male patients.[24] It can be said that women are more affected by this period due to the anxiety about protecting their families. In this process, the mounting burden, responsibility and stress of living in the same house with an individual over 65 in the riskier group have negatively affected the work-family balance of individuals and led healthcare employees to get more tired and even exhausted.[22] During the pandemic process, factors such as increasing demands of children for domestic education, having elderly parents who need care and safety, developmental delays, having family members with chronic emotional or behavioural difficulties or other health problems can drive the family into a crisis and cause conflicts within the family by disturbing the work-life balance.[15] This finding also supports the research result.

In this study, a significant negative correlation was found between the WFLBS mean scores and the MBI mean scores of female healthcare professionals. It was observed that as individuals' work-family life balance deteriorates, their burnout level increases. In his study conducted with individuals from different sectors during COVID-19, Tuğsal[20] determined that work-life balance is an important factor affecting burnout. Wang et al.[27] stated that female physicians experienced more burnout than male physicians during the pandemic, and the family's support was effective in their burnout. Güran and Güler[28] reported that work-family conflict increases burnout. These studies in the literature support the findings of the study.

In conclusion, it was found that the work-family life balance of female healthcare professionals was moderate. It was determined that the sub-dimension of the negative effect of work on the family had the lowest score. We determined that the burnout of female healthcare professionals was at high levels. We found that as work-family life balances of female healthcare professionals deteriorate, their levels of burnout increase as well. In line with these results, making arrangements for the working hours of female healthcare professionals can be recommended. Moreover, to reduce the workload of female healthcare professionals and maintain work-family balance, opening special family and psychological counselling units in institutions can be recommended in cooperation with the Ministry of Family and Social Policies and the Ministry of Health. As a limitation, this study has three limitations in this study; First, this may have caused sampling bias because only the individuals who could be reached online participated in the study, and the snowball sampling method was used. The second limitation is;

The reliability of the data is limited by the accuracy of the answers given by all individuals participating in the research. Third limitation; the study's results apply to the individuals included in the survey; Therefore, it cannot be generalised to the whole society.

Ethics Committee Approval: This research was approved by the non-interventional ethics committee of Fırat University. (Date: 22/09/2020, decision no: 413808). All procedures have been carried out by the Helsinki Declaration.

Conflict of Interest: No conflict of interest was declared by the authors.

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