


The effect of staying at home due to COVID-19 outbreak on nursing students' life satisfaction and social competencies

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Abstract

Purpose: In this study, it was aimed to investigate the life satisfaction and social competencies of the nursing students.

Design and Method: Our sample was composed of a nursing group with voluntary participation, internet network connection, and social media use.

Findings: It was found that there was a significant difference between the mean scores of the students in terms of compliance to stay at home and a positive status of an acquaintance (COVID-19) ($P < .01$), and there was a significant difference between the students' mean scores at home ($P = .01$) ($P < .01$).

Practice Implications: As a result, it was determined that the students were adapted to stay at home, the precautions taken in the epidemic were insufficient and the social competencies of the students were associated only with adaptation to stay.

KEYWORDS

COVID-19, life satisfaction, social competence

1 | BACKGROUND

The coronavirus (COVID-19) infection that occurred in Wuhan, China in December 2019 has affected the whole world¹ COVID-19 belongs to the same group of viruses that cause severe acute respiratory syndrome and middle east respiratory syndrome.² The virus causes serious acute respiratory infections, asymptomatic, mild or severe symptomatic spread.³

In March, COVID-19 was declared as a pandemic outbreak by World Health Organization (WHO).⁴ According to the latest data of WHO, COVID-19 has been reported in 213 countries, the number of cases in the world is 2 449 632 and the number of deaths is 175 825.⁵

Unfortunately, all the measures taken after this serious epidemic have remained incurable and the death rates continue to increase. The data available to scientists related to this virus are limited (it affects older and chronically ill individuals, has a very rapid transition, is transmitted through droplets, is larger than many viruses, and constantly changes the cell membrane). Beside, it is thought that a patient with COVID-19 can infect an average of 2.6 people.⁶⁻⁸

It is stated that the COVID-19, which is effective not only with the elderly population, but also on all age groups, is more effective in spreading the epidemic of young population due to the fact that young people and children spend milder and even without symptoms.¹ For this reason, in many countries, education has started to be given distance education and students are invited to stay at home to prevent the spread of the epidemic. In our country, while providing distance education, the population under the age of 20 has been restricted.⁹ Totally, of 2 773 904 tests conducted last case in Turkey, the total number of 182 727 cases, the death toll has reached 4861.¹⁰

Other people and the social environment are at the core of social competence. The concept of social competence is expressed as the ability of an individual to initiate and continue positive communication with others. Beside, social competence perception; consist of trusting that their behavior can be effective and supporting social competent behaviors by others. In the development of the perception of social competence, the individual should behave competently and receive feedback from the people around person.¹¹

Life satisfaction, on the contrary, represents the cognitive aspect of subjective well-being, one of the concepts of human happiness. Subjective well-being is defined as the cognitive and emotional

assessment of a person's life. This assessment includes emotional responses to events and cognitive assessment of satisfaction. Satisfaction areas can be work, family, free time, health, money, self and the immediate environment of the person.^{12,13}

Due to the outbreak of COVID-19, it was thought that social environments due to the restriction of curfews due to this epidemic could indirectly affect life satisfaction and social competencies. In this study, it was aimed to examine the effect of this situation on nursing students' social competence and life satisfaction.

2 | DESIGN AND METHOD

2.1 | The universal and sample of the research

The Nursing Department of a university of the universe of this study, which is a cross-sectional study, consisted of students ($n = 307$), and the sample was made up of students who agreed to participate in the study voluntarily and have internet access ($n = 271$). Because, on the date of the research (April-May 2020), students were limited due to an outbreak of COVID-19 on curfew.

2.2 | Ethical approval of the research

Ethical approval of the study was obtained from Kilis 7 December University Ethics Committee. The research was collected using a questionnaire created in Google forms, the research permit was obtained from individuals. Volunteers filled and sent the forms sent to them.

2.3 | Collecting the data of the research

The data of the research were collected remotely using google forms due to the epidemic. Questionnaire created on Google forms, Social Competency Scale (SCS), and Life Satisfaction Scale (LSS) were sent to the participants and approval was a waited for their participation. Volunteer students who were able to reach the study and participated.

2.4 | Question form

The questionnaire includes questions about the demographic information of the participants and the outbreak of COVID-19 (how it is transmitted, what measures are taken, whether this disease is transmitted to themselves or their relatives, whether this situation is shortened or not, etc.).

2.5 | Social Competency Scale

The Perceived SCS developed by Anderson-Butcher, Iachini, and Amorose (2007) is a self-report measurement tool that evaluates the

concept of social competence based on how the individual perceives herself in social relations and gives information about herself or himself. The Perceived SCS, consisting of six items, has a rating of 5 (1: I do not agree at all and 5: I totally agree). The scores that can be obtained from the scale are ranked between 6 and 30. Rising scores on the scale indicate a high perceived social competence. The validity and reliability study in our country, Sariçam et al,¹¹ and there are no reverse-scored questions in the scale. In the confirmatory factor analysis applied for the construct validity of the scale, it was seen that it consisted of six items consistent with the original form and the

TABLE 1 Distribution of students' demographic data

Data	n	%
Regions		
Southeastern Anatolia region (Gaziantep, Kilis, Urfa, Adiyaman, Mardin)	193	71.2
Eastern Anatolia region (Van, Şırnak, Malatya, Diyarbakır, Elazığ)	16	5.9
Mediterranean region (Adana, Mersin, Hatay, Osmaniye, K.Maraş)	56	20.7
Marmara regions (İstanbul, Yalova, Tekirdağ)	6	2.2
Class		
1. Class	75	27.7
2. Class	72	26.6
3. Class	62	22.9
4. Class	62	22.9
Economic situation		
Revenue less than expense	70	25.8
Balanced with income and expenses	186	68.6
More than income expense	15	5.5
Family		
Nuclear family	204	75.3
Extended family	62	22.9
Fragmented family	5	1.8
Nationality		
Citizens of Turkey	257	94.8
Syrian citizen	14	5.2
Compliance with staying home		
Yes	224	82.7
No	47	17.3
Positive status COVID-19 of student know a person		
Yes (relative, friend, villager, family friendly, neighbor)	111	41
No	160	59
Adequate measures to be taken enough		
Enough	63	23.2
Not enough	208	76.8
How your psychology is affected		
Affected (negative)	161	59.4
Not Affected (negative)	110	40.6
Total	271	100

TABLE 2 Comparison of students' LSS total scores

Data	n	LSS score (mean ± SD)	t	P
Positive status COVID-19 of student know a person				
Yes (relative, friend, villager, family friendly, neighbor)	111	17.65 ± 7.21		
No	160	19.76 ± 6.12	2.57	.01
Compliance with staying home				
Yes	224	20.00 ± 6.41		
No	47	13.56 ± 5.14	6.39	.001
LSS total score mean		18.89 ± 6.66		

Abbreviation: LSS, Life Satisfaction Scale.

TABLE 3 Comparison of the students' SCS total scores

Date	n	SCS score (mean ± SD)	t	P
Positive status COVID-19 of student know a person				
Yes (relative, friend, villager, family friendly, neighbor)	111	25.44 ± 4.03		
No	160	25.51 ± 3.93	0.23	.81
Compliance with staying home				
Yes	224	26.09 ± 3.03		
No	47	22.66 ± 6.21	5.58	.001
SCS total score mean		25.51 ± 3.96		

Abbreviation: SCS, Social Competency Scale.

items were collected in one dimension ($\chi^2 = 7.34$, $SD = 7$, $RMSEA = 0.010$, $CFI = 1.00$, $RFI = 0.99$, $IFI = 1.00$, $AGFI = 0.98$, $GFI = 0.99$, $NFI = 0.99$, and $SRMR = 0.018$). The factor loads of the scale are ranked between 0.57 and 0.80. Internal consistency reliability coefficient was found to be 0.80. Beside, it was observed that the adjusted item-total correlations of the scale ranged between 0.52 and 0.66. In this study, the Cronbach's α value of the scale was found to be .90.¹¹

2.6 | Life Satisfaction Scale

Scale was developed by Diener et al.¹⁴ Likert style 7 grade (1: strongly disagree and 7: strongly agree) consists of five items. The highest score that can be obtained from the LSS is 35 and the lowest score is 5. The low score obtained from the scale is considered to be an indicator of low life satisfaction. The scale was

TABLE 4 Correlation of students' SCS and LSS total scores averages

	SCS		
	R	P	N
LSS	0.36	0.001	271

Abbreviations: LSS, Life Satisfaction Scale; SCS, Social Competency Scale.

adapted to Turkish by Yetim.¹⁵ In this study, Yetim¹⁵ found that the scale's reliability ($\alpha = .86$) and test-retest reliability were 0.73. In the original study, Diener et al.¹⁴ found the reliability of the scale as $\alpha = .87$ and the criterion-dependent validity as 0.82.^{12,13}

3 | FINDINGS

In the study, it was determined that the most of the students are living in the Southeastern Anatolia region (71.2%), living in the nuclear family (82.7%), Turkish citizens (94.8%), adapting to stay at home (82.7%), psychological negatively affected by the epidemic (59.4%), and their economic status expense was balanced (68.6%), they did not find the measures taken for the epidemic sufficient (76.8%), and positive status (59%) of one of the acquaintances (COVID-19) was negative (Table 1).

It was found that there was a significant difference between the mean scores of the students' LSS in terms of their adaptation to stay at home and the COVID-19 positive status of an acquaintance ($P < .01$) (Table 2). It was found that there was a significant difference between the mean scores of the students in the SCS total mean, in terms of adaptation to stay at home ($P < .01$) (Table 3). The product correlation between the two scales was found to be $r = .36$. There was a moderate positive correlation between the two measurement tools ($r = .36$) (Table 4).

4 | CONCLUSIONS

In the study, it was determined that the most of the students are living in the Southeastern Anatolia region (71.2%), living in the nuclear family (82.7%), Turkish citizens (94.8%), adapting to stay at home (82.7%), psychological negatively affected by the epidemic (59.4%), and their economic status expense was balanced (68.6%), they did not find the measures taken for the epidemic sufficient (76.8%), and positive status (59%) of one of the acquaintances (COVID-19) was negative (Table 1). It is a striking result that most of the students find the measures taken inadequate in these findings. In addition, it is also striking that a relative's COVID-19 negative exiting state is 59% while the positivity status is 41%. Considering the diversity of the provinces where students live and the timeframe in which the study was carried out, it was seen how much and faster the spread of COVID-19 in our country. It has been reported in many studies that the spread of COVID-19 is very fast.¹⁶⁻¹⁸ In addition, it has been reported that a patient with COVID-19 can infect an average of 2.6 people.⁷

It was determined that the students who found COVID-19 positive in one of his acquaintances had low life satisfaction (Table 2). Considering that life satisfaction requires a healthy environment,^{11,12} it can be said that COVID-19 epidemic disrupts this safe environment and indirectly affects life satisfaction. Besides life, happiness, it includes difficult conditions and elements such as negative emotions, grief, and sadness. Psychologists and other social scientists have also tried to explain these negative aspects of life for many years. These negativities can be material or spiritual and can lead to influences in individuals' psychological states or changes in their feelings of happiness¹⁵. Therefore, we can say that the anxiety caused by this epidemic affects life satisfaction. In addition, it was determined that the students who do not adapt to stay at home have low life satisfaction (Table 2). We can link this situation to contact with the outside and to experience more disease anxiety. The same situation is valid for social competence, the social competencies of the students who come into contact with outside are determined to be lower (Table 3). Since the appearance of COVID-19, people's living conditions have changed considerably. Considering that this virus spreads quite rapidly and is fatal¹⁹ and in a situation where people have to stay at home,²⁰ it is natural that social competence and life satisfaction are affected. In the study, data reflecting this situation were found; the maximum score obtained from satisfaction from life score is 35, and social competence score is 30.^{11,12,13} However, as seen, the average score of the SCS was 25.51 ± 3.96 (Table 2), whereas the LSS score average was 18.89 ± 6.66 (Table 3). Although the Social Competency Points of the participants were not very low, their life satisfaction scores were found to be lower than the maximum score. In addition, there was a positive correlation between the two measurement tools at a medium level (Table 4). This shows that the two scales are compatible.

5 | IMPLICATIONS FOR NURSING PRACTICE

As a result, it was determined that the students did not find the measures taken sufficient, the COVID-19 positive rate was quite high when the students knew one, and the life satisfaction of the students was low and that their relatives were affected by the positive status of COVID-19. It was also determined that there was a harmonious correlation between the two scales.

In accordance with the findings of this study, it is reasonable to argue that in pandemic diseases, individuals development anxiety both for themselves and their beloved ones, and in their fight against the outbreak they have been forced to distances from social life, education, and life satisfaction.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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