TURKSOSBİLDER
Uluslararası Türk Kültür Coğrafyasında Sosyal Bilimler Dergisi

Analysis of the Relationship Between Coronaphobia, Health Anxiety, and Life Satisfaction

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ÖZ

Bu çalışmanın amacı koronafobi, yaşam doyumu ve sağlık anksiyetesi arasındaki ilişkinin incelenmesidir. Araştırmanın çalışma grubu 330 (270 kadın (%81.8)/ 60 (%18.2) erkek) katılımcıdan oluşmaktadır. Araştırmada veri toplama aracı olarak Sosyo-demografik Veri Formu, Yaşam Doyum Ölçeği**,** COVID-19 Fobi Ölçeği ve Sağlık Anksiyetesi Ölçeği kullanılmıştır. Veriler basit seçkisiz yöntem kullanılarak elde edilmiştir. Verilerin analizinde t-testi, Pearson korelasyon analizi ve Çoklu doğrusal regresyon analizi kullanılmıştır. Araştırma sonuçlarına göre koronafobi ve sağlık anksiyetesi arasında pozitif yönde anlamlı bir ilişki varken, yaşam doyum ile koronafobi ve sağlık anksiyetesi arasında negatif yönde anlamlı bir ilişki olduğu bulunmuştur. Ayrıca, sağlık anksiyetesi ölçeğinin bedensel belirtilere aşırı duyarlılık alt boyutu ve covid-19 fobisi ölçeğinin somatic ve psikolojik alt boyutları sırasıyla yaşam doyumunun yordayıcıları olarak bulunmuştur.Cinsiyet değişkenine göre koronafobi ve sağlık anksiyetesi arasında anlamlı bir fark bulunurken, yaşamdoyumu ile ilgili anlamlı bir fark bulunmamıştır.

Anahtar kelimeler: Koronafobi, Sağlık anksiyetesi, Yaşam doyumu, Covid-19, Pandemi

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Abstract

This study is aimed to examine the relationship between corona phobia, life satisfaction and health anxiety. The sample of the study consists of totally 330 (299 women 81.8%) / 73 (18.2%) men) participants. Sociodemographic Data Sheet, Life Satisfaction Scale, COVID-19 Phobia Scale, Health Anxiety Scale were used as data collection tool. For the application of data collection tools, simple random sampling method was administrated. To analyse the obtained data, the t-test, Pearson correlation analysis and Multiple linear regression analysis were conducted. According to the findings, it was found that there was a positive relationship between the levels of corona phobia and health anxiety, and a negative relationship between the life satisfaction level, corona phobia and health anxiety. Also, hypersensitivity to physical symptoms subscale of the health anxiety scale and somatic and psychological subscales of the covid-19 phobia scale are the predictor of the life satisfaction, respectively. Regarding the gender variable, it was found that there was a significant difference for corona phobia and health anxiety while there was not a significant difference for life satisfaction level.

Key words: Coronaphobia, healt anxiety, life satisfaction, Covid-19, Pandemic

1. Introduction

The COVID-19 pandemic, one of the biggest health crises in recent years, first appeared in Wuhan, China in 2019. The pandemic turned into a global crisis by spreading to many countries in a very short time and adversely affected the lives of people to a great extent(Garfin et al., 2020). In 2020, the World Health Organization declared the COVID-19 pandemic a "public health emergency of international concern" (WHO, 2020). As in many countries, restrictions have been imposed in Turkey in varied areas of life (travel, education, quarantine, etc.) to keep the pandemic under control as people are getting vaccinated. The pandemic of COVID-19, which is a novel disease, has led to some consequences in the areas of social life, economy, politics, and most importantly, in health, and it has been stated that it started as an epidemic and turned into a pandemic because the world was not prepared for this disease with a high infection rate, and the measures were taken late (Üstün and Özçiftçi, 2020). There is no doubt that the COVID-19 pandemic will negatively affect the psychological wellbeing of individuals, like the AIDS, SARS, and MERS epidemics did before (Akat and Karataş, 2020:4). In a study conducted in China, it was observed that the COVID-19 pandemic has led to an increase in the anxiety levels of people (Hu et al., 2020). According to another study, people experienced psychological problems such as irritability, anxiety, fear of getting infected, and depression at different levels, since the pandemic affected people's daily lives to a great extent and it still does, and it was revealed that these problems were similar to the psychological problems found as a result of the studies conducted during the previous epidemics (Wang et al., 2020).

Anxiety can be defined as the uneasiness or irrational fear that is the reflection of the fear occurring in face of a danger (Manav, 2011). Health anxiety, on the other hand, is a psychological condition that triggers physical and mental symptoms of anxiety in a person as a result of thinking that there is a health threat (Özdelikara et al., 2018). Each person may feel anxiety about health when necessary. It has been stated that this normal level of anxiety and fear is necessary to cope with health threats, but the excess of these feelings makes people unhappier (Dilbaz et al., 2020). People who experience health anxiety may think that they are sick and self-diagnose their physiological symptoms and feelings inaccurately, and as a result, their decision-making ability may deteriorate (Asmundson and Taylor, 2020). According to another study, people's perception of control over the coronavirus

pandemic was affected by their education level and age, as well as health anxiety levels (Ekiz et al., 2020). Individuals with a high level of health anxiety may have maladjusted safety behaviors such as excessive hand washing, not leaving the house, and stocking up on tools such as cologne, mask, and hand disinfectant because of the pandemic (Asmundson and Taylor, 2020).

Arpaci (2021) emphasizes that the definition of phobia is the exaggerated fear response against an object or event that arouses anxiety or fear. Specific phobias are examined under five headings in the DSM-5 guideline: Animal, Natural Environment, Blood-Injection-Injury, Situational, and Other (DSM-5, 2014). In addition to biological and physiological reasons, environmental problems may also cause specific phobias. For this reason, major outbreaks like COVID-19 pandemic can be considered an environmental trigger for a phobia, and it is stated that individuals may have disproportionate cognitive, physiological, and emotional reactions to the objects or situations they associate with COVID-19 (Arpacı et al., 2020). It has been suggested that many emotional events and situations such as decreased psychological resilience, intolerance to uncertainty, and exaggerated anxiety during COVID-19 pandemic can be called coronaphobia (Taylor et al., 2020). According to the data from 227 people in a study conducted in the United States, there is a statistically significant positive relationship between coronaphobia and anxiety, and it was seen that some people avoided hospitals out of fear of getting infected with the coronavirus even when they were ill, or stocked up on food and drinks as a result of anxiety that the resources would run out (Arpacı et al., 2021).

One of the main indicators that people enjoy their lives is life satisfaction (Dağlı and Baysal, 2016). When we look at the positive psychology literature, there are 3 factors in subjective well-being, which is often defined as happiness. These are positive feelings, negative feelings, and life satisfaction. Life satisfaction completes the cognitive and judgmental aspects of subjective well-being (Diener et al., 1985). Many factors have an effect on life satisfaction such as the feeling of competence in reaching goals, feeling good materially and spiritually, good social relations, and feeling psychologically strong (Dağlı and Baysal, 2016). With the COVID-19 pandemic, the fear of getting sick and panicking, social isolation during quarantine periods, and loss of income made many people psychologically tired (Baykal, 2020).

The purpose of this study is to examine the relationship between individuals' coronavirus phobia and health anxiety levels and their life satisfaction levels. It is predicted that, as a result of the study, a positive relationship will be found between coronavirus phobia and health anxiety, a negative relationship will be found between these two variables and life satisfaction, and the coronavirus phobia and health anxiety levels of women will be found higher compared to men.

2. METHOD

2.1 Research Model

The research was designed in the relational screening model, each participant signed an informed consent form before the data collection stage. Data were collected online.

2.2. Participants

348 people over the age of 18 from three cities in the Aegean and Marmara region participated in this research. 80.4% (n=299) of the participants were female, and 19.6% (n=73) were male. The education level of 55.9% (n=208) of the participants was undergraduate, 25.3% (n=94) was high school, 15.6% (n=58) was postgraduate, and 3.2% (n=12) was primary education. The demographic information of the participants as follows:

Table 1. *Demographic Characteristics of the Participants*

		N	%
Gender	Female	270	81.8
	Male	60	18.2
	Total	330	100.0
Education Level	Primary Education	12	3.6
	High School	85	25.8
	Undergraduate	181	54.8
	Postgraduate	52	15.8
	Total	330	100.0

Table 2. *Descriptive Statistics on the Age of the Participants*

	n	Min.	Max.	$\bar{X}$	Std. Dev.
Age	330	18	59	36	11

The average age of the participants is *($\bar{X}$=36, SD=11)*, the youngest participant is 18 and the oldest is 59 years old.

2.3 Data Collection Tools

2.3.1. Sociodemographic Data Form

It is a form consisting of questions regarding gender, age, and education level. It was prepared by the researchers.

2.3.2. Life Satisfaction Scale

The Turkish translation, validity, and reliability study of the Life Satisfaction Scale (LSS) developed by Diener, Emmons, Larsen, and Griffin (1985) was carried out by Dağlı and Baysal (2016). It is a single-factor scale consisting of a total of five items, originally in English. In order to test the consistency between the scores of the English and Turkish versions, the Pearson Product-Moment Correlation Coefficient was calculated and found to be 0.92. Moreover, Cronbach's Alpha internal consistency coefficient of the scale was found to be 0.88, and the test-retest reliability was found to be 0.97 (Dağlı & Baysal, 2016).

2.3.3. Health Anxiety Scale

The reliability and validity study of the scale's Turkish version was carried out by Aydemir, Kırkpınar, Satı, Uyur, and Cengisiz (2011). The scale consists of 18 questions, and each question has four different options. In the reliability analysis, Cronbach's alpha internal consistency coefficient was found to be 0.918, the item-total score correlation coefficients were found to range between 0.405 and 0.769, and the Test-retest correlation coefficient was found to be r=0.572 (Aydemir et al., 2011).

2.3.4 COVID-19 Phobia Scale

This 5-point Likert-type self-assessment scale consisting of 20 questions was developed as a self-report tool that addresses the diagnostic criteria of a specific phobia, and it measures phobia that may develop against the corona virus. The COVID-19 Phobia Scale (C19P-S) was found to have discriminant validity and consistency reliability (Arpacı, Karataş, & Baloğlu,(2020).

2.4. Data Analysis

After the data were transferred to the SPPS 25 program, analyses were carried out. Normality test, the first stage of the analyses, was carried out, and when the skewness and kurtosis values of the variables were examined, it was seen that the relevant values were between -2 and +2. According to George and Mallery (2010), skewness and kurtosis values between -2 and +2 are sufficient for normal distribution.

Table 3. *Skewness and Kurtosis Values of the Life Satisfaction Scale, Health Anxiety Scale, and COVID-19 Phobia Scale*

	Skewness	Kurtosis
Life Satisfaction Scale	-0.211	-0.503
COVID-19 Phobia Scale	0.465	-0.515
Psychological	-0.163	-0.828
Somatic	1.216	0.825
Social	0.223	-0.955
Economical	1.309	1.382
Health Anxiety Scale	0.967	0.637
Hypersensitivity to Physical Symptoms	0.980	0.672
Anxiety Related to Physical Illness	0.673	-0.156

Independent Samples T-test was used to compare two independent groups, Pearson Correlation analysis was used to examine the relationship between the scales, and Multiple Linear Regression analysis was used to examine the relationship between the scale and the continuous variable and to analyze the predictive power of the independent variable on the dependent variable.

3. FINDINGS

Table 4. *Descriptive Statistics of the Life Satisfaction Scale, Health Anxiety Scale, and COVID-19 Phobia Scale*

	n	Min.	Max.	$\bar{X}$	Std. Dev.
Life Satisfaction Scale	330	5	25	14.65	4.30
COVID-19 Phobia Scale	330	20	100	51.87	17.61
Psychological	330	6	30	20.32	6.29
Somatic	330	5	25	9.72	5.08
Social	330	5	25	14.52	5.44
Economical	330	4	20	7.31	3.59
Health Anxiety Scale	330	1	50	17.50	9.38
Hypersensitivity to Physical Symptoms	330	1	42	14.17	7.91
Anxiety Related to Physical Illness	330	0	11	3.33	2.46

In table 4, the mean scores of the participants on Life Satisfaction Scale is *($\bar{X}$=14.65, SS=4.30)*, COVID-19 Phobia Scale is *($\bar{X}$=51.87, SS=17.61)*, Psychological sub-scale is *($\bar{X}$=20.32, SS=6.29)*, Somatic sub-scale is *($\bar{X}$=9.72, SS=5.08)*, Social sub-scale is *($\bar{X}$=14.52, SS=5.44)*, Economical sub-scale is *($\bar{X}$=7.31, SS=3.59)*, Health Anxiety Scale is *($\bar{X}$=17.50, SS=9.38)*, Hypersensitivity to Physical Symptoms sub-scale is *($\bar{X}$=14.17, SS=7.91)*, Anxiety Related to Physical Illness sub-scale is *($\bar{X}$=3.33, SS=2.46)*.

Table 5. *Analysis Findings of the Relationship Between the Life Satisfaction Scale, Health Anxiety Scale, and COVID-19 Phobia Scale*

	1	2	3	4	5	6	7	8	9
1-Life Satisfaction Scale	1								
2-Health Anxiety Scale	-.365**	1							
3-Hypersensitivity to Physical Symptoms	-.352**	.974**	1						
4-Anxiety Related to Physical Illness	-.262**	.682**	.497**	1					
5-COVID-19 Phobia Scale	-.319**	.486**	.487**	.286**	1				
6-Psychological	-.284**	.403**	.410**	.216**	.876**	1			
7-Somatic	-.318**	.505**	.511**	.283**	.873**	.623**	1		
8-Social	-.252**	.434**	.432**	.266**	.915**	.796**	.707**	1	
9-Economical	-.237**	.307**	.294**	.222**	.749**	.456**	.707**	.576**	1

**p<0.01, *p0.05 Test used: Pearson Correlation Test

The scores of Life Satisfaction Scale and Health Anxiety Scale *(r=-.365, p<0.01)* have a moderate and negative correlation, the scores of Life Satisfaction Scale and Hypersensitivity to Physical Symptoms *(r=-.352, p<0.01)* have a moderate and negative correlation, the scores of Life Satisfaction Scale and Anxiety Related to Physical Illness *(r=-.262, p<0.01)* have a weak and negative correlation, the scores of Life Satisfaction Scale and COVID-19 Phobia Scale *(r=-.319, p<0.01)* have a moderate and negative correlation, the scores of Life Satisfaction Scale and Psychological *(r=-.284, p<0.01)* have a weak and negative correlation, the scores of Life Satisfaction Scale and Somatic *(r=-.318, p<0.01)* have a moderate and negative correlation, the scores of Life Satisfaction Scale and Social *(r=-.252, p<0.01)* have a weak and negative correlation, the scores of Life Satisfaction Scale and Economical *(r=-.237, p<0.01)* have a weak and negative correlation.

The scores of Health Anxiety Scale and COVID-19 Phobia Scale *(r=.486, p<0.01)* have a moderate and positive correlation, the scores of Health Anxiety Scale and Psychological *(r=.403, p<0.01)*, Somatic *(r=.505, p<0.01)*, Social *(r=.434, p<0.01)*, Economical *(r=.307, p<0.01)* have a moderate and positive correlation.

The scores of Hypersensitivity to Physical Symptoms and COVID-19 Phobia Scale *(r=.487, p<0.01)* have a moderate and positive correlation, the scores of Hypersensitivity to Physical Symptoms and Psychological *(r=.410, p<0.01*, Somatic *(r=.511, p<0.01)*, Social *(r=.432, p<0.01)* have a moderate and positive correlation, the scores of Hypersensitivity to Physical Symptoms and Economical *(r=.294, p<0.01)* have a weak and positive correlation.

The scores of Anxiety Related to Physical Illness and COVID-19 Phobia Scale *(r=.286, p<0.01)* have a weak and positive correlation, the scores of Anxiety About Physical Illness and Psychological *(r=.216, p<0.01)* have a weak and positive correlation, the scores of Anxiety Related to Physical Illness and Somatic *(r=.283, p<0.01)* have a weak and positive correlation, the scores of Anxiety Related to Physical Illness and Social *(r=.266, p<0.01)*have a weak and positive correlation, the scores of Anxiety Related to Physical Illness and Economical *(r=.222, p<0.01)* have a weak and positive correlation.

Table 6. *Findings Related to the Predictive Power of the COVID-19 Phobia Scale on the Life Satisfaction Scale*

	B	***SH***	***β***	***T***	***p***
(Constant)	18.49	0.76		24.40	0.000*
Somatic	-0.20	0.06	-0.23	-3.48	0.001*
Psychological	-0.10	0.05	-0.14	-2.09	0.037*
R=.34 ***R^2=.11***					
F=20.87 ***p=0.000***					

**p<0.05 Test used: Multiple Linear Regression Analysis*

Stepwise was chosen as the method of the regression model. When the findings are examined, it is seen that somatic and psychological independent variables predict the dependent variable of life satisfaction. (R^2*=.11, p<0.05*). The independent variables in the model explain 11% of the total variance in the dependent variable of life satisfaction. Order of relative effect by beta is somatic (*β=-.23*), psychological (*β=-.14*). It was observed that the somatic and psychological sub-scales had a negative effect. It was found that the variable that explained the life satisfaction the most was somatic.

Table 7. *Findings Related to the Predictive Power of the Health Anxiety Scale on the Life Satisfaction Scale*

	B	***SH***	***β***	***t***	***p***
(Constant)	17.36	0.46		38.04	0.000*
Hypersensitivity to Physical Symptoms	-0.19	0.03	-0.35	-6.81	0.000*
R=.35 ***R^2=.12***					
F=46.31 ***p=0.000***					

**p<0.05 Test used: Multiple Linear Regression Analysis*

Stepwise was chosen as the method of the regression model. When the findings are examined, it is seen that the independent variable of hypersensitivity to physical symptoms predicts the dependent variable of life satisfaction (R^2*=.12, p<0.05*). The independent variables in the model explain 12% of the total variance in the dependent variable of hypersensitivity to physical symptoms. It was observed that hypersensitivity to physical symptoms sub-scale had a negative effect.

Table 8. *Findings Related to the Comparison of the Scores of the Life Satisfaction Scale, Health Anxiety Scale, and COVID-19 Phobia Scale by Gender Variable*

		n	**$\bar{X}$**	**Std. Dev.**	**T**	**df**	**p**
Life Satisfaction Scale	Female	270	14.58	4.11	-0.55	76.75	0.584
	Male	60	14.97	5.12			
COVID-19 Phobia Scale	Female	270	53.67	17.72	4.53	100.79	0.000*
	Male	60	43.77	14.72			
Psychological	Female	270	21.07	6.12	4.75	328	0.000*
	Male	60	16.93	5.97			
Somatic	Female	270	10.10	5.19	3.35	104.17	0.001*
	Male	60	8.02	4.16			
Social	Female	270	15.07	5.49	4.56	102.68	0.000*
	Male	60	12.03	4.47			
Economical	Female	270	7.43	3.70	1.26	328	0.207
	Male	60	6.78	3.03			
Health Anxiety Scale	Female	270	18.02	9.30	2.17	328	0.031*
	Male	60	15.13	9.44			

Hypersensitivity to Physical Symptoms	Female	270	14.62	7.85	2.20	328	0.028*
	Male	60	12.15	7.93			
Anxiety Related to Physical Illness	Female	270	3.40	2.42	1.20	328	0.232
	Male	60	2.98	2.63			

**p<0.05* Test Used: Independent Samples T-Test

When the findings are examined, it is seen that the scores of COVID-19 Phobia Scale *(t(100.79)=4.53, p<0.05),* Psychological Sub-Scale *(t(328)=4.75, p0.05),* Somatic Sub-Scale *(t(104.17)=3.35, p0.05),* Social Sub-Scale *(t(102.68)=4.56, p0.05),* Health Anxiety Scale *(t(328)=2.17, p0.05),* Hypersensitivity to Physical Symptoms Sub-Scale *(t(328)=2.20, p0.05)* have statistically significant differences by gender. When the mean scores are compared, it is seen that women have scored higher than men. No statistically significant difference was found in the scores of Life Satisfaction Scale, Economical, Anxiety Related to Physical Illness sub-scales by the gender variable *(p>0.05).*

4. DISCUSSION AND CONCLUSION

When the literature is examined, it is seen that the relationship between these concepts and various variables or only the relationship between these two concepts have been investigated in general. No study was found in which these three concepts were examined together. The purpose of this study was to examine the relationship between coronaphobia, health anxiety, and life satisfaction and the relationship of these concepts with the gender variable.

According to the findings of this study, there is a statistically significant negative relationship between life satisfaction and hypersensitivity to physical symptoms dimension of health anxiety, and between illness and anxiety. At the same time, a moderate and statistically significant negative relationship was found between life satisfaction and COVID-19 phobia. In other words, according to the findings of the study, as the level of life satisfaction increases, the level of health anxiety and COVID-19 phobia decreases. These findings are consistent with the results of previous studies in the literature in the context of Turkey. In the study by Satici et al. (2020), it has been demonstrated that anxiety experienced during the COVID-19 pandemic has a negative relationship with the life satisfaction levels of individuals. Baykal (2020) found that anxiety had a negative effect on the level of life satisfaction, which is in parallel with the findings of this study. In similar studies, Tuncer (2020) and Çiçek and Almalı (2020) obtained findings supporting these results. There are empirical studies in the international literature that support the results of this study. Rogowska, Kuśnierz, and Bokszczanin (2020) stated in their research that individuals had been experiencing high levels of stress and anxiety during the COVID-19 pandemic and were negatively affected by this situation. In a similar study, Tomaszek and Muchacka Cymerman (2020) found a parallel finding and emphasized the relationship between anxiety and life satisfaction.

A moderate and statistically significant positive relationship was found between the levels of health anxiety and COVID-19 phobia. In other words, according to the findings of the study, as the level of health anxiety increases, the level of COVID-19 phobia increases as well. When the two dimensions of the health anxiety scale and the four dimensions of the COVID-19 phobia scale are compared, there is a positive relationship between each of them. There are studies in the literature that are consistent with these results. Arpaci et al. (2021) found in their study that individuals with high levels of coronaphobia tended to have higher levels of anxiety. In a similar study, a positive correlation was found between COVID-19 phobia scores and health anxiety levels (Dilbaz et al., 2020).

Lee et al. (2020) found a statistically significant relationship between the levels of coronaphobia and health anxiety.

In the study, according to the results of the analysis by the gender variable, the COVID-19 phobia levels of women were found to be higher in the psychological, somatic, and social sub-dimensions, but no significant difference was found in the economical sub-dimension by gender. This finding is not compatible with the findings in the literature. In their study, Arpaci et al. (2021) stated that the only sub-dimension in which women's coronaphobia levels were found to be higher than those of men was the psychological sub-dimension, and they did not find any difference in other sub-dimensions by gender. When the life satisfaction levels are compared by gender, no significant difference is observed. Dost (2007) found the life satisfaction levels of women significantly higher than the life satisfaction levels of men. This result and the result of this study are not consistent. In a similar study, Gülcan and Bal (2007) found a statistically significant difference between men and women in terms of life satisfaction and reported that women's life satisfaction levels were higher compared to men. The reason for this inconsistency may be that the number of male and female participants was not equal and the sample size was not large.

This study also has some limitations. Only adult individuals living in Istanbul, Muğla, and Izmir provinces participated in this study. This research does not examine causal relationships and is based on relational results. Researchers who will investigate these concepts are recommended to keep the population wider and conduct this study with participants under the age of 18. Furthermore, including more sociodemographic questions and conducting analyses with other variables will also improve the scope of the study.

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