

RELATIONSHIP BETWEEN FEAR OF COVID-19, SPIRITUALITY AND HOPELESSNESS IN PEOPLE DURING THE COVID-19 PANDEMIC

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SUMMARY

Background: A global health problem today, COVID-19 has negatively affected both physical and psychological health of people all around the world. Lack of certainty about the course of the disease, failure to anticipate disease severity and duration, lack of effective treatment, and high death risk for certain populations can lead to anxiety and hopelessness for the future. People often resorted to spiritual practices to mitigate the despair the experienced during the pandemic. The aim of this study was to determine the relationship between fear of COVID-19, spirituality and hopelessness in people during the COVID-19 pandemic.

Subjects and methods: This descriptive and correlational study was carried out on 628 people. Data were collected from the Personal Information Form, the Fear of COVID-19 Scale, the Beck Hopelessness Scale and the Intrinsic Spirituality Scale.

Results: Participants had 19.02 ± 5.25 points in the Fear of COVID-19 Scale, 96.18 ± 17.57 points in the Intrinsic Spirituality Scale and 13.13 ± 4.02 points in the Beck Hopelessness Scale. Fear of COVID-19 was found to have a statistically significant and negative effect on hopelessness ($\beta = -0.232$, $p < 0.05$) and spirituality did not have a mediator role in this effect (-0.019 , 0.036).

Conclusion: People with high level of fear of COVID-19 had low level of hopelessness and spirituality did not play a mediator role in reducing hopelessness. The findings of this study can contribute to protection of public health by planning in advance any psychosocial intervention for high risk groups during future pandemics.

Key words: COVID-19 pandemic – fear – hopelessness - spirituality

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INTRODUCTION

The novel coronavirus (COVID-19) which was first reported in the city of Wuhan in Hubei province of China spread all around the world and the World Health Organization announced a pandemic in March 2020 (WHO 2021, Prazeres et al. 2021). Highly infectious COVID-19 has made millions of people sick and caused thousands of people to die (Feng et al. 2021). The total number of cases was 274.628.461 and the total number of deaths was 5.358.978 worldwide as of December 21, 2021 (WHO 2021). The first SARS-COV-2 positive case was reported in March 2020 in Turkey and a total number of 9.002.968 cases and 78.778 deaths were recorded by the Turkish Ministry of Health as of December 21, 2021 (Turkey Ministry of Health 2021). A global health problem today, COVID-19 has negatively affected both physical and psychological health of people all around the world (Fiorillo & Gorwood 2020).

COVID-19 pandemic caused psychological problems including despair sadness, anger, depression, future anxiety, anxiety and one of the most common psychological consequences of the COVID-19 pandemic is fear (Kasapoğlu 2020, Saricali et al. 2020, Kaya et al. 2021). Rapidly increasing number of cases, news and headlines highlighting case and death numbers, social isolation measures, quarantine procedures, risk of being sick and risk of death have all caused fear in people (Ünver & Yenigün 2021). A review of studies on the subject revealed that people lived in fear during the pandemic.

Studies evaluating fear of COVID-19 level in Turkey have also shown that people experienced moderate level of fear of COVID-19 (Saricali et al. 2020, Aksoy et al. 2021). Similarly, study conducted in people living in Spain found high level of fear of COVID-19 (Sánchez-Teruel et al. 2021). The study of Lin et al. (2021) compared the level of fear of COVID-19 in 11 countries and found that people in Iran had the highest fear and people in New Zealand had the lowest level of fear. Another study conducted in pregnant women found that pregnant women had moderate level of fear (Naghizadeh & Mirghafourvand 2021). In a study of psychiatrists, the majority reported moderate or higher levels of stress due to the COVID-19 pandemic (Öğütü et al. 2021).

Lack of certainty about the course of the disease, failure to anticipate disease severity and duration, lack of effective treatment, and high death risk for certain populations can lead to anxiety and hopelessness for the future (Saricali et al. 2020, Hacımusalar et al. 2020). In a similar study, Saricali et al. (2020) reported that people who had a high level of fear of COVID-19, had also high level of hopelessness. In study of Lee (2020) found a positive relationship between COVID-19 anxiety and hopelessness. A study conducted in South Africa found that young adults had high levels of hopelessness during the COVID-19 pandemic (Padmanabhanunni & Pretorius 2021). In a study conducted with healthcare workers, people with high level of hope had lower level of fear similar to other studies (Prazeres et al. 2021).

Hopelessness which is the opposite of hope can be defined as having negative expectations and feelings about the future (Beck et al. 1974). People often resorted to spiritual practices to mitigate the despair they experienced during the pandemic (Del Castillo 2021). Spirituality is based on believing in a mighty power, and about the meaning of life, meditation, prayer, compassion, love and values (Kasapoğlu 2020). Spirituality is considered to have a direct relationship with one's well-being (Del Castillo 2021). According to the literature spirituality helps to increase satisfaction in life, well-being and hope and decrease anxiety and depression (Lucchetti et al. 2020). People need spirituality more in this pandemic. Spiritual practices in this period helped people to understand the pandemic and gave them a sense of control and helped to increase level of hope (Kowalczyk et al. 2020). A study conducted with the general population in Brazil found that people who had high spiritual coping skills, had high levels of hope and lower levels of fear and anxiety (Lucchetti et al. 2020). Rababa et al. (2021) found that older people had lower level of spiritual coping skills and thus experienced higher death anxiety during the pandemic. Another study concluded that people with strong spiritual beliefs had reduced level of anxiety during the COVID-19 pandemic (Kasapoğlu 2020).

At the beginning of the pandemic dealing with the effects of COVID-19 on physical health was the priority whereas after achieving some control psychological effects started to be evaluated. Previous studies have shown that the pandemic has caused psychological problems and spirituality could be an important tool to cope with the reality of the pandemic (Ferrell et al. 2020, Del Castillo 2021). However the number of studies on this subject is limited. The objective of this study is to examine the relationship between fear of COVID-19, spirituality and hopelessness in people during the COVID-19 pandemic.

SUBJECTS AND METHODS

Study design and sample

This descriptive and correlational study was done in people living in Turkey. The sample calculation method for an indefinite population ($n=t^2 \cdot \sigma^2/d^2$) was used to find the sample size. The calculation was done by taking the standard deviation of the scales used in the study as reference and the highest value was set to be the sample size. The standard deviation (6.07) of the fear of COVID-19 scale in the study of Bakioğlu et al. (2020) was used and the sample size was set at 566. The study was completed with a total of 628 people lest there would be losses in data. People who were older than 18 years of age and had access to the questionnaire sent from the social media accounts and volunteered to participate in the study were included in the study. People who could not use/did not have social media accounts were excluded.

Collection of data

Since collection of data in person was not possible due to the pandemic, the convenience sampling method was used. Data was collected online with a questionnaire form created with Google Forms between the dates of November 5-December 25, 2020. The study team informed the volunteers about the questionnaire link through social media (Whatsapp, Instagram, Facebook etc.). The volunteers were provided information about the study on the cover page of the questionnaire and informed that participation in the study was voluntary and they could withdraw from the study anytime they wanted. Informed consent was received from every volunteer online. Volunteers filled out the questionnaire only once.

Study data was collected by the researchers using the Personal Information Form (Kasapoğlu 2020, Lucchetti et al. 2020) developed in accordance with the literature, the Fear of COVID-19 scale (FCS), Beck Hopelessness Scale (BHS), and the Intrinsic Spirituality Scale (ISS).

Personal information form

The personal information form consists of 8 questions about sociodemographic characteristics and practices and opinions of the participants during the COVID-19 pandemic (age, gender, marital status, education level, place of residence, presence of chronic diseases, COVID-19 diagnosis, and thoughts about COVID-19 disease).

Fear of COVID-19 scale (FCS)

The Turkish version of the Fear of COVID-19 Scale which was developed by Ahorsu et al (2020) was developed by Bakioğlu et al. (2020). The age range of the scale is wide and it can be used both in university students and adults. All seven items of the scale have positive scores. This is a 5 Likert type scale which ranges between the scores of 1 and 5 (1-I strongly disagree... 5-I strongly agree). The lowest total score is 7 and the highest total score is 35 in the scale and higher scores refer to "higher" level of fear for the COVID-19 pandemic. Cronbach alpha value of the scale was calculated ($\alpha=0.82$) in the validity and reliability study of the Turkish version of the scale (Bakioğlu et al. 2020). In this study Cronbach Alpha value was calculated to be 0.84.

Intrinsic spirituality scale (ISS)

The scale was developed by Kasapoğlu (2020) to evaluate spirituality of people. The scale was designed taken into consideration main parameters of spirituality including believing in a mighty power, meaning and quest, prayer/mediation. The Intrinsic Spirituality Scale is a 7-Likert type scale and consists of 16 items. In this scale, the scores are given between 1 = "I strongly disagree and 7= "I strongly agree". The lowest total

score in the scale is 16 and the highest total score is 112. Higher scores in the scale represent higher intrinsic spirituality levels. Kasapoğlu (2020) calculated the Cronbach Alpha reliability coefficient of the scale to be 0.87, and test-retest value to be 0.84. In this study Cronbach Alpha value was calculated to be 0.97.

Beck hopelessness scale (BHS)

The Beck Hopelessness Scale was developed by Beck et al. in 1974 and aims to measure and evaluate the level of pessimism for future in people. There is no time limit to apply the scale which can be used for children, teenagers and adults alike provided that they are literate. The validity and reliability study of the Turkish version of the "Beck Hopelessness Scale" was done by Seber et al. (1991). Later the scale was further reviewed by Durak (1994) and more detailed information about the scale's validity, reliability and factor structure was obtained. The Beck Hopelessness Scale (BHS) consists of 20 items which have statements of feelings and opinions about the future. The statements that comprise the scale are evaluated under the emotional, motivational and cognitive sub-scales. Feelings about the future are covered with the items no 1, 6, 13, 15, 19; loss of motivation is covered with the items no 2, 3, 9, 11, 12, 16, 17, 20 and expectations are covered with the items no 4, 7, 14, and 18 in the scale. The BHS includes 9 positive and 11 negative true/false statements about the future. For scoring of the BHS which consists of eleven "true" and nine "false" answers according to the scale answer key, "1" point for each correct answer and for "0" point for each incorrect answer is given. The total score represents the "hopelessness" score. The lowest total score in the scale is 0 and the highest total score is 20. Higher scores represent higher level of hopelessness in the person (Durak & Palabıyıköğlü 1994). In this study Cronbach Alpha value was calculated to be 0.88.

Ethical considerations

Permission from the COVID-19 Scientific Research and Evaluation Committee of the Turkish Ministry of Health was obtained to conduct the study (Nu: 2020-10-28T11_51_43). Then ethical approval was obtained from the Non-Medication and Non-Medical Equipment Research Ethics Board of a public university (Nu: 2020-4/1) to conduct the study. The volunteers had to read and approve the informed consent form before filling out the questionnaire. Therefore only volunteered participants were included in the study. Participants were informed that their personal information would be kept confidential and only be used for the study purposes. The questionnaire did not include any question that revealed identity information of the participants. Additionally, permission from the authors who conducted validity and reliability studies of the Turkish version of the scales used in the study was obtained via e-mail.

Statistical evaluation of data

Data obtained in this research was analyzed using the SPSS (Statistical Package For Social Sciences /16.0 for Windows) for Windows 25.0 and AMOS (Analysis of Moment Structures) 23.0 program. "Reliability Analysis" was done to test the reliability of the scales and "Confirmatory Factor Analysis (CFA)" was done to test the structural validity using Amos program. Path analysis and mediation analysis were done based on the model built.

Independent t test for the difference between two independent groups was used to compare quantitative data with normal distribution and one-way variance analysis was used to compare more than two groups. Bonferroni correction t-test was used in the event there was a difference in the variance analysis. Pearson correlation was used to test the relationship between scales. Statistical significance was set at $p < 0.05$ and 95% confidence interval was used in the study.

RESULTS

In the study, 31.1% of the participants were between the ages of 20-29, 68.9% were women, 50.5% were married, 67.8% had a university degree, 73.7% lived in cities, 86.3% had chronic illnesses, 67.4% had been diagnosed with COVID-19 (Table 1).

A statistically significant difference was found between FCS scores based on gender and perception of COVID-19 disease variables ($p < 0.05$). Female participants and those who believed that COVID-19 is a life threatening disease had higher fear of COVID-19 (Table 1).

A statistically significant difference was found between ISS scores of participants based on age, marital status and whether they had any chronic disease ($p < 0.05$). Participants between the ages of 20-29 had lower ISS scores and married participants and participants who had chronic diseases had higher ISS scores (Table 1).

There was a statistically significant difference between the BHS scores of the participants based on age, marital status, education level and place of residence ($p < 0.05$). Participants who were younger than 20 and university graduate had lower BHS scores and participants who were single and lived in cities had higher BHS scores (Table 1).

Descriptive statistics of the scales used in the study are shown in Table 2. Participants had 19.02 ± 5.25 points in the FCS, 96.18 ± 17.57 points in the ISS and 13.13 ± 4.02 points in the BHS (Table 2).

A negative relationship was found between the BHS and FCS scores of the participants ($r = -0.184$, $p < 0.05$) and a positive relationship was found with the ISS score ($r = 0.253$, $p < 0.05$) (Table 3).

Before reviewing the mediation role in the model created in the study, it was evaluated whether the independent variable had an effect on the dependent variable. Fear of COVID-19 was found to have a statistically significant and negative effect on hopelessness ($\beta = -0.232$, $p < 0.05$) (Table 4).

While the effect of the independent variable on the dependent variable was significant, the researchers investigated whether there was a mediator role in this effect. Based on the results of the model, values within

the 95% confidence interval include 0 which shows that there is no mediator role in the model (-0.019, 0.036) (Table 4) (Figure 1).

Table 1. Comparison of scores of participants in the Fear of COVID-19 Scale, Intrinsic Spirituality Scale and Beck Hopelessness Scale based on sociodemographic characteristics

Characteristics	n (%)	Fear of COVID-19 Scale		Intrinsic Spirituality Scale		Beck Hopelessness Scale	
		$\bar{x} \pm SD$	Test Value/p	$\bar{x} \pm SD$	Test Value/p	$\bar{x} \pm SD$	Test Value/p
Age							
20 age below ¹	85 (13.5)	19.26±5.45	0.709	94.95±16.19	4.431	11.72±4.97	7.002
20-29 age ²	195 (31.1)	19.06±5.05	0.586	93.00±16.96	0.002	12.50±4.26	<0.001
30-39 age ³	140 (22.3)	18.89±5.40		95.95±19.28	4>2,	13.58±3.71	3>1, 4>1,
40-49 age ⁴	154 (24.5)	18.64±5.11		99.82±15.95	5>2	14.10±3.21	5>1
50 age and above ⁵	54 (8.6)	19.96±5.67		100.59±16.48		13.65±3.34	
Gender							
Female	433 (68.9)	19.71±4.99	5.023	96.81±15.51	1.213	13.04±4.06	-0.776
Male	195 (31.1)	17.48±5.50	<0.001	95.00±0.77	0.226	13.31±3.92	0.438
Marital Status							
Single	317 (50.5)	19.22±5.38	0.964	99.38±15.70	4.658	13.68±3.54	3.522
Married	311 (49.5)	18.82±5.11	0.335	93.05±18.30	<0.001	12.56±4.39	<0.001
Educational Status							
High school and below ¹	74 (11.8)	18.11±5.77	2.768	99.91±14.62	1.883	13.41±3.33	5.305
University ²	426 (67.8)	18.93±5.25	0.064	95.71±17.88	0.153	12.17±4.17	0.005
Postgraduate ³	128 (20.4)	19.84±4.85		95.92±16.71		12.90±3.72	1>2, 3>2
Place of Residence							
Provincial ¹	463 (73.7)	18.86±5.20	0.852	96.24±17.16	0.774	13.41±3.82	4.803
County ²	125 (19.9)	19.47±5.43	0.427	97.22±16.84	0.461	12.17±4.57	0.009
Village-town ³	40 (6.4)	19.50±5.21		93.30±20.43		12.90±4.05	1>2
Presence of Chronic Diseases							
Yes	86 (13.7)	19.79±5.28	1.466	99.93±13.14	2.128	13.23±3.89	0.261
No	542 (86.3)	18.90±5.24	0.143	95.66±17.83	0.034	13.11±4.04	0.794
Getting a Covid-19 Diagnosis							
Yes	423 (67.4)	19.24±5.30	1.481	96.73±17.03	1.002	13.07±4.13	-0.548
No	205 (32.6)	18.58±5.13	0.139	95.25±17.90	0.317	13.25±3.78	0.584
What Kind of Disease is COVID-19							
Threatening life ¹	483 (33.9)	19.59±5.18	14.887	95.41±18.10	2.915	12.99±4.08	1.848
Exaggerated/like the flu ²	62 (22.0)	16.10±5.46	<0.001	97.50±17.51	0.055	14.00±3.45	0.158
Can be controlled by taking precautions ³	83 (2.1)	17.92±4.61	1>2, 1>3	100.20±10.83		13.30±3.98	

Table 2. Descriptive characteristics of the scales used in the study

Scale and Subscale	Min.	Max.	$\bar{x} \pm SD$	Cronbach α
Fear of COVID-19 Scale	7.00	33.00	19.02±5.25	0.838
Intrinsic Spirituality Scale	22.00	112.00	96.18±17.57	0.966
Feelings and Expectations About the Future	0.00	5.00	3.82±1.45	0.751
Loss of Motivation	0.00	6.00	4.78±1.55	0.741
Hope	0.00	6.00	4.54±1.64	0.720
Beck Hopelessness Scale	0.00	17.00	13.13±4.02	0.876

Table 3. Relationship between the scales used in the study

	Fear of COVID-19 Scale	Intrinsic Spirituality Scale	Beck Hopelessness Scale
Fear of COVID-19 Scale	1.000	0.033**	-0.184**
p	-	0.408	<0.001*
Intrinsic Spirituality Scale		1.000	0.253**
p		-	<0.001*
Beck Hopelessness Scale			1.000
p			-

* p<0.05; ** Pearson correlation

Table 4. Results about the mediation role of intrinsic spirituality in the effect of fear of COVID-19 on hopelessness

Effect	β	Standard Error	t	p	Result
Fear of COVID-19 \rightarrow Beck Hopelessness	-0.232	0.019	-4.835	p<0.05	Acceptance
Direct Effect					
Fear of COVID-19 \rightarrow Intrinsic Spirituality \rightarrow Beck Hopelessness	-0.242	0.019	-5.192	p<0.05	Acceptance
Indirect Effect					
Fear of COVID-19 \rightarrow Intrinsic Spirituality \rightarrow Beck Hopelessness	0.008			(-0.019, 0.036)	Rejection

Fit Indexes: χ^2/df : 3.103; RMSEA: 0.058; GFI: 0.833; AGFI: 0.813; CFI: 0.896; NFI: 0.854; IFI: 0.896; TLI: 0.890; SRMR: 0.048

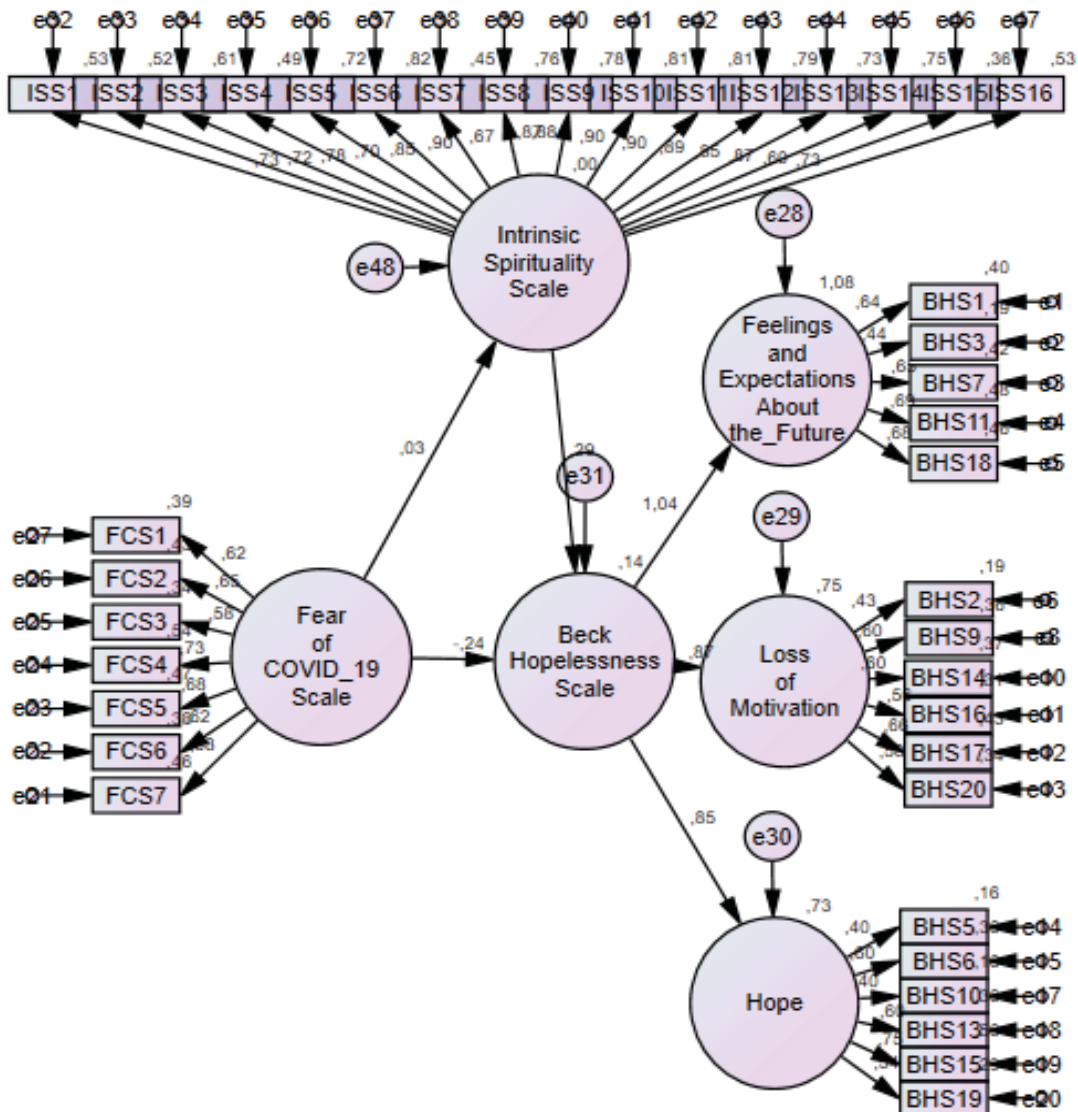


Figure 1. Results about the mediation role of spirituality in the effect of fear of COVID-19 on hopelessness

DISCUSSION

This study evaluated the effect of fear of COVID-19 and intrinsic spirituality on the hopelessness levels of individuals during the pandemic proposing a model with path analysis. The results showed that fear had a significant effect on hopelessness and spirituality did not have a mediator role in this effect.

The findings of the study showed that people experienced moderate level of fear. Similar studies done in Turkey have also shown that people experienced moderate level of fear of COVID-19 (Saricali et al. 2020, Aksoy et al. 2021). Similarly, another studies reported moderate level of fear of COVID-19 (Mistry et al. 2021, De Los Santos et al. 2021). Naghizadeh & Mirghafourvand (2021) found in their study that pregnant women

had moderate level of fear of COVID-19. This study's findings are comparable to our study findings. While it is certain that people have fear due to the COVID-19 pandemic, they experience varying levels of fear (Cori et al. 2021). In their study which they evaluated fear of COVID-19 in Spain, Sánchez-Teruel and Robles-Bello (2021) found that participants had high level of fear. Again another study that compared levels of fear of COVID-19 in 11 countries found that people had moderate and high levels of fear (Lin et al. 2021). Additionally this study found that gender plays a role in fear of COVID-19 and female participants had higher level of fear of COVID-19 than male participants. Similarly in the literature women had higher level of fear of COVID-19. Cori et al. (2021), Karacin et al. (2020), Limcaoco et al. (2020), Aslan and Dinç (2021) found in their studies that women had higher level of fear. Another variable that affected the fear of COVID-19 was the fact that COVID-19 was considered as a life threatening disease. Fast spread of COVID-19 and presumed high death rate of the disease made people perceive it as a serious disease which led to an increase in fear.

The level of hopelessness of the individuals participated in this study was high. Lack of effective treatment options and risk of death led people into hopelessness (Saricali et al. 2020). Studies that investigated hopelessness level during the COVID-19 pandemic found that people had high level of hopelessness similar to the findings of our study (Padmanabhanunni & Pretorius 2021, Gulerce & Maraj 2021). Participants who were single and lived in cities had higher BHS scores. People who lived in cities may have higher level of hopelessness due to crowded places increasing the risk of transmission and single people may have higher level of hopelessness due to the lack of social support as they live alone.

According to this study findings, people's level of spirituality was found to be high. Spirituality is defined as an intrinsic belief system which allows people to have meaning in events of life and used as a coping method in crises that cause anxiety such as a pandemic (Prazeres et al. 2021) When we reviewed the studies on this subject, we found results that support our study findings. In their study, Gulerce and Maraj (2021) similarly found that people had higher level of spirituality. Another study which evaluated spirituality of nurses and doctors during the pandemic found that they had high level of spirituality (Prazeres et al. 2021). Another study that investigated spiritual/religious coping skills of breast cancer patients during the COVID-19 pandemic reported an increase in religious practices (Hamilton et al. 2021). On the other hand there are study findings in the literature which are different from our study findings. In their study, Rababa et al. (2021) found that elderly people had moderate level of spiritual well-being and religious coping skills during the pandemic. Again a similar study found that people had moderate level of spiritual well-being (Arslan & Yıldırım 2021). In addition, in this study, it was found that individuals who are single, older, and have a chronic illness have higher

level of intrinsic spirituality. With increasing age, the incidence of chronic diseases increases and the fear of death develops more in these individuals. In addition, the high rate of deaths due to COVID-19 has increased the fear of death in these people. In the literature, it is reported that the COVID-19 death rate is higher in the elderly and those with chronic diseases (Altın 2020). In addition, it is thought that due to the low responsibilities of single individuals, they spend more time on spiritual practices and choose spiritual practices as a coping method during the pandemic period.

This study found that fear of COVID-19 had an effect on hopelessness level and people with a high fear had low level of hopelessness. When we reviewed previous studies, studies with different findings than our study findings were found. These studies found that people with high level of fear of COVID-19 had high level of hopelessness (Saricali et al. 2020, Prazeres et al. 2021, Lee 2020, Kaplan Serin & Doğan 2021). The reason why our findings are different could be that our study data was collected during the second wave of the pandemic in Turkey. What happened during the first wave showed people that case numbers could be decreased and taken under control when necessary measures are taken. This could reduce hopelessness in people despite experiencing fear. In addition to this, we think that positive developments in vaccines had an effect on the level of hope. Furthermore, the study found that intrinsic spirituality did not play a mediator role to reduce hopelessness in people with fear of COVID-19. Spiritual practices which are directly related with people's well-being are expected to help to increase their level of hope (Lucchetti 2020). In their study, Ungureanu and Sandberg (2010) found that spiritual practices were associated with high level of hope. Similarly in their study Lucchetti (2020) reported that people who had higher level of spiritual coping skills had higher level of hope. The reason why spirituality did not affect hopelessness despite being high in our study could be the vaccination campaign that began in Turkey and globally to end the COVID-19 pandemic. We think that with the production and introduction of vaccines, people start to have more hope in vaccination than intrinsic spirituality. The study of Mayer et al. (2021) supports our belief. This study reported that people who wanted to be vaccinated had higher hopes.

Strengths and Limitations of the study

Focusing on psychosocial behaviour in the community during the COVID-19 pandemic and a relatively large sample of 628 people are the strengths of this study. The findings of the study are limited with the opinions of the people participated in the study. Therefore the study findings cannot be extrapolated. Additionally since study data was collected during the second wave of the pandemic in Turkey and only online questionnaires could be used, this might have affected the study findings.

CONCLUSION

This study found that people experienced moderate level of fear during the pandemic, and had high level of hopelessness and spirituality, that people with high level of fear of COVID-19 had low level of hopelessness and spirituality did not play a mediator role in reducing hopelessness. The findings of this study can contribute to protection of public health by planning in advance any psychosocial intervention for high risk groups during the remaining period of this pandemic and during future pandemics.

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Contribution of individual authors:

Serpil Su: study design, data collection, first draft, approval of the final version, statistical analysis.

Gülden Basit: study design, data collection, approval of the final version.

Kübra Nur Köse Alabay: data collection, first draft.

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