

## The Impact of COVID-19 on Family Relationships in Italy: Withdrawal on the Nuclear Family

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*The Impact of COVID-19 on Family Relationships in Italy:  
Withdrawal on the Nuclear Family'*

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**Abstract**

The health emergency linked to the spread of COVID-19 has profoundly transformed people's lives, both from the point of view of family and significant relationships, and at work, substantially modifying the relationship between these two significant areas. This contribution is aimed at assessing how Italian families are facing the current situation in dealing with work and care responsibilities using data from a CAWI study done during Phase 1 of the emergency (full lockdown, from March to April 2020) that surveyed over 1,391 participants, 73% women, ( $M_{age} = 47$ ;  $SD = 11.3$ ).

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<sup>1</sup> Paragraphs 2 and 5 should be attributed to Sara Mazzucchelli, paragraphs 1 and 5 to Maria Letizia Bosoni, while 3 and 4 should be attributed to Letizia Medina.

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Findings from this study will contribute to a more thorough understanding of how people have reconciled work and care responsibilities during the lockdown, as well as their coping strategies.

Findings from multivariate analysis have shown how health emergency and the related containment measures impact both personal/parental and work spheres, producing negative effects on the specific group of working parents, especially women.

The 78% of respondents indicated that they continued to work mostly from home (62%) while simultaneously taking care of children. Moreover, married women and young people, and those without children, performed more effective coping strategies.

Such results reveal the challenges of a nuclear family unit, wherein parents are separated from parental networks and time between family and work must be reconciled. Such problems are particularly challenging for women.

Keywords: family, COVID-19, Italy.

## **1. Introduction**

The COVID-19 pandemic has drastically impacted all societies. To control the COVID-19 outbreak, local governments across the globe adopted restrictive and innovative measures (Crossley, 2020), which radically changed people's lives and daily routines, and had important implications for people's health and wellbeing (Lima et al., 2020; Zhang et al., 2020).

Human beings are deeply embedded in relationships, play multiple roles, and share responsibilities in different social systems, which are only seemingly separated (Wayne et al., 2007). Various aspects of human life are interrelated so that changes in one domain impact on the other levels, and this influence is particularly strong for the relationship between family and work. COVID-19 impacts such relationships in a new way, which cannot be assimilated to normal situations. Thus, it is important to understand the implications of such unprecedented disruptions on the health and wellbeing of the community (Brooks et al., 2020).

One of the most relevant measures introduced to contain the pandemic was working from home: in the EU (EU27) 36.8% of workers worked from home during the first phase of the pandemic (Eurofound, 2020). These rates are more than double the percentage of individuals who were working from home before COVID-19. It should also be noted that working from home during the emergency has been exacerbated by the closing of schools and child and elderly care services. It is evident that this situation might impact work-family balance, work and care loads.

Early data on the impact of the COVID-19 epidemic (Boston Consulting Group, 2020) show that workers are suffering from an overload of both work and personal life duties (e.g., care work, housework, etc.); further, working from

home has a differential effect on women, who provide most caregiving within families, and therefore might have to limit their work and financial opportunities. Moreover, low-income households were more likely to experience serious financial problems during previous emergencies, as they may rely on lower savings and more precarious jobs, and are more vulnerable to job loss (ILO, 2020).

Recent studies on COVID-19 have focused on mental health and quality of life: a study from China reported a moderately stressful impact from the lack of supportive measures during the COVID-19 pandemic (Zhang, Ma, 2020), as well as an impact on the health and wellbeing of adults after a period of confinement linked to their working routine. The authors concluded that, those who stopped working reported worse mental and physical health conditions as well as distress. These results highlight that physically active people might be more susceptible to wellbeing issues during the lockdown (Zhang et al., 2020).

Moreover, the economic downturn connected to COVID-19 is going to affect women and men differently, and the repercussions for gender equality will persist for many years. The employment drop related to social distancing measures has a large impact on sectors with high female employment shares, and closures of schools and daycare centres have massively increased child care needs, which has a particularly large impact on working mothers (Alon et al., 2020; Carlson et al., 2020). Thus, the effects of the current crisis on women versus men are likely to be sharply distinct from those of other economic downturns.

Other studies, however, focused on the whole family system, showing that the wellbeing of children and families is at risk and the consequences of these difficulties are likely to be longstanding (Prime et al., 2020), including also the potential effects of school closures on mental health (Golberstein, Wen, Miller, 2020). It is evident that the pandemic represents a global crisis not only of public health and economic stability but also of family relationships' wellbeing.

Several researchers have focused on the study of couple and family stress. Kowal and colleagues (2020) provided evidence that higher levels of stress are associated with younger age, being a woman, being single, staying with more children, and living in collectivistic cultures. Coping, an important skill that could protect people or the couple during the emergency phase, has also been the focus of research, specifically its protective role during financial hardships (Falconier, Epstein, 2010; Helms et al., 2014). Thus, dyadic coping – the coping within couples – is seen as a buffer against difficult situations (Gottlieb, Wagner, 1991), which may translate into lower levels of stress (Chin et al., 2017). Very

few studies focused on the dyadic coping construct (Behar-Zusman et al., 2020; Rueda, Valls, 2020)<sup>1</sup>.

Further research in Italy was conducted on personal wellbeing, health, and family relationships, as well as working conditions: a longitudinal study with two independent wave data collections – February and May 2020 – with a total sample of 1,971 cases on consumer's perception, health, and engagement during the pandemic reported that the level of concern for COVID-19 has visibly increased amid the population (59%), and it was primarily of an economic nature not related to risk of contagion (Graffigna, 2020).

A study on working from home on a sample of 1,000 workers during the health emergency period reported a 20% increase of smart working in 2019 and among small-to-medium size enterprises; the authors concluded, however, that smart working during a pandemic is not considered a privilege but rather an obligation (Corso, 2020). However, a study carried out on a panel of 1,300 workers reported that working from home did not help women balance care and workloads; even if the 60% of employed women were working from home before and during the pandemic, a ratio of 1 to 3 women worked more than before and failed, or at least struggled, to maintain a balance between work and home life. The ratio for men, on the other hand, was 1 to 5, thus showing that the so-called 'smart working' in Italy is not so 'smart' for working mothers (Valore, 2020).

Concerning family life, a longitudinal study on a representative sample of 3,000 people in Italy aged between 18 and 85 years old highlighted that 60% of families were highly stressed in March 2020 in terms of family organization and in relation to work and economic concerns; however, the researchers also highlighted the regenerative capacity of family ties to show how family is a resource that positively supports changes (Centro di Ateneo Studi e Ricerche sulla famiglia, 2020).

The interplay between personal and family issues with work is evident – some studies have analysed and mapped corporate welfare and social responsibility measures that companies have adopted to help face the emergency. 'Open call for good practices' was a survey carried out between March and May 2020 by 488 companies that focused on mapping welfare programs to face the emergency. While working from home was the most relevant action implemented, the reorganization of working arrangements was also connected to the introduction of new measures such as communication plans about health protection (69.5%), supplementary allowance (33.2%),

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<sup>1</sup> Dawson and colleagues (2020) studied coping, demonstrating how psychological flexibility was associated to the different coping strategies.

extended leaves (22.2%) and psychological help (30.2%) (Maino, Razzetti, 2020).

In light of the literature, this contribution intends, firstly, to provide an evaluation of Italian policies implemented in the emergency in order to provide useful information for rethinking family support and interventions regarding the support of parental couples in family transitions and the recreation of relationships within the social context. Data from a CAWI study completed during Phase 1 of the emergency will then be presented and discussed in order to answer the following questions: Which strategies for managing working (from home and/or on site) and care responsibilities were used by working parents who continued to work during the lockdown (RQ1)? And which coping strategies were used by couples during the lockdown (RQ2)?

## 2. COVID-19 in Italy: policies and measures

To deal with the emergency, the Council of Ministers intervened with a few decrees (D.P.C.M.) dictated through an articulated path (see Table 1).

- DECRET-LAW 2 March 2020, n. 9: Urgent support measures for families, workers, and businesses connected to the epidemiological emergency from COVID-19. (GU General Series n.53 of 02-03-2020).
- DECRET-LAW 17 March 2020, n. 18: Strengthening measures for the National Health Service and economic support for families, workers, and businesses connected to the epidemiological emergency from COVID-19. Commonly known as the #CuraItalia Decree. (GU General Series n.70 of 17-03-2020).
- DECRET-LAW 8 April 2020, n. 23: Urgent measures regarding access to credit and tax compliance for companies and special powers in strategic sectors, as well as interventions in the field of health and work, and an extension of administrative and procedural terms commonly known as the Liquidity Decree.<sup>2</sup>
- DECRET-LAW 19 May 2020, n. 34: Urgent measures in the field of health, support for work and the economy, as well as social policies related to the epidemiological emergency from COVID-19. Commonly known as the Relaunch Decree. (GU General Series n.128 of 19-05-2020 – Ordinary Suppl. N. 21).<sup>3</sup>

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<sup>2</sup> Decree-Law converted with amendments by Law 5 June 2020, n. 40 (in the Official Gazette 06/06/2020, n. 143).

<sup>3</sup> Decree-Law converted with amendments by Law 17 July 2020, n. 77 (in SO n. 25, relating to the Official Gazette 07/18/2020, n. 180).

- DECRET-LAW 16 June 2020, n. 52: Further urgent measures regarding wage integration treatment, as well as the extension of terms regarding emergency income and the emergence of employment relationships. (GU General Series n.151 of 16-06-2020).
- DECRET-LAW 14 August 2020, n. 104: Urgent measures to support and relaunch the economy (GU General Series n.203 of 08-14-2020 - Ordinary Suppl. N. 30).

TABLE 1. *Coronavirus: Measures adopted/ actions taken by the government following the international health emergency. (Year 2020).*

Date	Measures adopted/actions taken	Phase
30 January	WHO (World Health Organization) declares the coronavirus epidemic in China a public health emergency of international concern.	
31 January	The Italian government proclaims a state of emergency for a period of six months.	State of emergency declaration
23 February	D.P.C.M. introduces urgent measures regarding the containment and management of the epidemiological emergency from COVID-2019 (sporting events, organization of school activities and higher education, organization of cultural activities and for tourism).	First closures
1 March	D.P.C.M incorporates and extends some of the already adopted measures and introduces further ones, aimed at regulating the framework of interventions in a unitary manner and ensuring uniformity throughout the national territory in the implementation of prophylaxis programs.	
4 March	Suspension throughout Italy of teaching activities in schools and universities.	Closures, containment, maximum alert and emergency
8 March	D.P.C.M provides further measures for the containment and creation of a single area, including the territory of the Lombardy Region and other 14 Provinces, and where to apply reinforced measures to contain the infection.	
9 March	D.P.C.M extends the measures referred to art. 1, D.P.C.M 8 March to the whole national territory, and any form of gathering of people in public places or places open to the public is prohibited until April 3.	
11 March	D.P.C.M provides for the closure of all commercial and retail activities, with the exception of food stores, basic necessities, pharmacies, and parapharmacies.	
16 March	The #CuraItalia Decree is approved, containing the new measures to support families, workers and businesses to counter the effects of the coronavirus emergency on the economy.	
20 March	An ordinance from the Minister of Health prohibits public access to parks, villas, play areas, and public	



	gardens; any playful or recreational outdoor activity; and any move to other homes.	
22 March	A new ordinance prohibits all people from moving or traveling by public or private means of transport in the municipality other than the one in which they are located, except for proven work needs of absolute urgency or for health reasons and emergencies. The D.P.C.M provides for the closure until April 3 of non-essential or strategic production activities. Grocery stores, pharmacies, convenience stores, and essential services are reopened.	
1 April	The measures adopted to contain the infection are extended to April 13.	
10 April	The restrictive measures are extended until May 3. Stationeries, bookstores, and clothing stores for children and babies are reopened; forestry and the wood industry are permitted.	First reopenings
26 April	Start of 'Phase 2'.	'Phase 2'
7 May	Protocol between the CEI (Italian Episcopal Conference) and the Italian government for the resumption of celebrations with the people.	
15 May	A decree-law is approved which governs the movements of people and the methods of carrying out economic, productive, and social activities from 18 May to 31 July 2020.	
3 June	Reopening of inter-regional travel.	
11 June	D.P.C.M. authorizes the resumption of: summer camps for children, game rooms, betting rooms, bingo halls, wellness centre activities, spas, cultural and social centres, shows open to the public, theatrical halls, concert halls, and cinemas.	
14 July	Extension to 31 July of the minimum precautionary measures to counter and contain the spread of the COVID-19 virus.	
30 July	Extension to 15 October of the minimum precautionary measures.	
7 August	Decree-law introduces urgent measures to support and relaunch the economy through the allocation of 25 billion euros.	
3 September	Decree-law intervenes in various areas, in order to ensure the regular start of the school year, remodel, and guarantee local public transport.	
7 September	Extension to 7 October of the precautionary measures to counter and contain the spread of the virus.	

Source: <http://www.governo.it/it/coronavirus-misure-del-governo>

Among these policies we will take into consideration the #CuraItalia Decree (17 March 2020, n.18) and the Relaunch Decree (19 May 2020, n.34).

## **2.1 #CuraItalia Decree**

On March 16, the Council of Ministers n. 37 approved the #CuraItalia Decree (Decree-Law 17 March 2020), outlining the new measures to contain the negative effects that the epidemiological emergency of COVID-19 is having on the national socioeconomic fabric.

We can distinguish between cash or in-kind measures (Donati, 2009, 2011). For each measure we will present the salient elements and then draw up a synthetic assessment of the policies adopted.

### *2.1.1 Cash measures*

#### **FIRST HOME LOAN SUSPENSION**

The first home loan suspension is extended to employees – with a reduction or suspension of working hours (e.g. for layoffs) for a period of at least 30 days – and to self-employed workers and professionals who have suffered a decrease in their turnover of more than 33% compared to turnover of the last quarter of 2019 in the operations of the Gasparrini fund. The presentation of the equivalent economic situation indicator (ISEE) is no longer required; it is also possible to benefit from those who have already benefited from the suspension in the past, provided that the amortization has resumed for 3 months.

#### **INDEMNITY 600 EUROS**

For March 2020, the payment of an indemnity equal to 600 euros is foreseen in favour of some categories of self-employed workers, freelancers, coordinated and continuous collaborators<sup>4</sup>, and subordinate workers whose work activities are affected by the epidemiological emergency. For the period of use of the allowance, which does not contribute to the formation of income, the notional contribution credit is not recognized, nor the right to the allowance for the family unit.

For self-employed workers and professionals enrolled in compulsory social security private law entities damaged by the epidemiological situation, the bonus of 600 euros for March can be requested directly from the private pension fund. The decree establishes that income support is granted to workers who have received, in the 2018 tax year, a total income not exceeding 35 thousand euros, or to workers who have received a total income of between 35 thousand and 50 thousand euros and have ceased, reduced, or suspended work due to COVID-19. Their self-employed or freelance activity must be at least 33% in the first quarter of 2020, compared to the same income in the first quarter of 2019.

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<sup>4</sup> A priority is provided for sports collaborators who have not received in the tax period 2019 fees exceeding 10,000 euros in total.

#### ORDINARY INTEGRATION CASH, ORDINARY CHECK AND EXCEPTIONAL INTEGRATION CASH

With a total allocation of 4 billion euros, the entire system of social safety nets (layoffs and wage integration fund) is strengthened for the entire national territory and for all production sectors.

Companies, even with less than 5 employees, that suspend or reduce their activity following the epidemiological emergency can resort to the redundancy fund in derogation with the new reason 'COVID-19' for a maximum duration of 9 weeks<sup>5</sup>.

#### BONUS BABYSITTING

Article 23 provides for the year 2020 (from March 5) because of the measures for the suspension of educational services for children and educational activities in schools of all levels and the measures to support families for the assistance of children under the age of 12.

This measure is an alternative to parental leave and provides for the possibility of use within the overall maximum limit of 600 euros to be used for services performed in the indicated period. The bonus is paid through the Family Booklet (article 54-bis, of the Decree-Law of 24 April 2017, n.50).

#### 2.1.2 *In-kind measures*

##### PARENTAL LEAVE AND LAW 104/1992

Article 23 introduces indemnified leave for the care of minors during the period of suspension of educational services for children and educational activities in schools. This measure is an alternative to the bonus for the purchase of babysitting services.

Article 24 provides for an increase in the number of paid leave days referred to in article 33, paragraphs 3 and 6, of law no. 104, of a further 12 days that can be used in the months of March and April 2020.

This brief roundup of measures immediately highlights an imbalance on monetary interventions (cash)<sup>6</sup>. From a structural point of view (resources, rules

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<sup>5</sup> This even extends to companies that already benefit from the extraordinary redundancy fund.

<sup>6</sup> The solutions designed for businesses are cash measures and articulated on four major pillars:

- fostering greater credit and liquidity for businesses
- deferring deadlines and suspending tax and social security payments
- supporting Italian companies that want to expand or reconvert their business to produce medical and personal protection device

of action) we are faced with economic or structured policies starting from the revision of the legislative system of existing measures. The access rules are not unique: in some cases they are subject to proof of means (ISEE certification), in others not. This plurality however, is governed by the need to face the negative impact that the emergency has caused from an economic point of view.

From a cultural point of view (short, medium, and long-term objectives; values underlying the policies), these are measures eminently designed according to a short-term logic, as a contrast to a personal and family trial situation. The character of the emergency is what distinguishes them; we can therefore highlight a close coherence between the structural and the cultural axis.

The recipients are individual subjects; however, they are also recognized as breadwinners or at least responsible for a family unit. Family relationships are not fully recognized and the focus is mainly on the most fragile families, not on the normality of family life.

If we look at the cash measures we could conceptualise of the family as a productive unit; in reality, by focusing on measures relating to family-work reconciliation (babysitting bonus and leave) this concept does not seem to hold: with leave the treatment falls on the female figure as the main caregiver. Instead, the bonus introduces a way of dealing with the emergency, which apparently contrasts with the social climate of maximum attention to contain the virus and protect the weakest family members. We are therefore faced with indirect, implicit, and widespread family policy measures.

## ***2.2 Relaunch Decree***

The Council of Ministers n. 45 of May 13 approved a decree-law (Relaunch Decree), which introduced urgent measures in the field of health and support for work and the economy, as well as social policies and Third Sector. The decree intervenes in various areas in a transversal manner.

An important part of this decree-law concerns the protection of workers and family-work conciliation. Therefore, we focus on this part and distinguish between cash and in-kind measures.

### ***2.2.1 Cash measures***

#### **INCOME SUPPORT INDEMNITY (Articles 75, 78, 84, 85, 98)**

For April and May an indemnity is granted to employees and self-employed workers who, as a result of the epidemiological emergency, have ceased,

- 
- simplifying access to web services and therefore accessibility to allowances and bonuses.

reduced, or suspended their activity or their employment relationship. This indemnity is due to different categories of workers and is differently articulated in terms of amount and payment based on the specific category considered.

#### EMERGENCY INCOME (Articles 82)

In May, the emergency income is introduced, intended to support families in conditions of economic need as a result of the epidemiological emergency, identified according to specific compatibility and incompatibility requirements. The emergency income is paid by INPS (National Institute of Social Security) in two instalments, each equal to the amount of 400 euros.

#### 2.2.2 *In-kind measures*

#### RENEWAL OF CONTRACTS, LAWS REGARDING DISMISSALS (Articles 80, 94)

##### - *Changes to the rules on dismissal for justified objective reason*

The term provided by the #CuraItalia Decree-Law is extended to five months, within which individual and collective dismissals for justified objective reasons are prohibited and ongoing procedures are suspended.

##### - *Extension or renewal of fixed-term contracts*

To cope with the restart of activities as a result of the epidemiological emergency, it is possible to renew or extend until 30 August 2020 the temporary employment contracts in place on 23 February 2020, even in the absence of the conditions referred to in article 19, paragraph 1, of legislative decree no. 81.

#### ILLNESS, ACTIVE HEALTH SURVEILLANCE AND LAW 104 (Articles 74, 83)

##### - *Permits Law 104/1992*

The number of days of paid leave is increased by a further total of 12 days that can be used in the months of May and June 2020.

##### - *Leave work for employees at risk*

The possibility to refrain from the service is extended to 31 July 2020 for public and private employees in possession of the recognition of disability with connotation of gravity (article 3 c. 3 of law 104/1992), as well as for workers in possession of certification issued by the competent medical-legal bodies, certifying a risk condition deriving from immunosuppression or from outcomes from oncological pathologies, or from the performance of related life-saving therapies (article 3 c. 3 of law 104/1992).

#### PARENTAL LEAVES, BONUS BABY SITTING, AGILE WORK (Articles 72, 73, 90)

##### - Paid parental leave

Increase to 30 days of the leave that employees in the private sector can benefit from for children up to 12 years of age (for which an allowance equal to 50% of the salary is recognized) and the extension of the relative period of use until July 31, 2020. These periods are covered by a notional contribution.

- Unpaid parental leave

Employees in the private sector with children under the age of 16<sup>7</sup> have the right to abstain from work for the entire period of suspension of educational services for children and educational activities in schools of all levels, without payment of indemnity or recognition of notional contributions, with prohibition of dismissal and the right to keep the job.

- Babysitting bonus

The overall maximum limit for the purchase of babysitting services and the possibility, alternatively, to use it for enrollment in local socio-educational services, centres with educational and recreational functions, and integrative or innovative services for early childhood.

- Agile work for public sector employees

For public employers, until the end of the state of emergency or no later than 31 December 2020, the agile work method can be applied to any subordinate employment relationship.

- Agile work for private sector employees

Private sector employees who have at least one child under the age of 14<sup>8</sup>, have the right to perform the work in an agile way until July 31 even in the absence of individual agreements, provided that this mode is compatible with the characteristics of the service. The work performance in agile work can also be carried out through IT tools owned by the employee.

The focus on cash measures presented in the #CuraItalia Decree is expanded here to include measures of support or protection at work and investing in three substantial vectors: parental leave, babysitting bonus, and agile work. These are measures guided by different cultures: temporary interruption of work to dedicate oneself to care (leave), outsourcing of care to dedicate oneself to work (babysitting bonus), and coexistence of the working and care dimensions (agile work).

We are therefore faced with completely different policies both from a structural (resources at stake, rules of action) and cultural point of view (short, medium, and long-term objectives; values underlying the policies). New

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<sup>7</sup> With no other non-working parent or beneficiary of income support instruments for suspension or cessation of employment in the household.

<sup>8</sup> Provided that there is no other non-working parent or beneficiary of income support instruments in the household in the event of suspension or cessation of employment.

measures are dictated by the revision of the legislative system of existing measures; interventions guided by a medium-term logic in which the emergency dimension, although mitigated, is certainly present.

As for the previous decree, we are faced with indirect, implicit, and widespread family policy measures.

### **3. The study in Italy**

The study was carried out in Italy during Phase 1 of the COVID-19 emergency and aimed at assessing how Italian families are facing the lockdown situation and dealing with work and care responsibilities in relation to policies and government measures already mentioned.

Specifically, this study will contribute to an understanding of which strategies are adopted by working parents to manage their job and family care. Moreover, the data outline the factors that impact and influence the level of dyadic coping during the lockdown.

#### ***3.1 Sample and research***

Data were collected for a longitudinal, multidisciplinary research project conducted by a multidisciplinary research group (sociologists and psychologists) from the Family Studies and Research University Center of the Catholic University of Milan. The first part of the research was administered during Phase 1 of the emergency in Italy (full lockdown, from March to April 2020), and the results of the study refer to this first data collection.

This survey was aimed at the adult workers (18–70 years old) living on the national territory; it was conducted with non-probabilistic sampling using a snowballing method with ex post corrections to ensure adequate distribution by age, gender, and macro territorial areas. Respondents could access the online Qualtrics questionnaire (CAWI) through a link on Facebook, LinkedIn, Twitter, or E-mail<sup>9</sup>.

The final sample is composed of 1,391 subjects (73% female), with an average age of 47 years old ( $SD = 11.3$ ). Sixty-four per cent of participants are married and 10% are cohabitant. Most of the sample (63.4%) live in the northwestern part of the country and have a middle to high level of socio-education (65% degree or post-degree). 68% of respondents have children and 36% of them have school-age children (6–13 years old). In this article we will focus on people that, during Phase 1 of emergency, were working ( $N = 885$ ,

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<sup>9</sup> Thus, the sample of respondents has been oriented through the access of social networks.

78% of participants, 91% of whom worked from home) in order to understand the effects of pandemic containment measures on work-life balance.

### **3.2 Instruments**

Variables:

- *Working*: the participants were differentiated by whether or not they were working during Phase 1 of lockdown (N = 885).
- *Sociodemographic variables*: self-reports of participants' gender, educational status, and partnership status are measured at baseline. Other variables taken into consideration were career position, job, family income, house square footage, and the number of cohabitants and sons. Their ages are divided into four classes: under 35, 36–45, 46–55, and over 56 years old.
- *Coping*: Donati's (2009) scale was adapted to detect the levels of coping within each couple. The coping scale was composed by two different styles of dyadic coping: positive and negative coping. Dyadic positive coping is measured by 5 items and each item is composed by a Likert scale (1 = for nothing, 5 = very much). Cronbach's alpha = .86. Dyadic negative coping is composed by 3 items ranging from 1 = for nothing to 5 = very much. Cronbach's alpha = .75.

*Strategies*: the strategies adopted by the parents to care for their babies or child during the lockdown are investigated through a question with multiple-choice answers: 'Who is looking after your children during this period?' The possible answers were coded: 1 = we have a babysitter, 2 = we get help from grandparents or relatives, 3 = we get help from friends or neighbors, 4 = me/personally, or 5 = my partner.

### **3.3 Data analysis**

The hypotheses are tested through multivariate analyses. Descriptive analyses were conducted to show the distribution of the demographic and social variables in the study population and to understand what parenting strategies have been used during the lockdown. To test Hypothesis 1, the strategies adopted by parents were tested for socio-demographic differences using a chi-square test. The socio-demographic variables taken into consideration were gender, age, educational status, partnership status, job, career position, number of sons, family income, and house square footage. Statistical significance was set at  $p < .05$ .

To test Hypothesis 2, analysis of variance (ANOVA) and T-test were used to find the difference in positive and negative coping levels compared to socio-demographic variables. Moreover, a linear regression analysis was conducted to



confirm the variance's results. The analyses were conducted with the statistic software SPSS (version 16) software analysis.

#### 4. Results

Table 2 presents the socio-demographic characteristics of the sample, composed of 885 subjects that were working during lockdown, mainly women (73.1%), married (66.1%), and with children (67.9%).

TABLE 2. *Characteristics of the study sample.*

<b>Variables</b>	<b>Percentage</b>
<b>Age</b>	
Mean (SD)	46.87 (9.77)
<b>Age Classes</b>	
over 56	21.7%
46-55	34.0%
36-45	29.7%
Under 35	14.6%
<b>Gender</b>	
Woman	73.1%
<b>Partnership status</b>	
Single	17.9%
Cohabitant	9.9%
Married	66.1%
Divorced	5.3%
Widower	0.8%
<b>Educational status</b>	
Elementary school license	0.1%
Secondary school license	0.9%
High school diploma	23.9%
University degree	4.1%
Graduation	47.4%
Post-graduate specialization/master/PhD	23.6%
<b>Sons</b>	
Yes	67.9%
Means (SD)	2.32 (1.15)
<b>House square footage</b>	
Under 50 mq	3.7%
51-100 mq	36.2%
101-120 mq	24.2%
121-150 mq	18.0%
Over 150 mq	17.9%

Every family could use different strategies to manage care responsibilities during the emergency phase: only 1.1% (N = 10) of the sample was helped by a babysitter; 5.5% (N = 48) leaned on grandparents' help; and 25.5% (N = 226)

take their children to their partner. Most of the families represented in the sample (44.5%, N = 394) personally take care of their sons.

The results of the chi-square test are collected in Table 3 and they highlight the differences of the sample on the base of adopted strategies in children's care.

Differences in childcare strategies are based on gender: 41.6% of men leave their sons' care to their wife, compared to only 19.6% of women. Data seem to highlight how women are mostly responsible for the care of children and how men rely on the female figure in the management of care loads.

Differences are also based on the age classes: parents aged between 36 and 45 years old rely more on the help of grandparents (10.6%) and 6.2% of parents under the age of 35 ask for help from their relatives to manage children's care. The age classes 46–55 (29.9%) and 36–45 (32.7%) rely more on their partner than other age groups. Finally, the 46–55 age group is the group that personally takes care of their children without any help. Therefore, the younger parents seem to have a support network even during the emergency phase, while the older ones must rely more on their own strength or on their partner for assistance.

Though the use of a babysitter is very limited, it's primarily used by parents with high educational levels (post-degree/PhD/master) (2.4%).

Married (6.7%) and cohabiting people (8%) are the groups that are more likely to utilize their grandparents and relatives to help take care of their children. Moreover, 34.5% of married people can count on partner's help, so a large percentage of spouses and husbands share the care burden with their partner. However, it must be noted that married (56.1%), divorced people (59.6%), and widowers (57.1%) mostly take care of the children alone.

Those living with more than four people tend to take care of children by themselves or rely on their partner and therefore do not use external help, while people with one or two children also receive help from grandparents, although in a limited way.

An interesting result is that 75% of business owners take care of children mainly alone.

Managers (41%) and top managers (46.4%) are those that, more than others, entrust childcare to their partners, but it is also true that boards (60%) and managers (59%) report taking care of their children personally as well.

Psychological and sociological studies reveal the importance of coping to face disruptive situations: coping refers to thoughts and behaviours that people use to manage and deal with particularly stressful situations (Cohen et al., 1994; Bodenmann 2008; Foà et al., 2015; Donato et al., 2015). ANOVA is conducted to test the existing a difference in positive coping levels based on socio-demographic variables. Data highlight that there is a difference based on age

(Msquare = 4.46;  $F = 5.86$ ;  $p < .001$ ): in particular the subjects under 35 years old ( $t = 0.52$ ,  $p < .001$ ) and between the ages of 36 and 45 ( $t = .27$ ,  $p < .05$ ) have higher positive coping levels than those over 56. There are no significant differences between the age class 46–55 years and other groups. This result is confirmed through regression analysis ( $\beta = .15$ ;  $p < .01$ ), which highlights that young people can have higher levels of positive coping.

The number of children is a discriminating factor between those with high and low levels of positive coping (Msquare = 2.23;  $F = 2.88$ ;  $p < .05$ ): people without children have higher levels of coping than the parents of one ( $t = -.29$ ;  $p < .05$ ) or two ( $t = -.31$ ;  $p < .05$ ) children. The difference between parents and non-parents vanishes when the participants have more than two children. The number of children does not cause a substantial difference in the levels of coping; the real discriminating factor is whether or not to have children at all.

TABLE 3. Results of chi-square analyses: strategies vs socio-demographic variables.

Socio-demographic variables	Strategies variables							
	Baby-sitter		Grandparents and relatives		Partner		By myself	
	% (N)	$\chi^2$	% (N)	$\chi^2$	% (N)	$\chi^2$	% (N)	$\chi^2$
<b>Gender</b>								
Woman	-	-	-	-	19.6% (127)	44.157**	-	-
Man	-	-	-	-	41.6% (99)	-	-	-
<b>Age</b>								
Over 56	-	-	1% (2)	23.91**	19.3% (37)	30.29**	31.8% (61)	89.74**
46-55	-	-	3.3% (10)	-	29.9% (90)	-	61.1% (184)	-
36-45	-	-	10.6% (28)	-	32.7% (86)	-	48.7% (128)	-
Under 35	-	-	6.2% (8)	-	10.1% (13)	-	16.3% (21)	-
<b>Education</b>								
Elementary school license	0%	11.22*	100% (1)	18.67**	-	-	-	-
Secondary school license	0%	-	0.0%	-	-	-	-	-
High school diploma	0%	-	4.7% (10)	-	-	-	-	-
University degree (Diploma Universitario)	0%	-	8.3% (3)	-	-	-	-	-
University degree Post-graduate specialization/Ph D/Master	0%	-	5.5% (23)	-	-	-	-	-
2.4% (10)	5.3% (11)	-	-	-	-	-	-	-
<b>Partnership status</b>								
Single	-	-	0.6% (1)	11.33**	1.9% (3)	81.7**	2.5% (4)	153.0**
Cohabitant	-	-	8.0% (7)	-	18.2% (16)	-	34.1% (30)	-
Married	-	-	6.7% (39)	-	34.5% (202)	-	56.1% (328)	-
Divorced	-	-	2.1% (1)	-	10.6% (5)	-	59.6% (28)	-
Widower	-	-	0.0%	-	0.0%	-	57.1% (4)	-

<b>Number of cohabitants</b>								
1	-	-	0.0%	18.82**	4.2% (3)	118.87**	5.6% (4)	233.69**
2	-	-	1.3% (3)		4.9% (11)		12.4% (28)	
3	-	-	6.8% (15)		28.2% (62)		50% (110)	
4	-	-	8.6% (21)		38.9% (95)		68% (166)	
5	-	-	8.9% (7)		48.1% (38)		70.9% (56)	
more than 5	-	-	5.1% (2)		43.6% (17)		76.9% (30)	
<b>Job</b>								
Employee in Public Administration	-	-	-	-	-	-	47.6% (129)	15.84**
Self-employed Business owner (single partner)	-	-	-	-	-	-	52.6% (30)	
Business owner (more partners)	-	-	-	-	-	-	75% (9)	
Seasonal/precario us worker	-	-	-	-	-	-	39.1% (9)	
Freelance (lawyer, notary, architect...)	-	-	-	-	-	-	0.0%	
Employee in Public Administration	-	-	-	-	-	-	31.9% (187)	
Employee in Public Administration	-	-	-	-	-	-	44.5% (394)	
<b>Career position</b>								
Board	-	-	-	-	20.0% (1)	19.72**	60.0% (3)	12.78*
Top manager	-	-	-	-	46.4% (13)		42.9% (12)	
Team leader	-	-	-	-	34.1% (31)		48.4% (44)	
Employee in Public Administration	-	-	-	-	21.1% (90)		43.0% (183)	
Worker	-	-	-	-	25.0% (2)		0.0%	
Manager	-	-	-	-	41.0% (16)		59.0% (23)	
Middle manager	-	-	-	-	30.1% (25)		51.8% (43)	
<b>Number of sons</b>								
None	-	-	0.0%	34.0**	0.0%	151.41**	0.0%	341.60**
1	-	-	11.5% (22)		36.6% (70)		61.8% (118)	
2	-	-	7.7% (22)		35.2% (100)		65.8% (187)	
3	-	-	3.8% (3)		45.6% (36)		74.7% (59)	
4 or more	-	-	2.4% (1)		48.8% (20)		68.3% (28)	
<b>House's square footage</b>								
Under 50 mq	-	-	-	-	9.1% (3)	12.63*	12.1% (4)	-
51-100 mq	-	-	-	-	20.9% (67)		38.1% (122)	
101-120 mq	-	-	-	-	28.5% (61)		47.7% (102)	
121-150 mq	-	-	-	-	30.8% (49)		52.2% (83)	
Over 150 mq	-	-	-	-	29.1% (46)		52.5% (83)	

Note: N = number of subjects that use that strategies; % = is the percentage of subjects that adopt that strategies; - = the test is not significant;  $\chi^2$  = Pearson's chi-square

\*p < 0.05 \*\*p < 0.01

This analysis is also confirmed by the T-test conducted on the groups, 'I have a child' and 'I don't have a child'. The parents have lower levels of coping

than people without children ( $t = -3.16$ ;  $M = 3.02$ ,  $SD = .86$ ). Regression analysis also corroborates this result ( $\beta = .30$ ;  $p < .01$ ).

Men and women have a significant difference in positive coping levels; in fact, men have lower dyadic coping ( $t = -2.23$ ;  $M = 2.95$ ;  $SD = .80$ ). Linear regression confirms that gender has a different impact on dyadic coping ( $\beta = .71$ ;  $p < .05$ ); therefore, women have greater levels of dyadic positive coping that could help them to manage stress and couple life during this emergency phase. The regression analysis also highlights that marital status has an impact on dyadic positive coping, as married people have higher levels ( $\beta = .36$ ;  $p < .01$ ).

The ANOVA analysis and T-test conducted on negative coping constructs have highlighted that there are differences based on age ( $Msquare = 1.49$ ;  $F = 3.02$ ;  $p < .05$ ): the age class 46–55 has higher levels of negative coping than the class over 56 ( $t = .22$ ;  $p < .05$ ). However, there are no other significant differences between age classes.

Future research will make it possible to compare the different strategies adopted in the first and second phases of the lockdown.

Moreover, this study has contributed to a better understanding of how young and childless women cope better with stress, adopting a better dyadic coping strategy than their partners. Future research should focus on the factors that determine higher levels of dyadic coping during the emergency phases.

## 5. Discussion and conclusion

The health emergency linked to the spread of COVID-19 has profoundly changed people's lives, both from the point of view of family and significant relationships, and at work, substantially modifying the relationship between these two significant areas and their respective impacts on one's identity. The relationship between family and work, already marked by great difficulty and complexity, has been further tested in this period.

This contribution was intended, in the first place, to present the measures adopted/actions undertaken by the government following the international health emergency, to trace the path undertaken both from the point of view of time and the phases of the pandemic. Among these policies we have taken into consideration the #CuraItalia Decree (17 March 2020, n.18) and the Relaunch Decree (19 May 2020, n.34); for each measure we presented the salient elements – distinguishing between cash or in kind measures (Donati, 2009, 2011) – and then we drafted a summary assessment of the policies adopted.

In light of this analysis of Italian policies our contribution was aimed at assessing work and family reconciliation strategies of Italian families during the full lockdown.

The study of over 1,391 participants, mainly women, reported an overload of work and care responsibilities over families, in particular for mothers.

Analyses have focused on working parents mainly working from home who are balancing care and work demands. Results showed that the use of childcare strategies during the lockdown and school closures affected individuals in terms of gender and age: women – more than men – and working parents over 46 years – more than younger parents – are used to taking care of their children alone, without any external help.

People with higher educational levels used babysitters or the help of grandparents as resources to cope with the emergency more than other people with lower educational levels.

Married people used different strategies: most of them took care of children personally, but some received help from parents and their partner. Divorcees and widowers, on the other hand, were totally alone in the care of their children.

As already noted, coping is a resource in facing disruptive situations; however, results show that positive dyadic coping reduces when there are children (when compared to childless people) and in working parents over 56 years old. Thus, the emergency has contributed to highlighting some characteristics of the Italian welfare, based on the family, in particular women, as primary caregivers, without any external help from family networks, neighborhood/friends, or babysitters. Family relationships have been deeply affected and challenged: suddenly deprived of the supportive reticularity that distinguishes it, the nuclear family has faced the challenges of taking care of sick or disabled members, caring for their children, and supporting them in distance learning, all while continuing work activity. This seems to have caused some sort of retreating of the family onto itself.

Such results reveal an image of the family in Italy during the COVID-19 emergency, where parents are separated from parental networks, reinforcing the representation of family-work reconciliation as a problem for parents and women. This message is also implicit in policies and measures implemented in Italy to face the emergency: the focus on individual cash more than in-kind benefits reflects the inability of the nation to recognize family relationships and allow for a positive integration of work and family responsibilities. This is confirmed also by a scale on policies' impact on families administrated in the second wave of the present study – in July and August 2020 – where respondents confirmed that the policies did not support parent and children

needs, thus overloading families with too many responsibilities, such as working from home, caring for children, and homeschooling.

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