




# The effect of hopelessness on the perceived partner behaviors during Covid-19 pandemic process

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## Abstract

**Purpose:** It is aimed to evaluate the effect of hopelessness on the perceived partner behaviors during Covid-19 pandemic process in Turkey.

**Design:** Descriptive.

**Methods:** Totally, 486 participants have been included in the study.

**Findings:** It has been found that there is a positive correlation between codependence, disconnection, controlling subdimension and hopelessness in both women and men ( $p < 0.05$ ).

**Practice Implications:** In the study, the women and men who evaluate their partners as dependent, disconnected and controlling are hopeless.

## KEYWORDS

Covid-19, hopelessness, pandemic, partner relation, stress

## 1 | INTRODUCTION

The coronavirus disease 2019 (Covid-19) has infected millions of people around the world since General Director of the World Health Organization (WHO) declared it as a global epidemic on March 11, 2020 (Brooks et al., 2020). Covid-19, pandemic, has had an unprecedented impact on all human in the world. Pandemic is considered as an extraordinary situation and some problems can arise in terms of nutrition and easement needs during this period (Porta, 2014). Not only physical health but also mental health of the society can be significantly affected during pandemic periods. Anxiety of being sick, being under quarantine causes to increase stress and anxiety disorders in individuals during the pandemic process (Brooks et al., 2020; Shigemura et al., 2020).

Anxiety and hopelessness about the future can occur when not knowing the certain course of the disease, not doping the severity and duration of the disease, not knowing the definitive treatment method, or when having high risk of death. Hopelessness is considered as an individual's negative expectation for the future and it is characterized by negative emotions, pessimistic expectations, and inability to enjoy life (Beck et al., 1974). Hopelessness can

be considered as an expectation that negative outcomes are inevitable or positive outcomes will not develop. These expectations are matched with the feeling that the person can do nothing to change these processes. It is clear to say that individuals who are pessimistic about the causes and results of events and tend to attribute negative self-characteristics after negative events are at higher risk of hopelessness (Hacimusalar et al., 2020; Saricali et al., 2020).

The pandemic process has also affected family and partner relationship at home. Covid-19 control measures like quarantines and curfews, have caused couples to spend more time together. Together with the other social and economic effects of Covid-19, it can affect the perceived partner behavior (partner evaluation). The concept of partner evaluation includes the evaluations that include both positive and negative aspects of the couples towards each other.

Correct partner evaluation contributes to the elimination of misperceptions towards couples and marriage and, as a result, it provides harmonious marriage (Choi, 2021). The ways in which spouses perceive each other's behaviors and their interpretations of these perceptions play an important role in their reactions and responses to each other. Some emphasizes have been mentioned in

the studies so as to increase and maintain the marital quality, marital satisfaction and marital adjustment by considering the importance of positive interaction between spouses (Choi, 2021; Osur et al., 2021). The nonverbal messages of the spouse are evaluated by the other spouse and affect the person's nonverbal behavior and emotional reactions. Spouses who evaluate their spouse's behavior more positively exhibit less stingers; This situation positively affects their marriage and increases their marital adjustment (Canel, 2007). One study has showed that the time that is spent together can contribute to relationship trust and satisfaction, while increasing the affiliation (Osur et al., 2021). The shared time brings individuals closer if individuals do not have negative feelings such as anxiety, stress, and hopelessness. Anxiety, hopelessness, and stress can have negative impacts on the quality of a relationship such as provoking negative emotions and disrupting communication between spouses. In the same study, it has been determined that stressful life events can have devastating effects on relationship by affecting the marital satisfaction of spouses (Bidzan & Lutkiewicz, 2019).

Birtchnell (1988) defines partner evaluation as the evaluation of the emotional, cognitive, behavioral and social domains of the spouse in terms of the individual's own perceptions. As a result of these evaluations, the individual reveals some personality traits of his or her partner. These personality traits are codependence, disconnection, controlling, and reliability. While the dimensions of codependence, disconnection and controlling have features that will derange between spouses in marriage; the reliability dimension has a feature that increases harmony and balance in relationships. The gender differences in marital relationships are affected by individual (i.e., genetic) and contextual (i.e., environmental) factors, and these effects form the attitudes of spouses towards a negative situation in the family, the way they behave towards each other, the way the spouses interpret their behavior and evaluate the impact on the relationship (Beam et al., 2018).

The Covid-19 pandemic has taken its effect intensely in Turkey, as it is all over the world, and it has led to many losses due to Covid-19 (Ministry of Health, 2020). The widespread deaths in the pandemic and the isolation measures taken across the country have caused individuals to stay in their homes, and this situation has deeply affected the smallest unit of society, the family (Lee, 2020). For this reason, there is a need to reveal cognitions related to hopelessness so as to control the psychological effects of the pandemic on spouses in the family as a result of the pandemic.

On the basis of psychosocial support for mental health, the practices to be carried out by mental health professionals should be aimed at minimizing the negative effects of the Covid-19 on individuals. In this context, community mental health nurses have an active role in creating an interpersonal support mechanism by assuming an important role in helping individuals support each other. Community mental health nurses can intervene in mental health systems and society to improve mental resilience by protecting and improving the mental well-being of the society. When some studies have been conducted about the interaction and mood in the family, which is the smallest unit of the society, so as to increase the mental

health of the society by fulfilling the roles. Considering this premise, the aim of this study is to examine the effect of hopelessness on perceived partner behavior during the Covid-19 pandemic period in Turkey in the framework of cross-sectional sample.

The qualities that are seen as equivalent to the concept of "femininity" in Turkish society are the qualities related to femininity at first hand, rather than the characteristics of an equal, independent and unique individual. As a necessity, the woman, who is thought to represent femininity, is firstly treated as a wife, mother or a member of the family. As a result, femininity produced by the society is like a difficult and artificial creation destiny. The reflections of gender roles in daily life are especially reflected in perceived spouses behaviors. We predicted that it may affect the behavior of men and women differently, especially with the stress experienced during the pandemic period. However, it has not been clearly explained how men and women have changed the way they evaluate events during the pandemic process, and which behavioral patterns are associated with hopelessness situations, especially during periods of increased close relationships with domestic partners during quarantine periods. In this field, no study has been found that compares the behavior patterns of men and women in Turkey and in the world. This study is an important study in terms of determining the behavioral patterns of women and men in Turkey as spouses during the pandemic period and determining the effect of hopelessness on these behavior patterns. The following hypotheses in the study are as follows:

1. Spouses have hopelessness during the pandemic process.
2. The pandemic has affected perceived partner behavior.
3. Perceived partner behavior in the pandemic period has been affected by the level of hopelessness.

## 2 | METHOD

### 2.1 | Study design and setting

This study has been carried out descriptively between October and November in 2021. The study has been conducted with a total of 486 participants. A post hoc power analysis was performed with the G-Power Data Analysis program based on the data of the present study. In the power analysis using independent samples t test at 95% confidence interval and  $p < 0.05$  significance level, the sample size was calculated as 486 participants. The effect size of the study was moderate (0.5), its power was determined as 0.96, and it was concluded that the sample was a good representative of the population.

### 2.2 | Data collection tools

Personal Information Form, Birtchnell Partner Evaluation Scale, and Beck Hopelessness Scale which have included 12 questions in some various sociodemographic characteristics such as age, gender,

education level, developed by the researchers considering the literature, have been used as data collection tool.

## 2.3 | Personal Information Form

Personal Information Form is a form which has included 12 questions in some various sociodemographic characteristics such as age, gender, education level, developed by the researchers considering the literature.

## 2.4 | Birtchnell Partner Evaluation Scale (BPES)

It is a scale prepared by Birtchnell (1988) and aims for spouses to evaluate each other. The dimensions are codependence, disconnection, controlling, and reliability. It is claimed that the reliability dimension contains features that increase marital harmony, however, it is thought that codependence, disconnection, and controlling will prevent the continuation of a harmonious marriage. The male and female form consists of 90 statements, and the partner is asked to think about each other and answer as “yes”, “no,” or “I am undecided” (Birtchnell, 1988). The validity and reliability study of the scale in Turkey was carried out by Kabakçı et al. (1993). The score from each dimension in the evaluation shows how the features of that dimension are met. It has been found that Cronbach's  $\alpha$  values of the factors in the female form of the scale are from 0.83 to 0.90; and the factors in the male form are between 0.72 and 0.90 (Kabakçı et al., 1993). In this study, it has been determined that Cronbach's  $\alpha$  of the factors in the female form of the scale are between 0.85 and 0.90, and the factors in the male form are between 0.75 and 0.90.

## 2.5 | Beck Hopelessness Scale (BHS)

It was developed by Beck et al. (1974) so as to determine an individual's pessimism degree about the future. The original Cronbach  $\alpha$  reliability coefficient of the scale was calculated as 0.93. The Turkish reliability and validity of the scale were done by Durak and Palabiyıkoğlu (1994). The scale has consisted of 20 items and the score range is between 0 and 20. The questions are answered as yes or no. “Yes” answer given to the questions gets a “1” point, and “no” answer gets a “0” point. The high value of the total score indicates that the level of hopelessness in individuals is high (Durak & Palabiyıkoğlu, 1994). It is clear to say that those who score between 4 and 8 on the scale have mild symptoms, those who score between 9 and 14 have moderate symptoms, and those who score 15 and above have severe symptoms of hopelessness. Cronbach's  $\alpha$  reliability coefficient of the scale was found between 0.69 and 0.71 (Durak & Palabiyıkoğlu, 1994). In the present study, the internal consistency coefficient of the scale for Cronbach's alpha has been determined as 0.83.

## 2.6 | Data collection

With the support of professional survey company ([www.surveymonkey.com](http://www.surveymonkey.com)), data collection tools have been reached to the users who are members of various forums or social media groups on the Internet. Voluntary consent form, which describes the data collection tool, the purpose and scope of the research, has been included in the link sent to the participants. Individuals who have agreed to participate in the study have continued to the study by clicking the “I agree to participate in the study” button before filling out the questionnaires. In this way, consent has been obtained in the digital environment. Participants who have accepted the questionnaire have answered the data collection tools online. The questionnaire has been applied by taking the necessary measurements in order not to allow more than one answer. The inclusion criteria of the research are that the participants are 18 years of age or older, married, and agree to participate in the research.

## 2.7 | Statistical analysis

First, the data set was examined. If a participant did not answer one of the demographic questions or answered the BPES and BHS related questions incompletely, then they were excluded from the analysis. Data from 486 participants were analysed.

SPSS (IBM SPSS Statistics version 22.0; SPSS Inc.) was used for statistical analysis. The categorical variables are presented as numbers and percentages, whereas the continuous variables were given as arithmetic mean and standard deviation. The Kolmogorov–Smirnov test was used to determine the normal distribution of data. Descriptive statistics were used to summarize the socio-demographic information such as age, gender, education level, BPES and BHS domain scores.

We used *t* test and analysis of variance (ANOVA) to examine the distribution of the for BPES and BHS domain scores across the sociodemographic variable. Given the multiple comparisons conducted, we adjusted the significance level using the Bonferroni correction to  $p < 0.006$  (two-sided) to reduce the risk of a type I error (i.e., by dividing 0.05 by the number of comparisons). We then analysed the association between BPES and BHS scores, calculating Pearson correlation coefficients to identify the strengths with the highest correlation. We interpreted coefficients around |0.10|, |0.30|, and |0.50| as indicating, respectively, a small, moderate and strong correlation. The correlation between marital harmony and Hopelessness was also computed. The reliability coefficients (Cronbach's  $\alpha$ ) of the BPES and BHS scales were determined by reliability analysis. The results were evaluated at a 95% confidence interval. Statistical significance was defined as a *p* value of 0.05 for all analyses.

## 2.8 | Ethical consideration

The study was carried out in line with the principles of the Helsinki Declaration. Before the study, approval was obtained from the

scientific research ethics committee of the university (21-6.IT/23). All participants were clearly informed that participation was based on the principles of confidentiality and volunteerism. Before data collection, informed consent was obtained from all participants. To ensure understanding, the following statements were added before submission: "Submitting the information form indicates consent to participate" and "Proceed to the survey."

### 3 | RESULTS

#### 3.1 | Sociodemographic and some characteristics of the participants

Two hundred and eighty-five (51.5%) of the participants who have been included in the study were women and 201 (36.3%) were men. While the average of the women is  $35.95 \pm 9.78$ ; this ratio is  $37.11 \pm 11.58$  for men. While 118 (41.4%) of women have had primary school graduate, 100 (49.8%) of the men have had university graduate or more. Some findings about the sociodemographic and some characteristics of the participants have been given in Table 1.

**TABLE 1** Sociodemographic and some characteristics of the participants ( $n = 486$ )

Variables	Female (285)		Male (201)	
	n	%	n	%
Age group				
19–29	100	35.1	62	30.8
30–39	76	26.7	67	33.3
40–49	77	27.0	36	17.9
50 and over	32	11.2	36	17.9
Education status				
Primary School	118	41.4	40	19.9
High School	71	24.9	61	30.3
University and more	96	33.7	100	49.8
Number of child				
No	55	19.3	38	18.9
1	81	28.4	50	24.9
2 and more	149	52.3	113	56.2
I feel insomnia and have exhaustion during the pandemic process				
Yes	79	27.7	41	20.4
Sometimes	64	22.5	55	27.4
No	142	49.8	105	52.2
I have nosema-phobia during the pandemic process				
Yes	155	54.4	93	46.2
Sometimes	76	26.7	50	24.9
No	54	18.9	58	28.9

**TABLE 1** (Continued)

Variables	Female (285)		Male (201)	
	n	%	n	%
I have fear of carrying the disease to my family during the pandemic process				
Yes	193	67.7	108	53.7
Sometimes	56	19.6	60	29.9
No	36	12.6	33	16.4
I need psychological support during the pandemic process				
Yes	42	14.7	41	20.4
Sometimes	72	25.3	51	25.4
No	171	60.0	109	54.2
I always follow the social media and news				
Yes	137	48.1	94	46.8
Sometimes	96	33.7	57	28.4
No	52	18.2	50	24.9
I don't feel physically energetic myself as before				
Yes	88	30.9	59	29.4
Sometimes	90	31.6	65	32.3
No	107	37.5	77	38.3
I think that there can be another disaster and we are not in control				
Yes	105	36.8	86	42.8
Sometimes	83	29.1	67	33.3
No	97	34.0	48	23.9
Wearing the protective equipment during the pandemic process				
I cannot wear it because I have doubts about its protection	26	9.1	13	6.5
I have to wear it even if I think it's uncomfortable	122	42.8	74	36.8
I have to wear it because it is compulsive	137	48.1	114	56.7

#### 3.2 | Distribution of the mean BPES subscale and BHS scores of the participants

The mean scores and standard deviations of the women and men included in the study were evaluated on the BPES subscale and BHS. When the scores of BPES subscale of women and men have been considered, it is clear that women have evaluated their partner as more dependent, disconnected and reliable; men have evaluated their wives as more controlling. There is statistically significant difference between men and women in terms of hopelessness scale scores. It has been found that the hopelessness scale score of the men is higher than women's score (Table 2).

**TABLE 2** Distribution of the mean BPES subscale and BHS scores of the participants ( $n = 486$ )

	Female (285)		Male (201)		t	p
	Mean $\pm$ SD	Min–Max	Mean $\pm$ SD	Min–Max		
BPES subdimensions						
Codependence	29.95 $\pm$ 6.79	18–47	28.93 $\pm$ 4.35	20–40	-	-
Disconnection	25.92 $\pm$ 6.60	16–44	17.46 $\pm$ 3.43	10–27	-	-
Controlling	34.93 $\pm$ 8.98	22–61	48.61 $\pm$ 8.04	26–63	-	-
Reliability	58.47 $\pm$ 10.50	23–69	53.56 $\pm$ 8.25	24–66	-	-
BHS	7.04 $\pm$ 3.68	0–18	8.84 $\pm$ 2.95	1–18	-5.815	0.000*

Abbreviations: BPES, Birtchnell Partner Evaluation Scale; BHS, Beck Hopelessness Scale; SD, standard deviation.

\* $p < 0.05$ .

### 3.3 | Distribution of the BPES subscale and BHS scale in terms of some characteristics of women and men

An ANOVA was used to examine the differences between the BPES subscale and the BHS scale according to the demographic variables of men and women. It has been found that there is significance in the scores of Codependence, Disconnection, Controlling, and Reliability considering the fear of carrying the disease to the family during the education and pandemic process. Moreover, it has been found that there is significance in the scores of Codependence, Disconnection, Controlling, Reliability, and Hopelessness considering the sleeplessness and exhaustion of the women during the pandemic process. According to their need for psychological support during the pandemic process, there is a relation in the Disconnection and Hopelessness scores; and there is significance in the scores of Codependence, Disconnection, Controlling, Reliability, and hopelessness according to the status of constantly following the social media and news. According to the states of not feeling as physically energetic as before, it has been found that there is statistical significance in the scores of Codependence, Disconnection, Controlling, and hopelessness; and also there is a relation in hopelessness scores according to the state of thinking that there can be another disaster and we are not in control. A significant difference has been found in the Controlling, Reliability, and Hopelessness scale scores according to the women's wearing of protective equipment during the pandemic process ( $p < 0.05$ ) (Table 3).

It has been found that there is significance in the scores of Codependence, Disconnection, Controlling, and Reliability considering the fear of carrying the disease to the family. Moreover, it has been found that there is significance in the scores of Codependence, Disconnection, Controlling, Reliability, and Hopelessness considering the sleeplessness and exhaustion of the men during the pandemic process. According to the status of constantly following the social media and news it has been found that there is statistical significance in the scores of Hopelessness and in the scores of Codependence according to the states of not feeling physically energetic as before. A significant difference has been found in the Reliability scale scores

according to the wearing of protective equipment during the pandemic process ( $p < 0.05$ ) (Table 4).

### 3.4 | Distribution of the correlation between the mean BPES subscales and BHS scores of the women and men participants

The distribution of the correlation between BPES subscale averages and BHS scores of female and male participants was evaluated by Pearson correlation analysis. There is a weak positive correlation between Codependence, Disconnection, and Controlling subdimension and BHS in accordance with the women's status; and there is a weak, negative and statistically significant correlation between the reliability subdimension and BHS ( $p < 0.05$ ) (Table 5). There is moderate and positive correlation between Codependence, Disconnection, and Controlling subdimension and BHS in accordance with the men's status; and there is a weak, negative and statistically significant correlation between the reliability subdimension and BHS ( $p < 0.05$ ) (Table 6).

## 4 | DISCUSSION

People experience hopelessness when an undesirable event occurs as a result of constantly thinking about negative consequences related to themselves and the future, and making bad inferences on the global events (Panzarella et al., 2006). Hopelessness is a complex phenomenon which is associated with important clinical outcomes such as depression and suicide (Marchetti, 2019). Therefore, both detection and prevention are important. On the other hand, Covid-19 has caused the death of people whom we love, risks of unemployment and financial difficulties for many people. When met with these difficulties, individuals may experience stress, depression, anxiety and hopelessness. These difficulties can negatively affect the interactions of married couples. In this study, it has been aimed to examine the effect of hopelessness on perceived partner behavior during the Covid-19 pandemic period in Turkey.

**TABLE 3** Distribution of the mean BPES subscale and BHS scale scores of the women in terms of some characteristics (*n* = 285)

Variables	Codependence		Disconnection		Controlling		Reliability		BHS	
Education status										
Primary School	30.6 ± 7.0	<i>F</i> = 6.634 <i>p</i> = 0.002*	26.2 ± 6.1	<i>F</i> = 3.088 <i>p</i> = 0.047*	35.5 ± 8.2	<i>F</i> = 6.258 <i>p</i> = 0.002*	57.7 ± 10.4	<i>F</i> = 3.977 <i>p</i> = 0.020*	8.5 ± 2.1	<i>F</i> = 2.635 <i>p</i> = 0.073
High School	31.4 ± 7.0		27.1 ± 6.9		37.2 ± 9.6		56.4 ± 10.8		9.3 ± 3.4	
University and more	27.9 ± 5.8		24.6 ± 6.7		32.5 ± 8.8		60.7 ± 9.9		8.6 ± 2.9	
I feel insomnia and have exhaustion during the pandemic process										
Yes	31.7 ± 6.7	<i>F</i> = 6.090 <i>p</i> = 0.003*	27.7 ± 6.6	<i>F</i> = 4.820 <i>p</i> = 0.009*	36.7 ± 9.2	<i>F</i> = 4.224 <i>p</i> = 0.016*	57.9 ± 9.9	<i>F</i> = 0.116 <i>p</i> = 0.038*	8.1 ± 2.9	<i>F</i> = 3.378 <i>p</i> = 0.035*
Sometimes	27.8 ± 6.3		24.5 ± 6.1		32.3 ± 8.2		58.7 ± 12.0		8.8 ± 3.1	
No	29.8 ± 6.7		25.5 ± 6.6		35.1 ± 8.9		58.6 ± 10.1		9.1 ± 2.7	
I have nosema-phobia during the pandemic process										
Yes	29.1 ± 6.7	<i>F</i> = 8.753 <i>p</i> = 0.000*	24.9 ± 6.2	<i>F</i> = 10.932 <i>p</i> = 0.000*	33.6 ± 8.6	<i>F</i> = 12.912 <i>p</i> = 0.000*	60.5 ± 9.3	<i>F</i> = 15.792 <i>p</i> = 0.000*	6.9 ± 3.6	<i>F</i> = 0.338 <i>p</i> = 0.679
Sometimes	30.3 ± 6.6		26.4 ± 7.5		35.1 ± 9.1		56.3 ± 12.5		7.2 ± 4.1	
No	34.1 ± 5.6		30.3 ± 5.2		41.6 ± 7.5		50.8 ± 9.1		7.4 ± 3.2	
I need psychological support during the pandemic process										
Yes	31.5 ± 7.6	<i>F</i> = 1.405 <i>p</i> = 0.247	28.5 ± 6.3	<i>F</i> = 4.202 <i>p</i> = 0.016	37.1 ± 9.4	<i>F</i> = 1.702 <i>p</i> = 0.184	56.0 ± 10.5	<i>F</i> = 1.791 <i>p</i> = 0.169	8.1 ± 3.3	<i>F</i> = 0.067 <i>p</i> = 0.037*
Sometimes	29.7 ± 6.6		25.7 ± 6.4		33.9 ± 8.9		57.9 ± 11.7		7.4 ± 3.3	
No	29.6 ± 6.6		25.3 ± 6.6		34.8 ± 8.8		59.2 ± 9.8		6.6 ± 3.8	
I always follow the social media and news										
Yes	30.5 ± 6.7	<i>F</i> = 6.855 <i>p</i> = 0.001*	26.9 ± 6.7	<i>F</i> = 8.281 <i>p</i> = 0.000*	35.6 ± 9.0	<i>F</i> = 5.319 <i>p</i> = 0.005*	57.4 ± 10.2	<i>F</i> = 5.810 <i>p</i> = 0.003*	7.5 ± 3.7	<i>F</i> = 5.225 <i>p</i> = 0.006*
Sometimes	28.0 ± 6.2		23.7 ± 6.2		32.6 ± 8.7		61.2 ± 9.7		6.1 ± 3.6	
No	31.9 ± 7.0		27.1 ± 5.8		37.1 ± 8.5		55.9 ± 11.4		7.5 ± 3.1	
I don't feel physically energetic myself as before										
Yes	31.9 ± 6.6	<i>F</i> = 6.051 <i>p</i> = 0.003*	27.9 ± 6.4	<i>F</i> = 6.234 <i>p</i> = 0.002*	37.6 ± 9.5	<i>F</i> = 6.784 <i>p</i> = 0.001*	57.1 ± 10.1	<i>F</i> = 1.324 <i>p</i> = 0.268	8.1 ± 3.5	<i>F</i> = 6.072 <i>p</i> = 0.003*
Sometimes	29.6 ± 6.8		25.3 ± 6.8		32.8 ± 7.8		59.6 ± 10.8		6.6 ± 3.8	
No	28.6 ± 6.4		24.7 ± 6.2		34.5 ± 8.8		58.6 ± 10.5		6.4 ± 3.4	
I think that there can be another disaster and we are not in control										
Yes	30.5 ± 6.8	<i>F</i> = 1.346 <i>p</i> = 0.262	26.6 ± 6.4	<i>F</i> = 2.395 <i>p</i> = 0.093	35.7 ± 9.4	<i>F</i> = 1.692 <i>p</i> = 0.186	58.1 ± 10.2	<i>F</i> = 1.062 <i>p</i> = 0.347	7.8 ± 3.7	<i>F</i> = 5.025 <i>p</i> = 0.007*
Sometimes	29.1 ± 6.8		24.8 ± 6.4		33.1 ± 8.4		60.0 ± 10.5		6.8 ± 3.5	
No	30.1 ± 6.7		26.1 ± 6.8		35.5 ± 8.8		57.4 ± 10.7		6.2 ± 3.5	
Wearing the protective equipment during the pandemic process										
I cannot wear it because I have doubts about its protection.	32.2 ± 8.1	<i>F</i> = 1.975 <i>p</i> = 0.141	28.0 ± 6.0	<i>F</i> = 2.059 <i>p</i> = 0.130	39.8 ± 9.3	<i>F</i> = 5.184 <i>p</i> = 0.006*	51.2 ± 11.9	<i>F</i> = 8.634 <i>p</i> = .000*	8.5 ± 4.5	<i>F</i> = 3.817 <i>p</i> = .023*
I have to wear it even if I think it's uncomfortable	29.3 ± 6.7		25.2 ± 6.1		33.7 ± 8.7		60.3 ± 9.0		7.3 ± 3.5	
I have to wear it because it is compulsive	30.0 ± 6.5		26.1 ± 7.0		35.1 ± 8.8		58.2 ± 10.8		6.5 ± 3.5	

Abbreviations: BHS, Beck Hopelessness Scale; BPES, Birtchnell Partner Evaluation Scale; SD, standard deviation.

\**p* < 0.05.

**TABLE 4** Distribution of BPES subscale and BHS scale of the men in terms of some characteristics (n = 201)

Variables	Codependence		Disconnection		Controlling		Reliability		BHS	
I feel insomnia and have exhaustion during the pandemic process										
Yes	30.3 ± 4.2	F = 3.864	18.7 ± 3.2	F = 3.050	49.9 ± 7.2	F = 2.128	52.2 ± 7.0	F = 1.824	8.1 ± 2.9	F = 1.926
Sometimes	27.8 ± 4.2	p = 0.023*	16.5 ± 2.9	p = 0.050*	46.7 ± 8.9	p = 0.122	55.3 ± 7.4	p = 0.164	8.8 ± 3.1	p = 0.148
No	28.9 ± 4.4		17.7 ± 3.7		49.0 ± 7.9		53.6 ± 8.8		9.1 ± 2.7	
I have nosema-phobia during the pandemic process										
Yes	27.7 ± 4.0	F = 8.753	16.6 ± 3.1	F = 10.932	47.0 ± 8.0	F = 12.912	54.8 ± 6.4	F = 15.792	8.1 ± 2.8	F = 9.356
Sometimes	29.2 ± 3.6	p = 0.000*	17.6 ± 3.3	p = 0.000*	48.7 ± 6.7	p = 0.000*	55.2 ± 7.5	p = 0.000*	9.3 ± 2.5	p = 0.000*
No	32.1 ± 5.2		19.7 ± 3.9		53.4 ± 9.1		47.6 ± 11.0		10.3 ± 3.1	
I always follow the social media and news										
Yes	28.6 ± 4.8	F = 1.227	17.6 ± 3.6	F = 1.339	47.8 ± 9.1	F = 0.848	53.4 ± 8.5	F = 1.716	8.5 ± 3.3	F = 3.811
Sometimes	28.6 ± 4.3	p = 0.295	16.8 ± 3.6	p = 0.264	49.5 ± 7.8	p = 0.430	52.8 ± 7.6	p = 0.183	8.5 ± 2.3	p = 0.024*
No	29.7 ± 3.6		17.8 ± 3.0		49.0 ± 6.4		55.6 ± 7.9		9.8 ± 2.4	
I don't feel physically energetic myself as before										
Yes	29.9 ± 4.3	F = 3.109	17.9 ± 3.5	F = 1.317	49.5 ± 7.2	F = 0.718	53.4 ± 6.7	F = 0.074	8.8 ± 3.3	F = 0.347
Sometimes	27.9 ± 4.8	p = 0.047*	16.9 ± 3.5	p = 0.270	47.8 ± 9.4	p = 0.489	53.9 ± 7.9	p = 0.929	8.6 ± 2.8	p = 0.707
No	29.0 ± 4.0		17.5 ± 3.3		48.6 ± 7.6		53.9 ± 9.3		9.0 ± 2.6	
Wearing the protective equipment during the pandemic process										
I cannot wear it because I have doubts about its protection.	27.9 ± 4.1	F = 0.403	17.2 ± 3.6	F = 0.189	48.9 ± 4.6	F = 0.235	48.3 ± 9.1	F = 3.958	9.2 ± 1.8	F = 0.408
		p = 0.669		p = 0.828		p = 0.790		p = 0.021*		p = 0.666
I have to wear it even if I think it's uncomfortable	29.1 ± 4.4		17.3 ± 3.5		49.1 ± 9.5		53.2 ± 8.9		8.6 ± 3.3	
I have to wear it because it is compulsive	28.9 ± 4.4		17.6 ± 3.4		48.2 ± 7.5		54.7 ± 7.2		8.9 ± 2.7	

Abbreviations: BHS, Beck Hopelessness Scale; BPES, Birtchnell Partner Evaluation Scale; SD, standard deviation.

\*p < 0.05.

**TABLE 5** Distribution of the correlation between the mean BPES subscales and BHS scores of the women participants (n = 285)

	Codependence		Disconnection		Controlling		Reliability	
	r	p	r	p	r	p	r	p
Codependence	-							
Disconnection	0.663	0.000*	-					
Controlling	0.668	0.000*	0.751	0.000*	-			
Reliability	-0.495	0.000*	-0.695	0.000*	-0.748	0.001*	-	
BHS	0.175	0.003*	0.311	0.000*	0.248	0.000*	-0.240	0.000*

Abbreviation: BHS, Beck Hopelessness Scale; BPES, Birtchnell Partner Evaluation Scale; SD, standard deviation.

\*p < 0.05.

**TABLE 6** Distribution of the correlation between the mean BPES subscales and BHS scores of the men participants ( $n = 201$ )

	Codependence		Disconnection		Controlling		Reliability		BHS	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Codependence	-									
Disconnection	0.693	0.000	-							
Controlling	0.544	0.000	0.606	0.000	-					
Reliability	-0.461	0.017	-0.522	0.001	-0.682	0.001	-			
BHS	0.442	0.000	0.490	0.000	0.500	0.001	-0.376	0.000	-	

Abbreviations: BHS: Beck Hopelessness Scale; BPES: Birtchnell Partner Evaluation Scale.

\* $p < 0.05$ .

The pandemic has caused conflicts, relationship problems, increased violent behavior and divorce in married individuals (Campbell, 2020; Luetke et al., 2020; Rosner, 2020). Moreover, it has been stated that Covid-19 pandemic anxiety can cause hopelessness among couples and it can be associated with suicides (Bhuiyan et al., 2020).

Furthermore, it has been determined that anxiety, stress and uncertainty affect family members emotionally and spiritually. It can cause some problems in marital life and in evaluating the behavior of spouses towards each other (Kaya & Akin Işık, 2021). In this study, while women have evaluated their partner as more dependent, disconnected and reliable; men have evaluated their wives as more controlling.

Together with this finding, the hypothesis of "Pandemic has affected perceived partner behaviors" has been supported. Some studies support this finding, and it is stated that the pandemic negatively affects the mental health of individuals in the society; it has also caused stress and anxiety, and there is a difference in the perceived partner behavior of the spouses (Collins et al., 2021; Hank & Steinbach, 2021; Huang & Zhao, 2020; Shevlin et al., 2020; Yıldırım, 2019; Zhu et al., 2020). Gender which is one of the demographic variables has an essential role in the perceived quality of partner relationships (Büssing et al., 2020). It is clear to say that sharing responsibilities at home and being equally involved in a relationship are important factors for their satisfaction (Fisher et al., 2020; Yıldırım, 2019). It has been found that relationship satisfaction may have different focus points as gender in one study (Andrade et al., 2015). In this study, it is thought that the reason for different perceptions of spouses' relationships in terms of the gender may be related to the expectations. Since the woman have kept her expectations high from her husband, she has evaluated the man as more dependent and disconnected when the expectation has not been met. However, when women evaluate their spouse as reliable it suggests that the man supports his wife at the minimum level in this process. The reason why men consider women as controlling shows that it may be due to the long-term shared living spaces during the pandemic process and the fact that women take more responsibility in this process.

Hopelessness can be defined as the thought that individual can do nothing to change the some feared situation and negative events will occur (Hmielowski et al., 2019). Hopelessness is the reflection of current negative perceptions on the future.

In the studies, the feeling of hopelessness has been found to be a variable associated with trauma (Erol et al., 2018; Kardaş & Tanhan, 2018; Maziti & Mujuru, 2020; Mukhtar, 2020; Pakdemir, 2011). It has been determined that the spouses in this study are mildly hopeless and the hopelessness scores of the men are significantly higher than those of the women. Moreover, this finding has supported our hypothesis "the spouses are hopeless during the pandemic process." Unlike our study, it has been found that there is no significant difference between the hopelessness levels of women and men during the pandemic process in another study (Erdoğan et al., 2020). In this study, it is seen that hopelessness scores of men are slightly higher. The reason for this may be that the patriarchal family structure, which affects the perception of gender in Turkey, and the economic negativities experienced during the pandemic, and the patriarchal social order may have included in this study, and this may have caused them to be exposed to more stress and to experience hopelessness.

It is stated that Covid-19 has a serious impact on the mental health of the society, as well as physical damage. Poor sleeping pattern can be associated with increased symptoms of anxiety and stress during the Covid-19 pandemic (Saraswathi et al., 2020). Individuals' negative thoughts about the contagion of the disease to themselves or their family members and the unhygienic environment have been reported as sources of intense anxiety (Tasdemir Yigitoglu et al., 2021).

In our study, the women who have stated that they have had some anxiety symptoms about Covid-19 (insomnia and exhaustion during the pandemic process, the fear of contagion the disease to the family, constantly following the social media and news). These symptoms can be thought that the women have evaluated their spouses as dependent, disconnected, and controlling; however, those who have stated that they do not have anxiety symptoms have evaluated their spouses as reliable.

Men who have stated that they have experienced insomnia and exhaustion during the pandemic have evaluated their spouses as dependent and disconnected. According to the fear of contagion the disease to their family during the pandemic process, men have evaluated their spouses as dependent, disconnected, controlling and reliable. Studies have found that women's anxiety



levels on health are higher than men in the case of an epidemic (Ekiz et al., 2020). When individuals experience anxiety, it can cause negative perceptions of the people and events around them. The reason for this is that more individuals focus on the negative, and it can be effective in evaluating the perceived partner behavior of individuals (Anli, 2021). Anxiety has been determined as more common emotion in women in terms of gender in studies (Bakioğlu et al., 2020; Gencer, 2020; Kong et al., 2020). In our study, which supports the literature, the presence of anxiety symptoms has caused them to evaluate perceived partner behaviors more negatively (dependent, disconnected, and controlling); and the absence of anxiety symptoms has caused them to evaluate their spouses more positively.

It has been found that there is a significant difference in hopelessness scores when women who have stated that they have had some anxiety symptoms related to Covid-19 during the pandemic (insomnia and exhaustion during the pandemic process, needing psychological support, constantly following the social media and news, not feeling physically energetic, thinking that there will be another disaster in the near future and that there is no control). Parallel to our findings in this study, it is stated that continued negative emotions such as anxiety may lead to the emergence of negative cognitions and hopelessness in individuals (Kocalevent et al., 2017; Saricali et al., 2020).

According to a study conducted in the United States, it has been found that individuals who experience anxiety due to the Covid-19 epidemic have more hopelessness, suicidal thoughts (Lee, 2020). In our study, it has been determined that hopelessness scores are higher in those who do not have the fear of carrying the disease to the family and those who do not constantly follow the news on social media. According to the men, the reason for this finding suggests that it may be caused by the uncertainty, economic and social problems caused by the continued process rather than the disease anxiety caused by Covid-19.

Hope motivates individuals to overcome many things. When there is hope, expectations usually result in positive, however, if there is hopelessness, expectations can be negative (Kargin, & Ünal, 2011). In this study, it is clear to say that women and men who evaluate their spouses as dependent, disconnected and controlling are hopeless. Furthermore, it has been determined that men and women who evaluate their spouses as reliable are not hopeless. Therefore, the hypothesis that 'perceived partner behavior in the pandemic has been affected by the level of hopelessness' is accepted. Similar to this finding, some studies have found a relationship between Covid-19 stress and relationship satisfaction. Considering the gender, it is clear that those with Covid-19 stress have perceived relationship satisfaction negatively and it is higher in men in this evaluation (Genç & Baptist, 2019; Sakallı-Uğurlu et al., 2021). In some studies, it has been found that the hopelessness has occurred by the Covid-19 pandemic may be related to suicides by affecting the partner relationship (Bhuiyan et al., 2020; Dsouza et al., 2020; Griffiths & Mamun, 2020).

## 5 | LIMITATIONS

The present study is cross-sectional in nature and used the simple random probability sampling method. However, one of its limitations may be selection bias as it included only volunteering participants. In other words, the participants may have intentionally given misleading answers to questions. Conversely, certain negativities are possible, such as security concerns related to the electronic environment, uncertainty of respondents, problems with access to the questionnaire, misunderstanding the sensitivity of the research, incorrect e-mail addresses and problems with access to the web page. In addition, the results are applicable only to the participants surveyed, which cannot be generalized to other populations.

## 6 | CONCLUSION

It is seen that the hopelessness levels of the spouses are at a low level and the hopelessness scores of the men are higher than those of the women. While women have evaluated their partner as more dependent, disconnected and reliable; men have evaluated their wives as more controlling. In the study, It has been determined that codependence, disconnection and controlling are more intense in spouse relations in men and women with high hopelessness, and reliability is low. These results are valid only for women and men participating in the study in Turkey. The results may reflect the characteristic behavioral patterns of Turkish culture towards men and women; it is not generalizable to men and women in different cultures. We believe that reporting the behavioral changes of partners especially during the Covid-19 pandemic from a cosmopolitan country like Turkey can contribute to the scientific knowledge of this subject.

## 7 | IMPLICATIONS FOR NURSING PRACTICE

The pandemic will negatively affect the mental health of individuals and families in the present and future. The existence of individuals who have high hopelessness and hopelessness scores can be very important in terms of public health. It is important that community mental health nurses should take an active role in the development of families' problem solving and communication skills, such as training and counseling. Moreover, it may be important to conduct the health promotion programs in community-based environments on the basis of the mental health needs of the society, taking into consideration the holistic perspective, especially for risk groups, during the pandemic process.

### AUTHOR CONTRIBUTIONS

**Gülseren Keskin:** Study conception and design, data analysis and interpretation, drafting of the article, critical revision of the article.

**Süreyya Gümüşsoy:** Study conception and design, drafting of the article, critical revision of the article. **Gülay T. Yiğitoğlu:** Study conception and design, data collection, data analysis and interpretation, drafting of the article, critical revision of the article.

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## CONFLICT OF INTEREST

The author declares no conflict of interest.

## DATA AVAILABILITY STATEMENT

Author elects not to share data.

## ETHICS STATEMENT

Ethical approval has been taken from the University's Non-Interventional Research Ethics Committee with the decision number 21-6.IT/23.

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