

Ağırca, B., Çakın, E., Güner, H. and Doğan, Ö.N. (2024). Evaluation of the relationship between elderly people's fear of coronavirus and their quality of life from a social work perspective. *Turkish Journal of Applied Social Work*, 7 (2), 111-124. [doi 10.54467/trjasw.1522864](https://doi.org/10.54467/trjasw.1522864)

RESEARCH ARTICLE

Submission: 26/07/2024

Revision: 30/11/2024

Accepted: 15/12/2024

EVALUATION OF THE RELATIONSHIP BETWEEN ELDERLY PEOPLE'S FEAR OF CORONAVIRUS AND THEIR QUALITY OF LIFE FROM A SOCIAL WORK PERSPECTIVE

Yaşlıların Koronavirüs Korkularının Yaşam Kaliteleri ile İlişkinin
Sosyal Hizmet Perspektifinden Değerlendirilmesi

Beyza AĞIRCAN¹ 

Ecem ÇAKIN²

Hilal GÜNER³

Özge Nur DOĞAN⁴

¹ PhD Student, Istanbul University-Cerrahpaşa, [✉ beyzaagircan4@gmail.com](mailto:beyzaagircan4@gmail.com), [ID 0000-0003-3859-3940](https://orcid.org/0000-0003-3859-3940)

¹ PhD Student, Istanbul University-Cerrahpaşa, [✉ cakinecem11@gmail.com](mailto:cakinecem11@gmail.com), [ID 0000-0002-3731-1190](https://orcid.org/0000-0002-3731-1190)

¹ PhD Student, Istanbul University-Cerrahpaşa, [✉ hilal_guner_99@hotmail.com](mailto:hilal_guner_99@hotmail.com), [ID 0000-0001-9860-5849](https://orcid.org/0000-0001-9860-5849)

¹ PhD Student, Istanbul University-Cerrahpaşa, [✉ o.nur.dgn@hotmail.com](mailto:o.nur.dgn@hotmail.com), [ID 0000-0002-2068-8784](https://orcid.org/0000-0002-2068-8784)

ABSTRACT

In 2019, the World Health Organization declared the outbreak of the coronavirus a pandemic, leading to global preventive measures. These measures significantly changed people's lives, and the fear of coronavirus affected their quality of life. It was hypothesized that there might be a relationship between the quality of life and the fear of coronavirus, particularly among disadvantaged groups. This study investigates the relationship between the fear of coronavirus and the quality of life of elderly individuals. The study utilized the Quality of Life Scale, the Coronavirus Fear Scale, and a socio-demographic data form for elderly individuals. Interviews were conducted with 409 people, and after excluding invalid and incomplete responses, data from 386 individuals were analyzed. The data were analyzed using IBM SPSS Statistics 25 software, employing frequency, factor, reliability analyses, and testing hypotheses with correlation and multiple regression analyses. The findings are detailed in the results section and discussed in light of the existing literature. According to the findings, there is a significant negative relationship between the fear of coronavirus and quality of life. As the participants' fear of coronavirus increased, their quality of life decreased. There was no significant relationship between the fear of coronavirus and factors such as gender, institutional care services for the elderly, and income status. The study concluded that the quality of life of the elderly negatively impacts their fear of coronavirus. To increase social interactions that have decreased due to the pandemic, online activities, hobby groups, and virtual communities should be encouraged. These approaches are believed to help reduce social isolation among elderly individuals. The quality of institutional care services should be

improved, and the role of these services in reducing the fear of coronavirus among elderly individuals should be considered. These campaigns can help better understand and meet the needs of elderly individuals. The use of mixed research methods is believed to contribute to a deeper understanding of the fears and anxieties related to the coronavirus among elderly individuals.

Keywords: Fear of coronavirus, social work perspective, quality of life, old age

ÖZ

2019 yılında ortaya çıkan korona virüsü ile Dünya Sağlık Örgütü pandemi ilan etmiş olup dünya çapında önlemler alınmıştır. Alınan önlemlerle birlikte insanların hayatı büyük oranda değişmiş olup koronavirüsü korkusu, insanların yaşam kalitelerini etkilemiştir. Özellikle dezavantajlı gruplarda yaşam kalitesi ile korona virüsü korkusu arasında ilişki olabileceği düşünülmüş olup bu araştırmada yaşlı bireylerin korona virüsü korkuları ile yaşam kaliteleri arasındaki ilişki incelenmiştir. Çalışmada yaşlı bireylerin yaşam kalitesi ölçeği, korona virüsü korkusu ölçeği ve sosyodemografik veri formu kullanılmıştır. 409 kişi ile görüşme yapılmış olup geçersiz ve eksik yanıtların çıkarılması ile 386 kişinin verileri analiz edilmiştir. Veriler IBM SPSS Statistics 25 paket programı ile analiz edilmiş olup, frekans, faktör, güvenilirlik analizleri ile hipotezleri test etmek için korelasyon ve çoklu regresyon analizleri yapılmıştır. Ulaşılan sonuçlara bulgular kısmında detaylı olarak yer verilmiş olup mevcut literatür ışığında tartışılmıştır. Mevcut çalışmada elde edilen bulgulara göre koronavirüsü korkusu ile yaşam kalitesi arasında negatif yönde anlamlı bir ilişki olduğu doğrulanmaktadır. Katılımcıların koronavirüsü korkuları arttıkça yaşam kalitelerinde azalma görülmektedir. Koronavirüsü korkusu ile cinsiyet, yaşlıların kurum bakım hizmeti almaları ve gelir durumu faktörleri arasında anlamlı bir ilişki olmadığı görülmektedir. Yaşlıların yaşam kalitesi, koronavirüsü korkusunu negatif yönde anlamlı olarak etkilediği çalışma sonucunda tespit edilmiştir. Pandemi nedeniyle azalan sosyal etkileşimlerin artırılması amacıyla çevrimiçi etkinlikler, hobi grupları ve sanal toplulukların teşvik edilmesi gerekmektedir. Bu yaklaşımların, yaşlı bireylerin sosyal izolasyonunu azaltmaya yardımcı olacağı düşünülmektedir. Kurumsal bakım hizmetlerinin kalitesi artırılmalı ve bu hizmetlerin sağladığı güven duygusunun, yaşlı bireylerin koronavirüsü korkusunu azaltmadaki rolü dikkate alınmalıdır. Koronavirüsün yaşlılar üzerindeki etkileri hakkında toplum genelinde farkındalığı artırmak amacıyla kampanyalar düzenlenmelidir. Karma araştırma yöntemlerinin kullanılması, yaşlı bireylerin koronavirüsle ilgili korku ve kaygılarının daha derinlemesine anlaşılmasına katkı sağlayacaktır.

Anahtar Kelimeler: Korona virüsü korkusu, sosyal hizmet perspektifi, yaşam kalitesi, yaşlılık

1. INTRODUCTION

Human history has witnessed various epidemics, both mild and severe (Nadeem, 2020). These epidemics have led to changes in many structures within society, causing social, political, economic, and cultural transformations. The Covid-19 virus, which emerged in China in 2019, quickly spread worldwide and was declared a pandemic by the World Health Organization (WHO) (Shigemura, 2020). The Covid-19 virus is a deadly virus that can cause severe acute respiratory diseases (Zhou, 2020). The Covid-19 pandemic has become a global and social problem, changing people's behaviors, lifestyles, and habits (Dursun and Akbas, 2020). During the ongoing Covid-19 process, measures such as social distancing, curfews, quarantine, travel restrictions, remote work, and distance education have become part of our daily lives (Zainab et al., 2020).

The uncertainty experienced is one of the most challenging psychological conditions to cope with during the pandemic (Brief, 2004). This uncertainty brings about anxiety, sadness, anger, and fear (Ahorsu, 2020). Fear is defined as an unwanted situation where a person feels their safety is threatened and needs to be in a defensive state (Hoog et al., 2008). The fear of no significant relationship was found in the income status variable is explained by the virus's invisibility, transmission speed, the

replacement of daily activities with home confinement, death news, and other phenomena brought about by the process (Avsar, 2020). As research on this newly encountered disease continues, the rapid transmission of the disease, daily reports of infected and deceased individuals, and the unstoppable rise in the number of deaths have led to panic, fear, and anxiety (Altın, 2020). Although the probability of transmission of the virus seems equal for everyone, it is now known that its lethal effect increases proportionally with age (Cobanoğlu, 2020). Individuals aged 65 and over and those with underlying serious illnesses are particularly vulnerable to the disease (Zainab et al., 2020). Data worldwide show that 80% of deaths due to coronavirus in China, where the pandemic started, were among individuals aged 60 and over. WHO data also show that other countries are similarly affected, with 95% of coronavirus-related deaths in European countries being among individuals aged 60 and over (United Nations, 2020). Additionally, individuals over 80 are at a higher risk of facing adverse outcomes, with a death rate five times higher than the global average (WHO, 2020). In Europe, more than 95% of deaths due to COVID-19 and almost 80% in China involve people over 60 (WHO, 2020). In the USA, 80% of deaths are among individuals aged 65 and over (Bialek, 2020).

1.1. Quality of Life of the Elderly

Quality of life can be defined as “a concept that shows personal attitudes towards diseases and the physical, mental, and sociological effects of daily life, affecting personal satisfaction within possibilities” (Akdeniz, 1999). The quality of life of the elderly is shaped by factors such as marital status, gender, health status, education, economic status, living arrangements, bad habits, and access to health services (Alexandre, 2009).

The aging phase is a phenomenon with various aspects that cannot be explained solely by calendar age, including physiological and psychosocial aspects based on the changes individuals undergo during their aging phases (Emiroglu, 1995). Physiological and biological aging corresponds to changes in individuals’ physiologies according to processes. Additionally, these aging signs begin to appear before the differences in individuals’ psychosocial conditions during the aging phase (Arpacı, 2005). Psychological aging, related to the age individuals feel rather than their calendar age, includes the extent to which individuals cognitively adapt to their age and the biological changes that come with it. The psychosocial aspect of the aging process corresponds to the adaptation abilities to aging process problems such as inadequacy in workforce participation, loss of family members, and adverse effects in current living conditions (Senturk, 2018).

The inability to socialize due to measures taken worldwide during the Covid-19 pandemic has made the current situation even more challenging. It has been determined that individuals in the aging phase live individually and are isolated due to various reasons such as being disconnected from work life, losing family members or having them move away, and experiencing health problems. The pandemic process and the accompanying measures have made these problems more visible and in-

creased them. The increasing social isolation is thought to cause health problems such as depression and anxiety as this period extends (Howell et al., 2020).

1.2. Examination of the Impact Levels of Covid-19 on the Elderly from a Social Work Perspective

Aging causes many changes in the biological structures of individuals; during this period, neurons in the brain decrease, the musculoskeletal structure weakens day by day, and functional decline occurs in the digestive, circulatory, and other systems. These physiological changes, which continue for years, can lead to chronic diseases. All these make elderly individuals more susceptible to infections (Peeri et al., 2020). The older the age, the higher the severity of diseases.

Social inequalities can cause the most needy groups to be disadvantaged in accessing health services. These vulnerable groups are more at risk of undesirable outcomes of the Covid-19 pandemic. The pandemic process has deepened existing social inequalities. Among elderly individuals, being a woman, a refugee, disabled, living alone, or having a chronic illness are factors that further sharpen the distinction (Altın, 2020). During the pandemic, elderly individuals, who constitute a high-risk group and are frequently emphasized by states due to the transmission speed, have been directly and indirectly stigmatized and discriminated against at certain times and especially in some regions. It is important to create measures such as isolation in a way that does not lead to discrimination and stigmatization of elderly individuals. Because this process also brings the necessity to cope with psychological difficulties such as loneliness, anxiety, and fear caused by the anxiety and confinement brought about by pandemic conditions. The regions most affected by the epidemic are known to be related to factors such as age, gender, working conditions, discrimination, unemployment, poverty, access to clean water, food, housing, and a healthy environment; livelihood, and education, which are social determinants of health, and the measures taken aim to be regulated within this framework (Ulman, 2020). The rules determined by countries regarding the virus have varied (Akpınar and Ustun, 2020). Our country has followed a policy that observes gradual changes by following developments worldwide. With the new pandemic life order that has changed and transformed our entire lifestyle, some social restrictions have also been applied in our country and worldwide. Restrictions have varied according to age. For example, individuals aged 65 and over and those with chronic illnesses have been restricted from leaving their residences and walking in open areas such as parks and gardens. These measures and restrictions have brought psychological, economic, physiological, and social consequences for the elderly.

1.3. Research Question

Is there a relationship between the fear of coronavirus and the quality of life of the elderly (individuals aged 60 and over)?

1.4. Hypotheses of the Study

H1: There is a significant relationship between the fear of coronavirus and the quality of life of the elderly.

H2: There is significant relationship between the gender of the elderly and their fear of coronavirus.

H3: There is a significant relationship between the elderly receiving institutional care services and their fear of coronavirus and quality of life.

2. METHOD

The quantitative research design was used in the study. This research design requires the collection and expression of quantitative data numerically (Buyukozturk et al., 2013). This study is a quantitative research and used the cross-sectional model, which is among the sub-survey models of quantitative research methods. The cross-sectional research design allows the examination of individuals with different characteristics at the same time in terms of certain characteristics (Fraenkel and Wallen, 2003). Since the study aims to determine the current situation, the relational survey model, which is among the sub-survey models, was applied. In accordance with this model, the status and dimensions of the relationships between dependent and independent variables were tried to be revealed (Crano and Brewer, 2002).

2.1. Population and Sample Selection of the Study

The sample of the study consists of individuals aged 60 and over in our country during the coronavirus process, determined using criterion sampling, which is among the non-random purposive sampling methods. The main idea in the criterion sampling method is to study all cases that meet a predetermined set of criteria (Yıldırım and Simsek, 2011). The total number of individuals living in different provinces and within or outside the relevant institution is 409. The individuals aged 60 and over included in the study do not have any cognitive, mental, and/or psychological illnesses. Participation in the study is entirely voluntary. Considering the accessibility of the population, individuals who could be reached on the specified dates were included in the research group and the application was carried out. In the application, 23 survey forms were filled out incompletely and inappropriately, so these forms were excluded, and the obtained 386 samples were included in the study.

According to the World Health Organization (WHO), early old age starts at 65 (WHO, 2017), and individuals aged 60 and over are accepted for institutional care services according to the Regulation on Nursing Homes and Elderly Care Centers and the Regulation on Private Nursing Homes and Elderly Care Centers (T.C. Official Gazette, 2008). Therefore, and due to the difficulty of accessing healthy individuals over the age of 65, it was deemed appropriate to collect data from individuals aged 60 and over.

2.2. Data Collection Tools

In the research process, the survey technique was used. The survey form used in the study consists of three sections. The first section of the survey form includes a socio-demographic data form with information such as the participants' age, gender, marital status, and current living conditions. The necessary explanations and the voluntary participation form included in the survey were explained to the relevant individuals by the researchers. The survey included demographic questions, the Short Form of the Elderly Quality of Life Scale, and the Covid-19 Fear Scale.

Elderly Quality of Life Scale's KMO value is ,933 and Cronbach's alpha value is ,952. Coronavirus Fear Scale's KMO value is ,883 and Cronbach's alpha value is ,934.

2.2.1. Short Form of the Elderly Quality of Life Scale

The Elderly Quality of Life Summary Scale form, validated in Turkish by Caliskan et al., is a 5-point Likert-type form consisting of 14 questions, including a preliminary question. The study conducted with 138 patients at Hacettepe University Hospital Geriatrics Clinic found the Cronbach's alpha value to be 0.876. Repeated reliability analysis and correlation coefficient evaluation showed a strong and significant correlation ($r = 0.763$, $p < 0.001$). The question not included in the scoring of the scale is: "When you think about the good and bad things that make up your quality of life, how would you rate your overall quality of life?"

While performing factor analysis, Short Form of the Elderly Quality of Life Scale divided the scale into two factors. However, the items shifted to two factors were ignored because there was a difference of more than 50 points between the two factors. When forced to be a single factor, the scale successfully becomes a single factor.

In our current study, the KMO value of the short form of the Elderly Quality of Life Scale was calculated as 0.933 as a result of factor analysis. According to Caliskan et al., the first item of the scale is not included in the scoring. Therefore, the same method was followed in the current study.

2.2.2. Coronavirus Fear Scale

The scale used to measure the mental and physical effects of the coronavirus pandemic on elderly individuals and their levels of fear related to Covid-19 was developed by Ahorsu et al., 2020. The items of the scale were created based on a comprehensive review of scales on fear, expert evaluations, and participant interviews. The scale has a single-factor structure and consists of seven items in a five-point Likert type (1 = Strongly disagree; 5 = Strongly agree). There are no reverse-scored items in the scale. The internal consistency of the scale was found to be 0.82, and the test-retest reliability was 0.72. A high score on the scale indicates a high level of fear of Covid-19.

The reliability of the Coronavirus Fear Scale was examined, and the Cronbach's alpha internal consistency coefficient was found to be 0.86. The Guttman Split Half coefficient, which examines the consistency between the two halves of the scale, was calculated as 0.82.

The Turkish adaptation of the scale was conducted by Artan and colleagues in 2021, ensuring its validity and reliability (Artan et al., 2020).

2.3. Data Analysis

The data obtained from the research were first transferred to a computer environment, checked, and corrected for errors. Statistical analyses were performed on the computer, and the data were analyzed using the SPSS 25 program. To test the hypotheses, frequency, factor analyses, reliability analysis, correlation, mean and standard deviation analyses, and multiple regression analyses were conducted.

When performing factor analysis, three criteria are generally used to exclude items that do not measure the same construct. Items should have high load values on a single factor while having low load values on other factors. Although it is debated how much difference between the load value of an item on the factor it shows high load and the second factor can be ignored, it is recommended that the difference between the two high values be at least .10. Thus, in a multi-factor structure, an item with high load values on more than one factor will be defined as an overlapping item, and its removal from the scale can be considered (Buyukozturk, 2019). In the Short Form of the Elderly Quality of Life Scale, there are items with high load values on two different factors. However, since there is a difference of more than 50 points between the two factors for the items that shift to two factors, this was ignored.

2.4. Data Collection

The data required for the research were collected through a survey conducted between 01.03.2022 and 31.05.2022. Considering the age group of the individuals constituting the research population, the necessary explanations included in the survey were read and explained to the participants. The research data were collected between March and May 2022, and the process was concluded upon reaching the ideal sample size during this period.

Written permission was obtained from the Istanbul University-Cerrahpasa Ethics Committee for the collection of data. Before the application, the purpose of the research was explained to the individuals who would participate in the study, and their verbal consent was obtained. This study was conducted with written ethics committee approval, in accordance with scientific research ethics, and with the informed consent and voluntary participation of the participants.

2.5. Limitations of the Study

The limitations of the study include the fact that only 84 participants received institutional care services, the high number of female participants, the elderly participants living in different cities, the limited data collection period, and the study being conducted after the implementation of COVID-19 vaccinations.

3. FINDINGS

Sociodemographic Characteristics: The participants consist of 259 women and 127 men. The average age of the participants was 69. The sociodemographic characteristics of the participants are shown in Table 1.

Table 1. Demographic Information of Participants

Gender	f	%
Female	259	67,1
Male	127	32,9
Marital Status		
Married	202	52,3
Single	29	7,5
Widowed	118	30,6
Children		
Yes	344	89,1
No	42	10,9
Staying in a nursing home?		
Yes	84	21,8
No	302	78,2
Total	386	100

3.1. Correlation Analyses

Correlation analysis was conducted to test the first, second, and fourth hypotheses of our research.

H1: There is a significant relationship between the fear of coronavirus and the quality of life of the elderly.

H2: There is significant relationship between the gender of the elderly and their fear of coronavirus.

H3: There is a significant relationship between the elderly receiving institutional care services and their fear of coronavirus and quality of life.

The correlation, mean, and standard deviation data analyzed are shown in Table 2.

Table 2. Correlation Analyses

Variables	1	2	3	4
1-EQL	1	-,171**	-,066	,163**
2-CF	-,171**	1	-,075	-,097
M	3,3204	2,5015	,3290	,7824
SD	1,00463	1,06583	,47047	,41316

Note: EQL = Elderly Quality of Life Scale Short Form, CF = Coronavirus Fear Scale, ICS = Institutional Care Service.

P<0,01

When examining the data in the table, it is seen that there is a significant and negative relationship between the fear of coronavirus and quality of life ($r=-0.171$, $p<0.01$). According to the obtained results, hypotheses H1 is accepted.

3.2. Multiple Regression Analysis

To test the third hypothesis of our research, a multiple regression analysis was conducted to measure the effect of variables on each other, and the data are shown in Table 3. H3: There is a significant relationship between the elderly receiving institutional care services and their fear of coronavirus and quality of life.

Table 3. Multiple Regression Analysis

Variables	B	SE	t	Sig.
Constant	2,802	,129	21,759	,000
Gender	-,215	,117	-1,845	,066
ICS	-,294	,133	-2,215	,027
EQL	-,169	,054	-3,137	,002
R2	,018			

According to the analysis results, there is a negative but not significant relationship between gender and fear of coronavirus ($B = -.215$, $P>.05$). Based on this result, hypothesis H2 was rejected. In addition, the analysis shows that there is a negative but significant relationship between living in a nursing home and fear of coronavirus and quality of life in the elderly. Based on this result, hypothesis H3 was accepted.

4. DISCUSSION AND CONCLUSION

The first issue examined in the current study, conducted with 386 participants, is the relationship between the fear of coronavirus and quality of life. Quality of life is defined as the individual's perception of their own life within the scope of cultural values, goals, expectations, standards, and areas of interest (WHO, 1993). Quality of life can be positively and negatively affected by many factors. For example, a person's age, salary, and gender are some of the factors that affect quality of life (Sahin and Emiroglu, 2014). One of the factors affecting quality of life is the coronavirus. According to the findings of the current study, there is a significant negative relationship between the fear of coronavirus and quality of life. In other words, as participants' fear of coronavirus increases, their quality of life decreases. The literature also includes studies supporting our hypothesis. In a study conducted with 494 participants living in Poland and Germany, it was found that quality of life is affected by the risk of coronavirus, and elderly individuals are more optimistic about the risk of coronavirus compared to younger individuals (Bidzan-Bluma et al., 2020). Another study conducted in Portugal examining the quality of life during the Covid-19 quarantine found that individuals aged 60 and over had higher levels of anxiety during the pandemic compared to other participants (Ferreira et al., 2021). In another

study conducted in Turkey, which examined the effect of Covid-19 fear on the quality of life of the elderly with loneliness as a mediating variable, a significant relationship was found between the variables, indicating that the fear of coronavirus affects the quality of life of the elderly (Altay and Arisoy, 2022). Another point addressed in the current study is whether there is a relationship between gender and the fear of coronavirus in individuals aged 60 and over. According to the literature, a study conducted with 616 participants aged 18-95 shows that the fear of coronavirus varies by gender. The findings indicate that women have a greater fear of coronavirus than men (Arisoy and Cay, 2021). Similarly, a study conducted in Cuba with 722 participants shows that, on average, male participants experience significantly less fear of coronavirus compared to female participants (Broche et al., 2020). Research results showing that women have higher levels of anxiety and worry also support this situation (Limcaoco et al., 2020). However, in the current study, no significant relationship was found between the fear of coronavirus and gender. One of the main reasons for this result, contrary to the literature, could be that previous studies were conducted when the coronavirus pandemic had just begun to spread, while our research was conducted only with individuals aged 60 and over. With the recent adaptation to the new normal, the discovery of the vaccine, the relaxation and reduction of restrictions, and the news being less alarming compared to the early days of the coronavirus, it is thought that the levels of anxiety and worry experienced by women may have been reduced to the level of anxiety experienced by men.

In our current research, when examining the relationship between elderly individuals receiving institutional care services and their fear of coronavirus, it was found that there is no significant relationship. When the literature is examined, a study conducted with individuals aged 50 and over in Hungary states that nursing homes play an important role as clustering points of the pandemic, and this situation is repeatedly supported by various media sources worldwide (Kemenesi et al., 2020). Similarly, a study conducted with elderly individuals aged 65 to 94 living in nursing homes in Turkey found that the elderly have a moderate level of fear of coronavirus, which is thought to be because elderly individuals receiving institutional care services are more aware of the coronavirus (Savcı et al., 2021). As these two contrasting situations show, our hypothesis is supported.

Another topic addressed in the study is how the income status and quality of life of the elderly affect their fear of coronavirus. According to the findings obtained from the analyses, while the quality of life of the elderly significantly and negatively affects their fear of coronavirus, no significant relationship was found for the income status variable. When the existing literature is examined, it is seen that many sectors, such as the service, tourism, and food and beverage sectors, were severely affected during the lockdowns and voluntary social distancing measures implemented throughout the pandemic (Hoque et al., 2020). Considering that many sectors were adversely affected to this extent, it is inevitable that state revenue sources could also be negatively impacted, and there are studies supporting that communities with high living costs were disproportionately affected by the pandemic.

Additionally, a study conducted in 2020 explains the challenges that emerged due to the impact of the coronavirus and need to be mitigated from the perspective of elderly individuals. This study evaluates the impact of the coronavirus on elderly individuals under three headings: economic effects, health and well-being effects, and ageism, racism, and classism. It also mentions that it will be more difficult for older adults to re-enter the workforce and that older adults have lost their retirement savings (Howell et al., 2020). It is thought that these economic difficulties faced could negatively affect the fear of coronavirus among the elderly.

In conclusion, the coronavirus has significantly affected both disadvantaged and non-disadvantaged individuals, groups, and societies. In our current study, the relationship between the quality of life of the elderly and their fear of coronavirus, the effect of their income status on their quality of life and fear of coronavirus, the relationship between receiving institutional care services and their fear of coronavirus and quality of life, and the relationship between their gender and fear of coronavirus were examined, and our findings were discussed in light of the existing literature. It is aimed that our research will contribute to the existing literature and provide theoretical support to the practices of professionals working with the elderly. It is thought that using both quantitative and qualitative research methods to conduct mixed research will be more beneficial for future studies to examine the topic in more detail and depth.

Psychosocial Support: Regular psychosocial support programs should be established to support the psychological health of elderly individuals. These programs may include individual and group therapies aimed at reducing levels of fear and anxiety.

Strengthening Social Relationships: To increase social interactions that have diminished due to the pandemic, online activities, hobby groups, and virtual communities should be encouraged. This can help reduce social isolation among elderly individuals.

Improvement of Institutional Care Services: The quality of institutional care services should be enhanced, and the role of these services in reducing the fear of coronavirus among the elderly should be recognized.

Public Awareness Campaigns: Campaigns should be organized to raise public awareness about the impact of the coronavirus on the elderly. This can help better understand and meet the needs of elderly individuals.

Hybrid Research Methods: The use of mixed research methods can help to gain a deeper understanding of the fears and anxieties related to the coronavirus among elderly individuals. This is important for providing comprehensive data for future studies.

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