

## Understanding Burnout in Indian Housewives Amidst COVID-19 Pandemic

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### ABSTRACT

COVID-19 Pandemic has brought the world underwaters. All over the world, people were affected. The focus during this period was mostly on patients and frontline workers, with some attention also towards working adults. One cohort that has not gained much light during this pandemic is of housewives. Housewives had to manage household chores along with managing family relations - especially in India, where societal expectations lie on the female to provide family members with care and manage the household. Dealing with uncertainty, decreased availability of personal space, increased presence of and interaction with people in the household due to work from home scenarios, shifting to the online world and adapting to the change, economic disturbances, absence of domestic help, managing parental responsibility, increased stress about one's own and family members' health and lack of social interaction have contributed to their inconvenience. Existing evidence supports that housewives have been experiencing burnout in their homes. This qualitative study was conducted to see how the added pressure of COVID - 19 and social isolation has affected housewives mentally, leading to burnout. This narrative study includes participants of Indian origin, between the ages of 34 to 50 years. Participants were shortlisted on the basis of their scores obtained on the COVID-19 Burnout Scale, designed by Murat Yıldırım and Fatma Solmaz. The themes generated through this research study are related to understanding the impact of burnout on the mental health of housewives along the areas of physical health, financial well-being, digitization, uncertainty regarding COVID-19, parental responsibilities, social & emotional health, relationship management, and coping mechanisms. The findings of this study suggest that the mental health of housewives has significantly worsened during the COVID-19 pandemic due to constant exposure to certain stressors.

**Keywords:** *Housewives, COVID-19, Pandemic, Burnout, Mental Health*

The coronavirus pandemic hit the world in 2019, taking a toll on millions of lives across the globe. The adverse impacts of coronavirus are not just limited to the physical illness but also psychological and social ailments that came along with the need to follow social isolation.

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Having to deal with COVID - 19 that came as a stressor, exhaustion after a point is natural. This mental, physiological, and social exhaustion for a prolonged period of time may give rise to a condition called burnout. Burnout can leave people fatigued with very little motivation and energy to deal with the constant juggles between daily dilemmas of life.

Feeling constantly overwhelmed, unmotivated, irritable, emotionally drained, and low on energy can be some signs and symptoms of being burnt out. Some of the physical symptoms may be loss of appetite, disturbed sleep cycle, and disrupted diet. Especially in the context of the coronavirus pandemic, social distancing can leave a person feeling isolated and lonely which can result in burnout. Another factor may be the difficulty in working from home, which on its own can have multiple challenges which are difficult to cope with.

Most of the existing literature and research on burnout is mainly focused on the experience of nurses, frontline workers, and working men and women in order to understand how much stress or burnout they had been during the pandemic. However, the experiences of the modern-day housewife have not yet been fully investigated, especially in the Indian context. This study is aimed at getting a comprehensive understanding of the experiences of Indian housewives and finding the causes of burnout among them.

Understanding the literature that exists on the existing topic spans more than 35 years where the concept of burnout first emerged in the context of jobs in the 1970s. It refers to a reduction in the capacity to provide contributions that make an impact. It focuses on the exhaustion of one's capacity. After a decade of understanding and defining burnout, one realized that burnout could occur outside the human services, affecting people in all walks of life. The roots of burnout can be traced back to several social and economic developments. A common economic factor that can be understood is in terms of lack of recognition for the efforts put in by the workers. Burnout was seen as an end-stage in stress-related disorders, occurring after distress and nervous breakdown. (Schaufeli, Leiter, & Maslach, 2009)

COVID-19 led to societal burnout leaving the majority of people feeling exhausted and drained. It generates unhealthy negative emotions and increases during social isolation, which was one of the highly discussed problems at the beginning of the pandemic. (Queen & Harding, 2020) There exists a lot of research on understanding burnout among health workers but there is ignorance of informal health workers. A cross-sectional study conducted in China aimed to understand the experiences of informal home care providers during the COVID-19 Pandemic.

The survey focused on examining the patterns and characteristics of home care. It was seen that the informal home care providers were majorly younger aged, female, and housewives. Most of these informal health care providers themselves suffered from a chronic medical condition and around 53% had experienced strain in their duties. The duties involved taking extra care, higher health risk concerns, and more tasks to take care. These providers faced a high mental burden which affected their own individual capacities. (Chan, Lo, Huang & et al, 2020)

Another research done in 2020 focused on understanding the contribution of housewives in increasing the immunity of family members during the Pandemic. When the world was shocked by the outbreak of coronavirus and modern medicine seemed to fail us, there was a spread of traditional health efforts and rituals. Housewives acted as front-line battle workers by exposing themselves to greater risk in order to ensure cleanliness, sanitation, and

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immunity building. The survey indicated that housewives attempt to increase immunity by making healthy drinks, preparing fresh food, and providing supplements. (Rahayu, Ambarwati, Puspitawati, Isnawati, & Kuswanti, 2020)

Parental burnout is defined as a prolonged response to overwhelming parental stress. Housewives were not just exposed to duties that involved providing better care to their families but were also responsible for ensuring kid's education took place effectively online. With the shift to the digital world, they had to learn the functioning of this new world and then teach it to their children. As children all over the world attended schools from the comforts of their household, housewives struggled in silence due to the extra work. It is important for practitioners to consider parenting fatigue in their interactions with children, parents, and families, and to recognize that the effects of the current COVID-19 pandemic can persist long after the current protection ordinances expire. (Griffith, 2020)

Another study conducted by Amit Nath published by the Int. J. Sc. Res. in Network Security and Communication focused on understanding the impact of lockdown on the mental well-being of individuals in the society. A survey was conducted on individuals from all walks of life being students, housewives, and professionals between the age range of 16 to 50, and it was reported that housewives felt an increase in their household work. There was the loss of contact with the external world and an increase in fear related to the transmission of the disease. (Nath, 2020)

Distress levels during the pandemic had significantly increased due to multiple reasons including increased workload for housewives. Especially in the context of India, where generally the women are expected to be the caregivers for all family members and at the same time are expected to manage all dimensions of the household. This, along with the immense surge of uncertainty, decreased availability of personal space, the increased presence of and interaction with people in the household due to work from home scenarios, shifting to the online world and adapting to the change, economical disturbances, absence of domestic help, increased stress about one's own and family members' health are some of the major reasons for the elevated levels of stress among housewives.

Prolonged exposure to such stressors can result in the experience of high levels of stress for a big duration of time inducing burnout. By understanding the impact of these stressors specific to the COVID-19 pandemic on housewives, a new understanding can be developed in relation to burnout in the Indian context. It will also allow us to understand the impact of a pandemic on the mental health of the specified population.

This study focused on generating a better comprehension of the ways to manage the systemic and psychological impact of burnout among housewives by keeping them as a central point of research and allowing further actions to be taken in the area of mental health.

## **MATERIALS AND METHOD**

### *Objectives*

In order to understand the plight of housewives experiencing burnout due to the constant need to deal with the deadly coronavirus pandemic and to know about the sources of stress in their lives, the present study focuses on the following research questions -

- How was the mental health of Indian housewives affected during the COVID-19 pandemic?

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- Why was burnout reached in Indian housewives during the COVID-19 pandemic?

The aim of the present study is to not only discover the answers to the above-mentioned research questions but also to increase the size of the existing data pool pertaining to the COVID -19 Pandemic and burnout among housewives, especially in the Indian context.

### *Sampling Procedure*

The sampling technique used was purposive - snowball sampling. Participants were chosen based on the intensity of burnout they had experienced in the pandemic. Since a sufficient sample size was not obtained, snowball sampling was also done where future recruits were approached through contacts of those who had already qualified. The burnout scores of those who were recruited through snowballing were also noted as to screen them. A heterogeneous sample was chosen to ensure that participants were selected across a wide variety of religious and ethnic groups. Data was collected until saturation was reached.

### *Participants*

The sample for the study included seven housewives. The data was drawn from English and Hindi speaking housewives residing in the states of Karnataka, Delhi, Haryana and Uttarakhand. The age of the participants ranged from 35-50 years. All of them belonged to middle class households with annual salaries ranging around Rs 50,000 to 18,00,000.

### *Data Collection*

The questionnaire used for screening participants for the study was called 'The COVID-19 Burnout Scale (COVID-19 BS)'. It consisted of 10 items which were to be rated on a 5-point Likert scale. The scale was published in 2020, especially to study the burnout caused by the coronavirus pandemic. Since the present research revolved around the experiences of housewives during the pandemic, the COVID-19 BS was an appropriate tool to be used. The maximum score that could be achieved on the scale was 50. The qualifying burnout score for the present study was set as 30.

Data was collected using in-depth interviews with open and non-leading questions through video conferencing, keeping in mind the situational circumstances. The interviews lasted for 20 minutes on average. The interviews were recorded with the permission of participants.

Confidentiality and anonymity were maintained throughout the course of the study. Informed consent with the option to withdraw at any point of time was provided to the participants. All measures were taken to avoid harm. Transparency was maintained and deception was not used at any point. Peer review and extreme case analysis were used as data triangulation methods.

### *Procedure for Data Analysis*

Transcription of recorded interviews was done with the help of the online platform – 'Otter'. Transcripts were read and re-read by researchers as reiteration helped in extensively searching for useful information. Data was analyzed using the thematic model, which is a method for identifying, analyzing, and reporting patterns or themes within data. It explores the data in detail (as cited in Braun & Clarke, 2006). The reflexive approach developed by Braun and Clarke allows one to familiarize themselves with the data and then identify codes. These codes are then reviewed and refined to form sub-themes, which are categorized into organizing and global themes.

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This was done manually by assigning codes, categorizing them into sub themes which were clubbed into themes and global themes using MS Excel.

### RESULTS AND DISCUSSION

All the participants selected for the study reported a wide variety of data with several overarching themes. Interviews were conducted for an average of 15 mins in both Hindi and English. After analysis, the researchers were able to group nine main themes into two global themes with a wide number of sub themes as discussed below.

**Table 1 Influence of different factors on Mental Health and Burnout in Housewives due to COVID -19 Pandemic**

	Organizing Themes	Sub-themes
Influence of Extrinsic Factors	Concerns regarding physical health	Family Health Concerns
		Safety Measures
		Physical tiredness
		Change in routine - eating and sleeping patterns
		Management of activities while having contracted Coronavirus
	Uncertainty regarding COVID	Underestimating seriousness of the situation
		Monotony due to repetitive activities
		Uncertainty about future after COVID
	Financial Well-Being	Loss of financial assets
		Financial pressure due to COVID
Digitization	Advantages of online shift	
	Disadvantages of online shift	
Influence of Intrinsic Factors	Parental Burnout	Academic concerns for kids
		Parental responsibility
	Social health	Experience of quarantine/containment zone
		Impact of social isolation
		Social Media
	Emotional health	Me-time
		Fear of getting COVID (self/ family)
		Environmental changes
		Absence of recreational activities
		Increased workload and lack of domestic help
	Relationship Management	Change in family relations
		Impact of social environment
		Impact of struggles of family members
		Social responsibility
	Coping Mechanisms	Positive attitude
		Rationalization
Catastrophizing and Awfulization		
Generalization and Depersonalization		
Submitting to the situation		
Creative Ways		

This table shows the categorization of themes. Two global themes of Influence of external factors and Influence of internal factors are discussed in detail below.

### *Influence of External factors*

#### *Concerns regarding Physical Health*

All of the participants expressed concerns regarding the health of the family and worrying about ensuring safety. Everyone described the safety measures they had taken from masks and sanitizers to washing vegetables, “washing clothes in Dettol” and minimum travel. Several participants mentioned being physically tired. One of the participants had contracted corona with her husband, she talked about the difficulty incurred while managing activities and feelings of social isolation, describing it as *“The most bad experience was when I had COVID myself, when I and my husband, both..... That was very bad moment. That was very horrible time..... Medicines were a problem, getting vegetables were a problem, so we have suffered with these things a lot at that time.”*

Several participants also noted drastic changes in their routine, often mentioning how their routines had got disrupted. *“there was a routine like the kids are going to school, husband is going to the office, I had my own entire routine that you go out or there is an outing, and then suddenly in the lockdown it happened that the entire routine changed.”* There were also changes in the sleeping and eating patterns. A Participant mentioned overlapping days and nights as the entire sleep schedule for her had changed. A lot of participants mentioned cooking a lot of food during the pandemic and the negative effects of those, which could take a toll on them. *“It felt like physically wrong was happening to us, as there was only cooking-eating, cooking-eating, it felt like it was very lethargic, somedays you felt bad there was no workout, it was just eating and eating and eating, nothing more than that.”* Thus, concerns surrounding physical health were many.

#### *Uncertainty regarding COVID*

Several participants mentioned underestimating the situation initially towards the beginning, hoping it would get over soon due to the unavailability of information, but they realized later on the seriousness of the pandemic, after 3-4 months had passed. When enquired about the future, they all mentioned uncertainty and thoughts of not knowing what will happen next. Several also mentioned monotony that was caused due to repetitive activities and the negative effects of that. *“You had to stay indoors only. There also, there was no activity at all. What would someone do in that case? For how long can you keep reading, or watching TV? For how long can you surf the internet? You had the whole 24 hours with you. And during these hours, you can't do one thing continuously. And then such a situation was created that I didn't know what to do. Couldn't put my heart on one thing”* The constant feelings of tiredness, uncertainty, and monotony had taken control. All of this combined with fear generated unhealthy negative emotions.

#### *Financial health*

All participants mentioned reduction in financial health as they faced financial pressures and constraints. Several also talked about the loss of financial assets that they had experienced as a result of compromise or reevaluation of needs. Participants talked about the economic costs of lockdown on the financial capacity of India as a whole and how it affected their business. *“We sold out our car, because we were worried that if we would be able to give the EMI. We did not block any other EMI, when government gave us the option.”* One participant even mentioned having to quit her job because of inability to manage the financial constraints with daily work.

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### *Digitization*

With pandemic and the sudden shift to the online world, participants mentioned both positive and negative experiences. Several felt more connected to their families and using the opportunities of online accessibility such as *“I had my hopes had risen. Very true, because everything went online. Yeah. So I was like, now even I can really take a benefit that everything is done online, so I can really, you know, I started off with new courses.”* While others mentioned feeling disconnected and lost. They talked of the internet not fulfilling the void of physical contact and feelings of meeting someone in real life.

### **Influence of Internal Factors**

#### *Parental Burnout*

This was a major theme which emerged in the transcripts of almost all housewives. There was a sense of parental responsibility which could be seen in their talks of feeling worried about online classes, overuse of phones, and mentioning the waste of studies in the past year. There were also thoughts of worry regarding the future of kids and what they would do next like *“Worried, first of all studies, kid's studies, their future, I'm so worried about it.”* This was coupled with stress about the online classes in ways like, *“I think online, neither the children are able to understand anything, nor they are able to study, or score well. So, according to me, online session is not at all okay.”*

#### *Social health*

Social health of participants severely suffered as not being able to go out and meet people led to feelings of social isolation and loneliness. One of the participants mentioned how social media seemed disinteresting and another talked about not being able to talk to people properly. *“To meet with someone, do fun things, and doing it on the phone is just not the same. It was the worst time.”* Apart from this, several mentioned being constrained in quarantine and containment zones and not being able to see other people or neighbors as concerning.

#### *Emotional health*

This can be seen as one of the pivotal internal factors influencing mental health and burnout as this was seen in all participants in one way or another. Increase in workload coupled with absence of domestic help rung problems in every house. There was fear of family contracting COVID and absence of recreational activities which when intertwined, seemed to take a toll. *“We were stuck at home, nothing was there to do. Except being in a kitchen, which we used to do always before also. And more than that, again means like, earlier too we used to do so much of things in kitchen, but still after pandemic, like when we were at home more things were there. So it was like bird in a cage.”* There were feelings of being trapped which were experienced as a result of this. Several also noted the positive impact due to environmental changes like lesser pollution, no traffic, etc. Me-time remained a subjective concept as several mentioned unavailability as well as availability of me-time.

#### *Relationship Management*

Managing relationships between family members also came up as a task of housewives as they were also affected due to the struggles of their family members. One participant mentioned having to delay housework due to scheduling of zoom calls as *“And you know what happens, if a zoom meeting is ongoing in the home, you can't have any disturbance at the back end. You cannot do anything at that point of time. There are a lot of tasks to finish at home..... In that also, I had to think twice that no no, right now the class is going on so I shouldn't do this to avoid disturbance.”* Several also mentioned having improved family

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relations during the initial months as they got to reconnect and spend time with each other. It was interesting to note the effect of larger social circles like experiences of neighbors, or social responsibility of helping out others despite being tired themselves. Some participants also mentioned their inability to attend death rites of close family members.

### *Coping Mechanisms*

The kind of coping mechanism one uses also influences their ability to deal with the situation effectively, thus affecting their mental health and leading to burnout. As seen, a wide variety of coping mechanisms were employed from catastrophizing and awfulizing to rationalization, generalization and depersonalization. Positive attitude was also employed by some, while some submitted to the situation and others find ways to deal with it creatively.

## **CONCLUSION**

The findings of this study suggest that the mental health of housewives has significantly worsened during the COVID-19 pandemic. The exposure to certain stressors for a prolonged period of time has led to burnout among them. The research identified two major aspects - extrinsic and intrinsic influences that affected the mental health of participants and contributed to them reaching burnout.

The major themes identified under the extrinsic influences category were - concerns regarding physical health, uncertainty regarding COVID, financial health and digitization. These were some aspects governed by the changes in the external world, which were independent of the control of the participants and hence were grouped as extrinsic influences. Parental burnout, Social Health, Emotional health, Relationship management and Coping mechanisms were the themes grouped under the global theme of Influence of Intrinsic factors. This is because these were aspects where the participants were shareholders in the cause of the experiences and had a degree of personal involvement in the situations.

Apart from the contribution of this study in understanding the impacts of coronavirus on the general population, findings from this study are beneficial in understanding the mental health and burnout of the lesser discussed but significant part of the population - housewives. This study contributes in providing a theoretical ground for discussions on the development and propagation of modern-day feminism. Through this study, a better comprehension of the ways to manage the systemic and psychological impact of burnout among housewives is generated by keeping them as a central point of research and allowing further actions to be taken in the area of mental health.

One limitation of the study can be the inhibitions of housewives in openly speaking up about their concerns in their home environment in the presence of family members. Additionally, the study required participants to respond after retrospection about the time at which burnout was reached during the lockdown. Because of this, their responses might have been influenced by biases and participants' coping mechanisms, limiting the correctness of the data.

Further research can focus on the impact of burnout among housewives on their behavior, perception of self, relationship dynamics, etc. after adapting to the new normal. Researchers can also focus on studying burnout among housewives belonging to different socio-economic strata of the society which may provide a holistic understanding of the phenomenon.



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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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## Appendix B

### COVID-19 Burnout Scale

1. When you think about COVID-19 overall, how often do you feel tired?
2. When you think about COVID-19 overall, how often do you feel disappointed with people?
3. When you think about COVID-19 overall, how often do you feel hopeless?
4. When you think about COVID-19 overall, how often do you feel trapped?
5. When you think about COVID-19 overall, how often do you feel helpless?
6. When you think about COVID-19 overall, how often do you feel depressed?
7. When you think about COVID-19 overall, how often do you feel physically weak/sickly?
8. When you think about COVID-19 overall, how often do you feel worthless/like a failure?
9. When you think about COVID-19 overall, how often do you feel difficulties sleeping?
10. When you think about COVID-19 overall, how often do you feel that “I’ve had it”?

## Appendix C

### Interview Schedule

- What is your understanding of the Coronavirus Pandemic?
- How did you get to know about it? What were your initial reactions?
- How did your environment change once the lockdown started?
- What are some things that worried you during the pandemic?
- What were some of your most stressful experiences during the pandemic?
- What were your thoughts regarding the future during the pandemic?
- How do you think the pandemic affected you?
  - emotionally
  - physically (sleep, eat, health)
  - socially (friends, neighborhood)
- How did your family relations change during the pandemic?
- With the increased fear of coronavirus, how did you ensure safety for yourself and your family?
- Do you think you were able to relax or spend time doing what you like during the Pandemic?
- How comfortable were you with the shift to the virtual/ online world?
- Is there anything we haven't covered regarding your experience with the pandemic, that you would like to tell us about?