

Investigation of the couple burnout and its related factors among couples referring to comprehensive health services centers in marginalized rural areas of Birjand during 2016

Amin Ahrari¹ , Mohammad Reza Miri^{2*} , Abbas Ali Ramezani³ , Reza Dastjerdi⁴ , Vida Hamidi Tabas⁵ 

¹ Student Research Committee, Birjand University of Medical Sciences, Birjand, Iran

² Social Determinants of Health Research Center, Department of Health Education, School of Public Health, Birjand University of Medical Sciences, Birjand, Iran

³ Social Determinants of Health Research Center, Department of Epidemiology and Biostatistics, School of Public Health, Birjand University of Medical Sciences, Birjand, Iran

⁴ Department of Psychology, Birjand University of Medical Sciences, Birjand, Iran

⁵ Darmian Health Center, Department of Midwifery, Birjand University of Medical Sciences, Darmayan, Iran

* Corresponding author: Mohammad Reza Miri, Social Determinants of Health Research Center, Department of Health Education, School of Public Health, Birjand University of Medical Sciences, Birjand, Iran. Tel: 09151615468; Email: miri_moh2516@yahoo.com

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Abstract

Background: Couple burnout has an undesirable effect on marital quality. Therefore, the purpose of the present study was to determine couple burnout and its related factors among couples referring to comprehensive health services centers in marginalized rural areas of Birjand during 2016.

Materials and Methods: In this descriptive-analytical study, 200 couples (400 persons) referring to comprehensive health services centers in marginalized rural areas of Birjand were randomly selected as research population during 2016. The data were collected using a two-part questionnaire with personal information and the Pines Couple Burnout Measure (CBM). Data analysis was done in SPSS software (version18) through ANOVA and independent t-test. P-value less than 0.05 was considered statistically significant.

Results: The mean score of total couple burnout was 57.04 ± 17.86 (range: 21-115). The highest percentage of couple burnout was related to grade 2 or couple burnout line (46.5%). There was a significant difference between the scores of couple burnout and gender, age, number of children, duration of marital life and couples' residency in a same place ($P < 0.05$). There was no significant statistical relationship between the mean scores of couple burnout and other related factors ($P > 0.05$).

Conclusions: With regard to the high rate of couple burnout among couples referring to comprehensive health services centers in marginalized rural areas of Birjand, it is necessary to conduct training sessions in terms of couple burnout and counseling for at-risk couples.

Keywords: Birjand, Couple burnout, Ghetto

Introduction

Couple burnout is a state of physical, emotional, and mental fatigue that is created in the conditions of long-term conflict with emotional demands that results from a chronic inconsistency between expectations and reality (1). Couple burnout is revealed due to the set of unrealistic expectations,

irrational thoughts, and ups and downs in life. With regard to the strongest kind of burnout, it is associated with relationship collapse (2). Couple burnout is manifested by physical, emotional, and psychological exhaustion symptoms (3).

In fact, physical exhaustion is due to the chronic

fatigue that one cannot resolve it with sleeping. In line with emotional exhaustion, people with burnout are always immersed in the impression that they have been emotionally destroyed and are constantly annoyed and discouraged. Psychological exhaustion caused by burnout usually occurs as a decrease in self-confidence and negativity toward relationships, especially relationship with the spouse (4). Family Studies experts indicate that the prevalence of couple burnout has increased recently; therefore, it can be concluded that 50% of couples face burnout in their marriages (5).

One of the most important consequences of couple burnout is divorce (6). Based on the statistics of National Organization for Civil Registration, the number of official divorces throughout the country over a five-year period has had a dramatic and alarming upward trend. The number of divorces has increased from 142841 at the end of 2011 up to 163765 by the end of 2015. Moreover, the rate of marriages ending in divorce has had numerous changes during the same period.

The proportion of marriages ending in divorce was 6 to 1 in Iran during 2011. In the case of each divorce, 6.1 marriages were established. This rate reached 4.2 by the end of 2015 (i.e., for each divorce, 4.2 marriages were established) (7).

The effective factors and characteristics in the level of couple burnout can be categorized into four groups, namely individual, personality, family, and environmental factors. Among the individual factors affecting the degree of couple burnout, one can mention emotional control, irrational communication beliefs (8), the concept of attachment to the spouse (2), the concept of avoidance (need for more independence), and depression. These variables have a significant positive relationship with marital distress.

Moreover, the concepts affecting couple burnout are anger management, the concept of seeking companionship (need for more intimacy), positive attitude toward life, having decent mental health, having intimate relationships with a spouse, having marital satisfaction and sexual satisfaction. These factors have significant negative relationship with couple burnout (9).

Variables, such as additional responsibilities burden in the family, couple's conflicting demands, family commitments, violence against women, and hard work at home are family factors that affect the level of couple burnout. These variables have a positive relationship with couple burn out (10).

In addition, there was a positive relationship between neuroticism and couple burnout. Furthermore, with regard to personality factors, a

negative relationship was observed between the personality characteristics of extraversion, openness to experience, agreeableness, and conscientiousness with marital disturbance that affect the level of couple burnout (9).

In terms of the environmental factors that affect the level of couple burnout, living in crowded areas, and noise as well as air pollution can be indicated to have a significant positive relationship with the level of couple burnout (10). Similarly, the results of several studies indicate that the degree of couple burnout is associated with factors, such as age, gender, occupation, educational level, fertility status, number of children, duration of marital life, kinship, and living with parents in the same place (9, 11-18). Consequences and factors affecting couple burnout are closely related to the issue of the ghetto and living in marginalized rural areas of the big cities.

Ghetto refers to the living conditions of all those who live in the urban community; however, they are in unfavorable situations in terms of income, urban amenities, and services utilization (19). The people living in marginalized rural areas are mostly rural and nomadic, illiterate or low educated, unemployed or with difficult jobs, exposed to a variety of social harms, mainly with a young age, and prone to physical violence (20).

Similarly, the ghettos feature cultural, social and economic poverty, unemployment, false employment, disrespecting collective and individual hygiene, lack of access to welfare, health, and education facilities, increased crime rates, corruption, prostitution, overcrowding, and overconsumption of drugs in comparison to other urban areas (21).

Furthermore, living in crowded areas is one of the environmental factors affecting the degree of couple burnout, and these crowded areas and overcrowding are among the most important features of marginalized rural areas. With respect to the above-mentioned issues, the people in marginalized rural areas have many economic and social challenges and they face many problems in big cities due to less cultural and economic interactions with these regions (19).

Consequently, couple burnout is of great importance and has a substantial effect on the quality of couples' marital relationships. The inhabitants of the marginalized rural areas are at risk of facing many problems. However, fewer studies have been conducted on couple burnout among those living in these areas. Therefore, this study aimed to determine couple burnout levels and its related factors among couples referring

to the comprehensive health service centers in marginalized rural areas of Birjand during 2016.

Materials and Methods

This descriptive-analytic study was conducted among couples referring to comprehensive health services centers in Birjand during 2016. A randomized cluster method was used in this study for sampling. Four urban centers were randomly selected from eight comprehensive health services centers in Birjand with referral to the selected centers and use of households list utilizing IOS operating system.

In total, 200 couples (400 persons) who were willing to participate in the study with at least one year of marital life were selected to complete the questionnaire using randomized stratified method. With regard to the results of a study conducted by Nikobakht et al. (13), the mean scores of couple burnout among fertile women were 56.18 ± 17.8 , $d=1.78$, and $\sigma = 17.8$. Moreover, the sample size was calculated as 384; however, 400 people (200 couples) were considered in this study.

At first, the participants were informed of the project purpose and confidentiality of the information. In addition, the questionnaires were completed after the informed consent was obtained from the couples and they were trained to complete the questionnaires.

This study was extracted from a research project with the registered code of 4322. Moreover, the study protocol was approved by the Ethics Committee of Birjand University of Medical Sciences, Birjand, Iran (IR.IUMS.REC.1396.86). The data were collected using a two-part questionnaire with personal information and the Pines Couple Burnout Measure (CBM). The couple burnout scale is a self-report tool developed by Pines with the aim of assessing the degree of couple burnout among couples.

This scale consists of three main components of physical exhaustion (fatigue, weakness, and sleep disorders) with 6 questions, emotional exhaustion (depression, disappointment, falling into the trap) with 7 questions, and mental exhaustion (worthlessness, frustration, anger toward the spouse) with 8 questions. This scale consists of 21 questions, out of which 17 items contain negative expressions such as fatigue, discomfort, and worthlessness. However, the other four questions contain positive expressions, such as happiness, and energy. The respondents were asked to answer the questions based on a 7-point Likert scale ranging from 1 to 7 (never to always) and designate the number of events that happened in

the marital relationship. It took 15 to 20 min to complete the CBM.

In order to determine the degree of burnout, the scores obtained by questions 1, 2, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 and 21 were summed up in the first stage of this study. The scores of questions 3, 6, 19 and 20 were summed up in the next step. Afterwards, the obtained number of the second stage was subtracted from 32. Moreover, the obtained scores of the first stage was added to the total number of the third one. Finally, the total burnout score was obtained in the last stage and the score obtained from the fourth stage was divided into 21 to determine the degree of couple burnout.

Score 2 and less indicated a good relationship between couples; however, score 3 was considered burnout line and burnout state was assigned to score 4. In addition, score 5 indicated burnout crisis and couples who obtained the scores more than 5 were recognized to need immediate help (8, 12, 13, 22, 23). The assessment of the CBM reliability indicated that there was an internal consistency between variables in the range of 0.84-0.90 (12, 13, 23). In a study conducted by Iran Navidi (2005), the Cronbach's alpha of the questionnaire for a sample of 240 people (120 nurses and 120 teachers) was estimated at 0.86 (11).

In another study performed by Adib Rad and Adib Rad (2005), the test-retest reliabilities were 0.89, 0.76, and 0.66 for a one-, two-, and four-month period, respectively. Internal continuity was measured for the majority of subjects with an alpha coefficient which was in the range of 0.91 to 0.93 (3). Correspondingly, the reliability coefficients using Cronbach's alpha in the studies by Bashir (2016) and Basharpour (2015) were 0.79 and 0.91, respectively (8, 24). The Cronbach's alpha was obtained at 0.761 in this study. Data were analyzed in SPSS software (version 18) through descriptive and analytical statistics. After confirming the normality of the data by Kolmogorov Smirnov test, the data were analyzed through independent t-test, ANOVA, and Tukey's Post Hoc Test. P-value less than 0.05 was considered statistically significant.

Results

The current study was conducted on 200 couples (400 persons) living in marginalized rural areas of Birjand with an average age of 34.08 ± 8 years. The mean ages of males and females were 35.25 ± 7.57 , and 32.92 ± 8.27 , respectively. The highest frequencies were related to the age group less than 30 years old (37%), housewives (39.2%), and the group with university education (34%). Moreover, most of the participants were fertile

(90.5%) and the highest number of participants had 2 and 3 children (49.25%). In addition, 39% of people had less than five years of marital life.

The mean score of the total couple burnout was 57.04 ± 17.86 (Table 1). The highest percentage of couple burnout degree among couples was related to grade 2 or couple burnout line (46.5%). However, the lowest percentage of couple burnout degree among studied couples was related to grade 5 or the group who needed urgent help (1%). Accordingly only 21.5% of the studied couples had a good relationship or degree 1 of couple burnout (Table 2).

There was a significant statistical difference in terms of the mean score of couple burnout regarding gender, age, and occupation ($P < 0.05$). This difference in the scores of couple burnout was observed in the age group of fewer than 30 years, the age group of 35-40, and over 40 years.

Furthermore, there was a difference in terms of the mean scores of couple burnout between unemployed and housewives. However, it was not statistically significant ($P > 0.05$) (Table 3). The mean score of couple burnout was significantly correlated with the fertility of couples, a number of

children, duration of marital life, and the duration of couple residency in the same location (years) ($P < 0.05$). There was a statistically significant difference between the mean score of couple burnout and fertility status between the fertile and the unknown group. The mean score of couple burnout was significantly different in the groups with 0-1, 2-3, and more than 3 children.

The mean scores of couple burnout was significantly different in the groups of couples with less than 5, 5-10, and more than 15 years of marital life. In addition, there was a significant difference in terms of the mean scores of couple burnout in the groups with 1-2, 3-5, and more than 5 years of residency in the same location. There was no significant relationship regarding the average score of couple burnout with couples' marital status, living with parents, and couples' kinship ($P > 0.05$) (Table 4).

A significant relationship was observed between the total score of couple burnout and each dimension of couple burnout including physical, psychological, and emotional dimensions based on the results of Pearson correlation test ($P = 0.001$) (Table 5).

Table 1. The average total score of couple burnout and the dimensions of couple burnout of studied couples

Couple burnout Score	Mean	SD	Min-Max
Total couple burnout score	57.0	17.8	21-115
Physical exhaustion	17.8	6.2	6-36
Emotional exhaustion	18.2	6.5	7-43
Mental exhaustion	20.9	7.0	8-48

Table 2. Frequency distribution of couple burnout degree of studied couples

The degree of marital distress	Count	%
Good relationship (1)	86	21.5
Couple burnout line (2)	186	46.5
Couple burnout state (3)	96	24
Couple burnout crisis (4)	28	7
Need urgent help (5)	4	1
Total	400	100

Table 3. Comparison of mean total couple burnout score with regard to demographic variables of studied couples

Variable	Count	Mean	SD	Independent t-test or ANOVA p-value	
Gender	Male	200	55.0	P=0.02*	
	Female	200	59.0		
Age	Less than 30 years ¹	148	51.7*	P=0.001	
	30-35 years old ²	97	56.6		
	35-40 years old ³	82	61.8*		
	More than 40 years old ⁴	73	57.0*		
Occupation	Employee ¹	94	55.9	P=0.003*	
	Self-employed ²	138	55.5		
	Unemployed ³	11	42.1*		
	Housewife ⁴	157	60.1*		
	Illiterate	7	59.7		Difference between 3 and 4 (P=0.006)
	Reading and writing	12	58.7		
	Elementary	42	58.6		
	Middle school	62	57.9		
Level of Education	High school	27	63.2	P=0.115	
	Diploma	116	58.4		
	College education	134	53.4		

*P-value less than 0.05 is significant

Table 4. Comparison of mean total couple burnout score in terms of family variables of studied couples

Variable		Count	Mean	SD	Statistical test result
Couples Family Relationship	Close family relationship	122	57.4	17.4	P=0.39
	Extended families	112	58.7	16.9	
	No family relationship	166	55.7	18.8	
The way of getting married	By family or friends	321	56.9	17.9	P=0.74
	Dating without the help of family or friends	79	57.6	17.9	
Fertility of couples	Fertile ¹	362	55.7	17.5	P=0.002*
	Infertile ²	22	56.5	21.9	
	Unknown ³	16	41.5	11.0	
Marital life duration	Less than 5 years ¹	156	52.4	16.5	P=0.001* Difference between 1 and 3 (P=0.001) Difference between 1 and 2 (P=0.013) Difference between 1 and 4 (P=0.001)
	5-10 years ²	92	59.5	19.0	
	10-15 years ³	82	57.9	18.2	
	More than 15 years ⁴	70	63.0	16.4	
Number of couples' children	0-1 child ¹	171	52.7	16.9	P=0.001* Difference between 1 and 2 (P=0.001) Difference between 1 and 3 (P=0.018)
	2-3 children ²	197	60.0	18.1	
	More than 3 children ³	32	61.9	17.0	
Couple residency in the same location (years)	1-2 years ¹	157	52.7	17.1	P=0.001* Difference between 1 and 2 (P=0.005) Difference between 1 and 3 (P=0.001) Difference between 1 and 3 (P=0.001)
	3-5 years old ²	142	59.1	16.6	
	More than 5 years ³	101	60.8	19.3	
Living with couples' parents	Living with parents	98	55.7	18.1	P=0.83
	Not living with parents	301	57.5	17.8	

*P-value less than 0.05 is significant

Table 5. Relationship between the total mean scores of couple burnout and each dimension of couple burnout among the studied couples

	Total couple burnout score	Physical dimension	Psychological dimension	Emotional dimension
Total couple burnout score	-	r=0.869 P=0.001	r=0.901 P=0.001	r=0.937 P=0.001
Physical dimension	-	-	r=0.627 P=0.001	r=0.746 P=0.001
Psychological dimension	-	-	-	r=0.793 P=0.001

Discussion

Couple burnout has an adverse effect on the couples' marital life quality. The current study was conducted to determine the degree of couple burnout and its related factors among couples referring to the comprehensive health services centers in marginalized rural areas of Birjand during 2016. The results of this study indicated that the mean score of total couple burnout was 57.04 and the highest degree of couple burnout was related to grade 2 or couple burnout line (46.5%).

The results of this study were consistent with the results of studies by Babaei Givi et al. (18), Nikobakht et al. (13) and Behzadpour et al. (12), Naderi and Azadmanesh (25), Navidi (11), Behzadpour et al. (12), Pamuk and Durmus (14), Pines et al. (17), Capri and Gokcakan (16), and Pamuk and Durmus (14). These studies approved the results of this study in terms of the factors affecting couple burnout, such as gender, occupation, number of children, and the fertility of couples. However, the results of the studies performed by Babaei Givi et al. (18), Nikbakht et al.

(13), Navidi (11), Pamuk and Durmus (14), and Pines et al. (17) were not consistent with the results of this study.

Furthermore, the mentioned studies did not confirm the results of this study regarding other factors affecting couple burnout, such as couple burnout dimensions and degrees, age, level of education, the ways of getting married, marital life duration, kinship, and living with couples' parents.

Nowadays, women take the responsibilities of doing more difficult tasks and duties at home, compared to men. They are also responsible for dealing with spouse and children and in some cases the maintenance of relationships with parents. Moreover, women may have occupational responsibilities outside home. All these factors threaten women's mental and physical health.

Similarly, other factors affecting women's mental and physical health include unsatisfied women's need in marital life and sexual relationships, male violence against women, and lack of sufficient information regarding communication skills between

spouses. Due to the sensitivity of women, they will suffer from profound psychological and physical harms unless the family, especially the husband, plays supporting roles and accompanies women in dealing with handling the hard tasks. Couple burnout can also result from the lack of attention to women's needs in marital life.

In several studies, there was a significant relationship between couple burnout and gender (Naderi and Azadmanesh (25), Navidi (11), Pamuk and Durmus (14), Pines et al. (17), and Capri and Gokcakan) (16). According to a study conducted by Babaei Givi et al. (18), if an occupation has negative characteristics, such as long work hours, stress, and high pressures, it will have more positive effect on women leading to the reduction of couple burnout degree among employed people, compared to housewives.

On the other hand, the factors influencing low levels of couple burnout include work diversity and positive relationships among employed women at workplace in contrast to the loneliness, monotony, and hard work of housewives at home

In a study performed by Babaei Givi et al. (18), there was a significant relationship between couple burnout and occupation. Accordingly, couple burnout was more among employed women than housewives. However, no significant differences were observed between couple job and couple burnout in the research conducted by Navidi (11). Aging, the increase in the duration of marital life, and the high number of children are among the factors leading to the occurrence of life problems which result in physical, psychological, economic, and family problems and the increase in the conflicts between couples.

The couples living in urban areas of the big cities have more structural and family problems which are the characteristics of the ghettos. Couple burnout is one of the mentioned problems and outcomes. Older couples with a large number of children and more years of marital life experience more couple burnout than other couples. However, in a study performed by Nikbakht et al. (13), no significant relationship was found between age and couple burnout among infertile women.

Moreover, there was a significant difference between the number of children and the degree of couple burnout in the study carried out by Pamuk and Durmus (14). In this study, couple burnout was higher among couples who had more than 5 children. In a study conducted by Navidi (11), there was a significant relationship between the degree of couple burnout and the duration of marriage among women. According to this study, the couple burnout

decreases by the increase in the duration of marriage among women.

Living in crowded areas, and noise as well as air pollution have significant positive correlations with couple burnout. All of these issues are consistent with the characteristics of the rural areas. The couples who face personal life problems and complications of these areas experience gradual changes in life patterns. In addition, due to the ups and downs of their lives they suffer more from physical and mental health issues.

According to the literature, couple burnout is greater among couples who live for many years in marginalized rural areas of big cities (10). Based on the mentioned study, the degree of marital satisfaction and psychological adjustment among infertile couples was lower than that of fertile couples. Moreover, other studies have shown that life quality among infertile couples is lower than that of fertile couples. Stress, anxiety, and depression are more common among infertile women, which reduce marital satisfaction, life quality, and infertile women's mental health.

On the other hand, depression has a significant positive relationship with couple burnout. Moreover, a decrease in marital satisfaction results in an increase in couple burnout (13). Based on a study by Nikobakht et al. (13), the rate of couple burnout among infertile women is higher than that of fertile women which is consistent with the results of this study.

Conclusion

With regard to the results of this study, the issues such as age, gender, occupation, number of children, duration of marital life, couple residency in the same location (years), and the fertility of couples were related to the couple burnout. One can control couple burnout among couples by being aware of how these factors affect the degree of couple burnout. Consequently, it is necessary to conduct training sessions with regard to couple burnout for young and at-risk young couples.

Although this study shed light on the factors affecting couple burnout, it suffers from some limitations. Firstly, this study was conducted in small urban areas which limited generalizing the results to other larger areas. Moreover, there was a failure to monitor the accuracy of responding to the questions. On the other hand, the strengths of the current study include investigation of more factors associated with couple burnout and doing the research in the area where there is the scarcity of research. Due to the importance of the issue, it is recommended that this study is designed and

implemented for other areas.

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Conflicts of Interest

The authors declare no conflicts of interest.

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