

THE EFFECT OF COVID-19 PHOBIA ON THE SATISFACTION WITH LIFE AND FAMILY SENSE OF BELONGING LEVELS OF MIDWIFERY STUDENTS

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ABSTRACT

Purpose: This research was conducted with the purpose of determining the impact of COVID-19 phobia on the satisfaction with life and family sense of belonging levels of midwifery students.

Methods: Sample of this cross-sectional research consisted of 484 students studying at Midwifery Departments of two universities located in the eastern of Turkey. The data was collected with Personal Information Form, Satisfaction with Life Scale, Family Sense of Belonging Scale and Coronavirus 19 Phobia Scale. Average, standard deviation, percentage distribution and Pearson Correlation Analysis were used in the statistical assessment.

Results: The average score that midwifery students get from Satisfaction with Life Scale was found as 13.54 ± 4.37 , their average score from Family Sense of Belonging Scale was found as 64.59 ± 13.29 and average score from Coronavirus 19 Phobia Scale was found as 50.02 ± 17.36 . It was determined that Family Sense of Belonging Scale total and all sub-dimension average scores increased significantly as the Coronavirus 19 Phobia Scale "Psychological Phobia" sub-dimension average score increases ($p < 0.05$). In addition, it was determined that Family Sense of Belonging Scale "Family Sense of Belonging" sub-dimension average score increased significantly as the Coronavirus 19 Phobia Scale "Social Phobia" sub-dimension average score increases ($p < 0.05$). However, it was determined that Satisfaction with Life decreased significantly as Coronavirus 19 Phobia Scale "Psychosomatic Phobia" and "Economic Phobia" sub-dimension average scores increase ($p < 0.05$).

Conclusions: It was determined that midwifery students have moderate level of COVID-19 phobia and psychological and social phobia levels regarding COVID-19 increase family sense of belonging, but psychosomatic and economic phobia levels decrease satisfaction with life.

Keywords: COVID-19 phobia, family belonging, midwifery students, satisfaction with life.

INTRODUCTION

Coronavirus disease (COVID-19) has occurred for the first time at the end of 2019 in Wuhan City of China. This viral disease with a high rate of

contagiousness has turned quickly into a pandemic that affects the entire world. With global development of this pandemic, accompanying psychological problems increase public health burden (1-3). Since

the first COVID-19 case has been verified, Turkey has tried to take necessary measures by closing down places where people gather in crowds such as schools, shopping centres, gyms to stop the spreading of Covid-19 pandemic just like all countries fighting with this virus (4).

Since death toll increases and virus cannot be taken under control completely, people have been going through various psychological challenges such as fear, panic or phobia. In the literature, it has been reported that similar epidemics such as H1N1, SARS, MERS, Ebola and Zika have had serious adverse effects previously and caused psychological disorders such as fear and anxiety (2,5). Similarly, being exposed to COVID-19 frequently on the printed, visual and social media increases people's anxiety and fear levels (2). In literature review, it was determined that there is an increase in the occurrence of negative emotions such as anxiety, depression, anger and fear and there is a higher susceptibility to social risks together with the epidemic in studies conducted for determining the COVID-19 pandemic's impact on people. Furthermore, there has been a decrease in satisfaction with life with the impact of such negative emotions (6).

Satisfaction with life is one of the most important factors that people should have in order that they are happy and their life has a meaning (7). The satisfaction with life that people experience is affected by the satisfaction they get from their family relationships. In addition, as the satisfaction that individuals get within the family increases, they are more likely to experience positive emotions. Therefore, the emotional atmosphere within the family affects individual's development, emotions and thoughts as well as behaviours towards his/her environment (8). With the connection and sense of belonging between family members, individuals gain resilience against many problems and the ability to fight against problems (9). The most important problem that should be fought in today's world is the pandemic and it is possible that family relations and sense of belonging are affected as well in this process. It is thought that social and even psychological isolation was formed with people staying at home during the pandemic and this isolation would cause withdrawal, distancing, alienation and therefore discussions among individuals (10). With the impact of problems especially such as raising voices, domestic discussions and incidents leading up to domestic

violence, a crisis environment would occur within the family (10-12).

Even under normal circumstances, high levels of psychological distress occur in university students. As a result of physical distancing measures implemented due to COVID-19 pandemic, students face psychological problems due to giving up their daily routines, decreasing motivation and increasing pressure towards independent learning. For that reason, together with increasing environmental stress factors, COVID-19 pandemic creates a unique burden on students that constitute a population with high stress levels and low potential of relying on coping strategies (1). This may increase anxiety and concerns of students regarding getting the disease and affect their satisfaction with life and family sense of belonging levels negatively. In the light of this information, the impact of COVID-19 phobia on satisfaction with life and family sense of belonging levels of midwifery students arouses curiosity. This study aims to investigate the effect of COVID-19 phobia on satisfaction with life and family sense of belonging levels in midwifery students.

MATERIAL AND METHODS

This research in cross-sectional design was conducted with female students studying at midwifery departments of two universities located in the eastern of Turkey between December 2020 - January 2021. There are 635 students in Midwifery Departments of those two universities (University A: 287 and University B: 348) in total. In the study, sample calculation was not made and it was aimed to reach all students. 484 volunteering students who agreed to participate in the study constituted the sample.

Data Collection Tools

The data was collected using Personal Information Form, Coronavirus 19 Phobia (C19P-SE) Scale, Satisfaction with Life Scale (SLS) and Family Sense of Belonging Scale (FSBS).

Personal Information Form

This form prepared by the researchers in accordance with literature information, consists of 11 questions regarding descriptive properties of the students included in the research (age, class, family type, relationship status, parents' education level and employment status, etc.) (2, 3, 7, 9).

Coronavirus 19 Phobia (CP19-SE) Scale

Developed by Arpacı et al., Coronavirus 19 Phobia (C19P-SE) Scale consists of 20 questions in total (2). Items of this scale provides support for measuring the phobia which might develop against coronavirus among various age groups. The scale is in Likert type and all items are rated between “strongly disagree (1)” and “strongly agree (5)”. The scores obtained from the scale may vary between 20 and 100. The scale has four sub-dimensions; psychological “1, 5, 9, 13, 17, 20”, psychosomatic “2, 6, 10, 14, 18”, economic “4, 8, 12, 16” and social “3, 7, 11, 15, 19”. While sub-dimension scores are obtained by summing up the scores of the answers given to the items in that sub-dimension; total C19P-SE score is obtained by summing up the scores of all sub-dimensions and it varies between 20 and 100. Higher scores indicate high score in sub-dimensions and overall corona phobia. Cronbach’s Alpha internal consistency coefficient of the scale is determined as 0.92 (2). In this study, Cronbach’s Alpha internal consistency coefficient of the scale was found as 0.94.

The Satisfaction with Life Scale (SLS)

Satisfaction with Life Scale was developed by Diener et al. and its validity and reliability were made by Daglı and Baysal in Turkey (7, 13). Consisting of 5 items in total, the scale is in Likert type and each item is rated between 1-5 (1= Strongly Disagree; 5= Strongly Agree). Total score of the scale varies between 5 and 25. Higher score means higher satisfaction with life. Cronbach’s Alpha internal consistency coefficient of the scale was determined as 0,88 and test-retest reliability was determined as 0.97 (7). In this study, Cronbach’s Alpha internal consistency coefficient of the scale was found as 0.88.

Family Sense of Belonging Scale (FSBS)

Family Sense of Belonging Scale is a measurement instrument developed by Mavili, Kesen and Dasbas (2014) with the purpose of measuring individuals’ sense of belonging to their families (9). It is a 5-point Likert style scale rated with answers between (1) strongly disagree and (5) strongly agree and it consists of 17 items. Items 5, 7, 9 and 12 are negative items and they are calculated reversely. After reversion is completed; while sum of items 1, 3, 4, 6, 7, 10, 11, 12, 13, 14, 15, 17 measures “Sense of Self-Belonging Sub-dimension”, sum of items 2, 5, 8, 9, 16

measures “Family Sense of Belonging Sub-dimension”. Sum of the two gives “family sense of belonging total score”. In the scale in which a total score can be obtained between 17 and 85, family sense of belonging increases as the total score increases. Cronbach’s Alpha internal consistency coefficient of the scale was calculated as 0.94 (9). In this study, Cronbach’s Alpha internal consistency coefficient of the scale was found as 0.93.

Data Collection

The research data was collected from the students who are studying at the related universities and agreed to participate in the research. The data was sent to the students through social media accounts (WhatsApp student groups) with online questionnaires prepared by means of Google Forms and they were asked to fill in. It took each participant 10-15 minutes on average to complete the questionnaires.

Data Assessment

For statistical analyses of the data obtained, SPSS 25.0 for Windows software (SPSS, Chicago, IL, USA) was used. In the statistical assessment, descriptive statistics average, standard deviation, percentage distribution and Pearson Correlation Analysis were used. Significance level was assessed as $p < 0.05$.

Ethical Regulations

For implementation of the research, ethical approval was taken from the Ministry of Health Turkey (2020-12-24T00_14_08) and Inonu University Health Sciences Scientific Research and Publication Ethics Committee (Decision No: 2021/1447). Before starting the research, institutional permissions were also taken from related universities. At the beginning of questionnaire items, students were informed about the aim of the research and volunteering students were asked to fill in the questionnaires.

RESULTS

Distribution of descriptive properties of midwifery students is given in Table 1. 27.7% of midwifery students whose average age is 20.70 ± 2.09 are at 1st year, again 27.7% of them are at the 2nd year and 50.4% of them are studying at University A. 75.8% of students stated that they have nuclear family, 59.9% stated that they live in the province, 65.5% stated that they income is equal to their outcome, 39.5% stated that their mothers and 30.0% stated that their fathers

Table 1. Distribution of Descriptive Properties of Midwifery Students (n=484)

Descriptive Properties	Mean±SD	
Age (years)	20.70±2.09 (min: 17, max: 37)	
	n	%
Class		
1 st Class	134	27.7
2 nd Class	134	27.7
3 rd Class	113	23.3
4 th Class	103	21.3
University		
University A	244	50.4
University B	240	49.6
Place of Residence		
Province	290	59.9
Town	128	26.5
Village	66	13.6
Family Structure		
Nuclear Family	367	75.8
Extended Family	101	20.9
Broken Family	16	3.3
Family's Monthly Income Status		
Income more than expenses	45	9.3
Income and expense equivalent	317	65.5
Revenue is less than expenses	122	25.2
Education Level of the Mother		
Illiterate	95	19.6
Literate	45	9.3
Primary education graduate	191	39.5
Secondary education graduate	70	14.5
High school graduate	65	13.4
University graduate	18	3.7
Employment Status of the Mother		
Employed	50	10.3
Unemployed /Housewife	434	89.7
Education Level of the Father		
Illiterate	15	3.0
Literate	26	5.4
Primary education graduate	145	30.0
Secondary education graduate	110	22.7
High school graduate	119	24.6
University graduate	69	14.3
Employment Status of the Father		
Employed	302	62.4
Unemployed	182	37.6
Total	484	100.0

SD: Standard Deviation

Table 2. Lowest-Highest Scores that can be Obtained from SLS, FSBS and C19P-SE Total and Sub-dimensions and the Distribution of Lowest-Highest Scores and Average Scores that Participants Obtained (n=484)

Scales	Mean±SD	Lowest-Highest Scores that can be Obtained		Lowest-Highest Scores that Obtained	
SLS Total	13.54 ± 4.37	5	25	5	25
FSBS Total	64.91 ± 13.50	17	85	17	85
Sense of Self-belonging	47.94 ± 10.65	12	60	12	60
Family Sense of Belonging	16.97 ± 3.60	5	25	5	25
C19P-SE Total	50.02 ± 17.36	20	100	20	100
Psychological Phobia	18.25 ± 6.42	6	30	6	30
Psycho-somatic Phobia	10.03 ± 4.47	5	25	5	25
Economic Phobia	8.28 ± 3.76	4	20	4	20
Social Phobia	13.44 ± 5.34	5	25	5	25

SLS: The Satisfaction with Life Scale

FSBS: Family Sense of Belonging Scale

CP19-SE: Coronavirus 19 Phobia Scale

SD: Standard Deviation

are primary school graduates. While the rate of students who stated that their mothers are working at a job is 10.3%, the rate of students who stated that their fathers are working at a job is 62.4%.

Lowest-highest scores that can be obtained from SLS, FSBS and C19P-SE total and sub-dimensions and the distribution of lowest-highest scores and average scores that participants obtained are given in Table 2. The lowest and highest score that midwifery students obtained from SLS was found as 5-25 and their average score was found as 13.54±4.37.

The lowest and highest score that midwifery students obtained from FSBS was found as 17-85 and their average score was found as 64.59±13.29. The lowest and highest score that midwifery students obtained from FSBS Sense of Self-Belonging sub-dimension was found as 12-60 and their average score was found as 47.94±10.65; the lowest and highest score that midwifery students obtained from FSBS Family Sense of Belonging sub-dimension was found as 5-25 and their average score was found as 16.97±3.60. The lowest and highest score that midwifery students obtained from C19P-SE was found as 20-100 and their average score was found as 50.02±17.36. The lowest and highest score that midwifery students obtained from C19P-SE Psychological Phobia sub-dimension was found as 6-30 and their average score was found as 18.25±6.42; the lowest and highest score that midwives obtained from Psychosomatic Phobia sub-dimension was found as 5-25 and their average score was found as 10.03±4.47; the lowest

and highest score that midwifery students obtained from Economic Phobia sub-dimension was found as 4-20 and their average score was found as 8.28±3.76; the lowest and highest score that midwifery students obtained from Social Phobia sub-dimension was found as 5-25 and their average score was found as 13.44±5.34.

The relationship between total and sub-dimension average scores of SLS, FSBS and C19P-SE scales are given in Table 3. It was determined that FSBS total and all sub-dimension average scores increased significantly as C19P-SE scale "Psychological Phobia" sub-dimension average score increases ($p<0.05$). In addition, it was also determined that FSBS "Family Sense of Belonging" sub-dimension average score increases significantly as C19P-SE scale "Social Phobia" sub-dimension average score increases ($p<0.05$). However, it was determined that Satisfaction with Life decreases significantly as the average scores in C19P-SE scale "Psycho-somatic Phobia" and "Economic Phobia" sub-dimension average scores increase ($p<0.05$). It was seen that FSBS total average score increases significantly as the average score in C19P-SE scale "Social Phobia" sub-dimension increases ($p<0.05$). It was determined that FSBS Family Sense of Belonging average score increases significantly as the total score of C19P-SE scale increases ($p<0.05$).

Table 3. The Relationship between SLS, FSBS and C19P-SE Total and Sub-dimensions (n=484)

Scales	Family Sense of Belonging Scale (FSBS)			The Satisfaction with Life Scale (SLS)
	FSBS-Family Sense of Belonging	FSBS-Sense of Self Belonging	FSBS Total	SLS Total
Coronavirus 19 Phobia Scale (C19P-SE)				
C19P-SE Psychological Phobia	r= 0.176 *p= 0.000	r= 0.107 *p= 0.018	r= 0.131 *p= 0.004	r= 0.062 p= 0.175
C19P-SE Psycho-somatic Phobia	r= 0.041 p= 0.366	r= 0.001 p= 0.977	r= 0.012 p= 0.792	r= -0.113 *p= 0.013
C19P-SE Economic Phobia	r= 0.018 p= 0.687	r= -0.034 p= 0.457	r= -0.022 p= 0.632	r= -0.108 *p= 0.017
C19P-SE Social Phobia	r= 0.146 *p= 0.001	r= 0.071 p= 0.119	r= 0.095 *p= 0.037	r= -0.009 p= 0.851
C19P-SE Total	r= 0.125 *p= 0.006	r= 0.054 p= 0.232	r= 0.076 p= 0.094	r= -0.032 p= 0.477

r=Pearson Correlation Analyze p<0.05

SLS: The Satisfaction with Life Scale

FSBS: Family Sense of Belonging Scale

CP19-SE: Coronavirus 19 Phobia Scale

DISCUSSION

COVID-19 phobia affects all parts of the society negatively. However, it was also reported that people who might be subjected to negative outcomes more during the pandemic are the old, young, women and students (1, 14). Starting to spend more time with their families together with the lockdown which is one of the measures taken because of the pandemic, the students have given up their daily routines and they have been physically depressed. As a result of this, students face psychological problems. In addition, their satisfaction with life and family sense of belonging levels would be affected negatively. In this section, the results of the study conducted with the purpose of determining the impact of Covid-19 phobia on the satisfaction with life and family sense of belonging levels of midwifery students are discussed with the related literature.

The total average score that midwifery students obtained from C19P-SE was found as 50.02±17.36.

In addition, the average scores that students obtained from Psychological Phobia, Psychosomatic Phobia, Economic Phobia and Social Phobia sub-dimensions are determined as 8.25±6.42, 10.03±4.47, 8.28±3.76, 13.44±5.34 respectively (Table 2). In literature review, no study was found on COVID-19 phobia in students. In a study investigating COVID-19 phobia in healthcare professionals, it was determined that healthcare professionals' phobia is high (15). In addition, it was also determined that women experience higher coronavirus phobia than men (16, 17). In addition to these results, it was also reported that individuals are afraid of getting coronavirus (16, 18, 19). During COVID-19 pandemic, it was reported that people's routines were disturbed and for that reason anxiety and phobic reactions occurred (2, 6, 20, 21). Furthermore, it is also emphasized that people are afraid of being infected with COVID-19 and they may experience negative emotional states such as phobia, anxiety, depression and despair in

the short and long term with the impact of natural disasters such as earthquake or tsunami, man-made disasters such as explosions, wars or terrorism or epidemics such as MERS, SARS or Ebola (2, 22-24). When considered from this point of view, COVID-19 phobia level obtained from midwifery students (Table 2) can be assessed in parallel to other age groups and interpreted as a potential result.

The average score that midwifery students obtained from Satisfaction with Life Scale was found as 13.54 ± 4.37 (Table 2). Considering that maximum score that can be obtained from the scale is 25, it can be said that satisfaction with life of the students participated in the study is on moderate level. In literature review, many studies have been found investigating the satisfaction with life in female university students. However, those studies indicate that students' satisfaction with life is high unlike our results (25-30). It is thought that this difference in literature is caused by the pandemic process. In fact, in Yavas Celik's (2020) study investigating satisfaction with life in university students in COVID-19 process, it was determined that students' satisfaction with life is on moderate level similar to our result (31).

The average score that midwifery students obtained from Family Sense of Belonging Scale was found as 64.59 ± 13.29 (Table 2). When the total score obtained from the scale is examined, it can be said that students have high family sense of belonging. No study has been found investigating the university students' family sense of belonging during the COVID-19 process. However, social isolation and lockdown rules have become important with the pandemic and as all other individuals, students also started to spend more time with their families. As an ordinary advantage of this process, midwifery students' family sense of belonging may have increased.

It was determined that the average score students obtained from FSBS Family Sense of Belonging Sub-dimension increase significantly as the total score that students obtained from C19P-SE scale increases ($p < 0.05$) (Table 3). As it is understood from study results, it is determined that there is a significant relationship between the average scores obtained from Coronavirus 19 Phobia (C19P-SE) Scale total and sub-dimensions and average scores obtained from Family Sense of Belonging Scale total and sub-dimensions and that midwifery students' family sense of belonging levels increase as their level of COVID-

19 Phobia increases. In literature review, no study has been found on COVID-19 Phobia and family sense of belonging level in students. When assessed from this point of view, our result is an important result for the literature. With quick spread of coronavirus, a crisis has occurred and social isolation and lockdown rules were implemented and individuals stayed at home. As all other individuals, students also fit their lives in their homes and maybe university students who left their families for their education started to spend more time with their families with distance education. When the historical process is examined, it is seen that all kinds of crises, especially epidemics affect the individual and his surroundings, therefore his family structure in different aspects (10-12, 32, 33). Family, which constitutes the foundation of society, is a structure that enables emotions in daily life such as love, attachment, happiness and belonging and situations such as listening to each other, spending time together, sparing some time for each other, supporting and being happy and sad together (30). With the impact of pandemic process, it was reported that social and even psychological isolation was formed with people staying at home and this situation resulted in alienation, withdrawal and therefore discussion among people. In addition to those, it is also stated that voices are raised in communication, domestic discussions occurred and incidents occurred leading up to domestic violence and all those incidents are extensions of the crisis within the family (34). Furthermore, it was also reported that domestic relationships may also be affected positively in the lockdown process (10).

It was determined that satisfaction with life decreased significantly as their average score from CP19-SE scale "Psychosomatic Phobia" and "Economic Phobia" sub-dimensions' increase ($p < 0.05$) (Table 3). In literature review, it was determined that COVID-19 phobia affect individuals' satisfaction with life negatively similar to our result (4, 35-37). The stress and fear that individuals experience in pandemic process affect their state of health. The most important factor for enjoying the life and leading a happy life is being healthy. Because, even if individuals have many financial means, they cannot do what they want and they cannot be satisfied with their lives unless they are healthy. In literature review, it was determined that satisfaction with life of university students who have no disease is higher (26). Other studies indicate that satisfaction with life levels of individuals with chronic diseases are lower

than individuals who have no disease (27). In addition, in his study, Chow (2005) emphasized that physical health has a significant place among the determinants of satisfaction with life (38). There are also study results indicating that mental diseases affect satisfaction with life negatively as well as physical and biological diseases (13, 26, 39). In the study investigating the relationship between satisfaction with life and death anxiety; it was determined that there is a correlation between individuals' satisfaction with life and death anxiety and satisfaction with life decreases as death anxiety increases (40). The fear of disease, getting infected and dying that individual have during COVID-19 pandemic and the negative conditions they are involved in affect satisfaction with life by causing both physiological and psychological stress (4).

Limitations

Research is limited to midwifery students studying at the two universities in the east of Turkey.

CONCLUSION

As a result of the research, it was determined that midwifery students have a moderate level of COVID-19 phobia and their psychological and social phobia levels regarding COVID-19 increased their family sense of belonging, but psychosomatic and economic phobia levels decreased their satisfaction with life. The threat perception that occurred together with the pandemic causes fear and stress among individuals and make the individuals more sensitive than ever. For that reason, managing the uncertainty and the crisis that occur in during pandemics, investigating its emotional and psychosocial impacts carefully and implementing the coping methods effectively have a significant place for individuals and the society. It is important that the phobia, which occurs with the impact of the pandemic, is diagnosed early among the students who are among the group most affected by the pandemic and psychological support is provided in time.

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Ethics Consideration: For implementation of the research, ethical approval was taken from the Ministry of Health Turkey (2020-12-24T00_14_08) and Malatya Inonu University Health Sciences Scientific Research and Publication Ethics Committee (Decision

No: 2021/1447). Before starting the research, institutional permissions were also taken from related universities. At the beginning of questionnaire items, students were informed about the aim of the research and volunteering students were asked to fill in the questionnaires.

Author contribution: Study design: SA, ANY, YAD. Data collection: SA, ANY. Data analysis: SA, ANY, YAD. Study supervision: YAD. Manuscript writing: SA, ANY, YAD. Critical revisions for important intellectual content: SA, ANY, YAD.

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