

A RESEARCH ON FEARS OF CORONAVIRUS AMONG PEOPLE IN SPORTS SCIENCE

Hasan OSMANOĞLU

*Asst. Prof. Dr., Sırnak University, High School of Physical Education and Sports, Şırnak,
Turkey*

ORCID: 0000-0002-2421-8587

Meliha UZUN

*Assoc. Prof. Dr., Sırnak University, High School of Physical Education and Sports, Şırnak,
Turkey*

ORCID: 0000-0002-1691-3504

Gamze GÜNEY

*Asst. Prof. Dr., Ardahan University, High School of Physical Education and Sports, Ardahan,
Turkey*

ORCID: 0000-0001-9638-320X

Serdar ADIGÜZEL

Asst. Prof. Dr., Siirt University, High School of Physical Education and Sports, Siirt, Turkey

ORCID: 0000-0001-7305-5625

ABSTRACT

The people of the world have faced and struggled with pandemics on several occasions from the past to the present. Today, the world has most recently faced the COVID-19 pandemic. The pandemic broke out on December 31, 2019, in Wuhan City, China. The WHO declared COVID-19 as a pandemic since it changed into a global pandemic, spreading rapidly to more than one country and causing an acute contagious pandemic. Likewise, it soon broke out in Turkey. Although many measures were taken to prevent the spread of the virus, its spreading speed continued to increase without interruption. As part of the measures, primary education, secondary education, high schools, and universities were suspended and the online education system was launched. In this context, this study reports on fears of COVID-19 among individuals in the field of sports sciences in terms of different variables. The paper consists of a total of 403 volunteers (f: 38 and m: 265), living in Şırnak province. The COVID-19 Phobia Scale (CP19-SE) was used as a data collection tool in the study. In the analysis of data, descriptive statistical methods, t-test, One-Way Analysis of Variance (ANOVA), and Gabriel Post-Hoc Test were used. It was concluded that the scores of the psychological, somatic, and social sub-scales of the CP19-SE and the total score showed a statistically significant difference according to the gender variable, but the score of the economic sub-scale did not make a significant difference according to gender. In addition, the somatic and economic sub-scales of the COVID-19 Phobia Scale and the total coronavirus scores showed a statistically significant difference according to the age variable. However, the CP19-SE did not show a statistically significant difference according to marital status, COVID-19 contraction, and department. It was found that the variables of gender, age, and employment status had an effect on the levels of COVID-19 phobia and that individuals were generally affected psychologically, somatically, socially, and economically in the context of COVID-19 phobia.

Keywords: Sports, Covid-19, Phobia, Pandemic.

INTRODUCTION

The novel human coronavirus disease known as COVID-19 has been the fifth documented pandemic since the 1918 flu pandemic. COVID-19 first appeared in Wuhan, China, and then spread all over the world. The coronavirus has been officially named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses based on phylogenetic analysis. SARS-CoV-2 is believed to be the spread of an animal coronavirus and adapt its ability to transmit from human to human. Because the virus is highly contagious, it spreads rapidly in the human population and is constantly evolving. In this review article, we discuss the key features as well as the potential origin and evolution of the novel human coronavirus. These factors can be critical for pathogenicity studies, antiviral designs, and vaccine development studies against the virus (Serin and Koç 2022).

Currently, people all over the world are affected by coronavirus disease 2019 (COVID-19), the fifth pandemic after the 1918 flu pandemic. We have been tracing the initial report and subsequent outbreak from a series of new human pneumonia cases in Wuhan City, China since the end of December 2019. The earliest onset of symptoms was December 1, 2019. The symptomatology of these patients was diagnosed as viral pneumonia, fever, malaise, dry cough, and dyspnea (Huang et al., 2020).

Initially, the disease was called Wuhan pneumonia by the press because of the site and symptoms of pneumonia. Whole-genome sequencing results showed that the causative agent was a novel coronavirus. Therefore, this virus is the seventh member of the coronavirus family to infect humans (Wu et al., 2020).

The World Health Organization (WHO) tentatively named the new virus 2019 novel coronavirus (2019-nCoV) on January 12, 2020, and then officially named this infectious disease coronavirus disease 2019 (COVID-19) on February 12, 2020. Taxonomy of Viruses (ICTV) has officially designated the virus as SARS-CoV-2 based on phylogeny, taxonomy, and established practice (WHO, 2020).

Subsequently, human-to-human transmission of COVID-19 occurring in Hong Kong has been demonstrated in clinical data (Chan et al., 2020).

Since COVID-19 originally emerged in China, the virus has evolved over four months and quickly spread to other countries around the world as a global threat. On 11 March 2020, the WHO finally declared that COVID-19 can qualify as a pandemic after the 1918 Spanish flu (H1N1), 1957 Asian flu (H2N2), 1968 Hong Kong flu (H3N2), and 2009 Pandemic flu (H1N1), which respectively caused deaths of 50 million, 1.5 million, 1 million, and 300,000 people (Johnson et al., 2002).

Coronavirus Disease 2019 (COVID-19) was declared a pandemic by the World Health Organization on 11 March 2020 (WHO, 2020), mainly due to the rate and scale of transmission of the disease. Before that, the focus began on an outbreak in mainland China, which was first reported in the city of Wuhan, Hubei province on February 26 (Zhu et al., 2020), Zhan et al. (2020) and Verity et al. (2020). The etiologic agent of COVID-19 was isolated and identified as a novel coronavirus, initially designated as 2019-nCoV (Gralinski and Menachery, 2020). Later, the virus genome was sequenced (Zhou et al., 2020) and because it was genetically related to the coronavirus pandemic responsible for the SARS pandemic in 2003, the virus was named severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses (Serin and Koç 2020).

Despite great worldwide efforts to find an effective drug against SARS-CoV-2, there is no consensus on a definitive cure for COVID-19. Although an effective vaccine is not yet

available, the use of fit-for-purpose drugs has been shown to be a good alternative with promising results. In this review, we have included only key drugs and treatments which have been tested against the SARS-CoV-2 virus as of June 13, 2020, and whose potential for use has been demonstrated. However, the results achieved so far with the use of reused drugs must be confronted with problems so far. Attention. Unfortunately, the pressure exerted by rising death rates and the overwhelming media and political attention to the pandemic has spurred the publication of some small or incomplete studies, many of which have questionable empirical clinical data in humans, without the desired scientific rigor. This fact has been the subject of wide debate. As a result, misinformation and confusion arose, which hampered significant action in the fight against COVID-19 and caused unnecessary discrediting of science. In fact, some research papers published in well-known medical journals were recently withdrawn after some concerns were expressed about the accuracy of the data, and analyzes conducted by the authors revealed the use of questionable analysis methods and ethical problems. This fact had a direct impact on ongoing clinical trials, causing them to be temporarily suspended, and jeopardizing the long-awaited results. On the other hand, Zhang et al. (2020) reported that "Solid science must be effectively communicated to policy-makers and form the main basis for decision-making in this pandemic". Moreover, only well-designed and rigorous randomized controlled trials can provide reliable and generalized data for the safety and effective use of drugs to treat infected patients. Despite the great challenge posed by the COVID-19 pandemic and the ethical issues that arise, the continued efforts to combat the virus and the excellence and hard work of many research groups around the world offer hope that we can win this battle in the near future.

Due to the increase in the number of people with positive conditions and the unavoidable loss of life, the COVID-19 pandemic leads to fear, which is a psychological aspect (Pakpour and Griffiths, 2020). Apaydın defines fear as a basic motive that everyone can experience and an emotional reaction to a real or perceptual danger that suddenly appears (Apaydın, 2016). COVID-19 has created a complex, constantly evolving, and changing situation in the world. This not only leads to the fear that people will lose their lives or their relatives but also the fear of not being able to reach health institutions, the fear of food shortages, the fear of being infected at any time (Biçer et al., 2020) or the fear of infecting someone else, and the fear of being unemployed, etc. It can be suggested that scientists' research on COVID-19 is of vital importance in order for people to be ready for possible mental health problems that may arise during and after the pandemic process. However, considering the recent emergence of the pandemic and its rapid progression, there is not much research on the psychological effects of the disease, except for a limited number of studies, most of which have been done in China and some of which in Far East countries (Bakioğlu et al., 2021) (Mamun and Griffiths, 2020; Pakpour and Griffiths 2020; Schimmenti et al., 2020; Wang et al., 2020).

METHOD

Ethical Issue

Before the research, necessary permission was obtained from the Ethics Committee of Şırnak University (Date: 16.09.2021, No:2021- 69).

Research Model

This paper was conducted to determine the levels of Coronavirus phobia of people who are currently studying at or graduated from physical education and sports school or faculty and designed based on the relational screening model.

Study Group

The population of the research includes people who are studying or graduated from a physical education and sports college or faculty. The sample of the study consists of 403 participants selected by a simple random sampling method. Of these participants, 265 were male and 138 were female.

Data Collection Tools

To collect the data from the participants, the “Personal Information Form” developed by the researchers and the “Coronavirus 19 Phobia (CP19-SE) Scale” were used.

The COVID-19 Phobia Scale (C19P-SE)

The C19P-SE is a self-assessment scale developed by Arpacı, Karataş, and Baloğlu to measure phobia that may develop against COVID-19 (Arpacı et al., 2020). Scale items are rated on a 5-point Likert-type from 1 “Strongly Disagree” to 5 “Strongly Agree”. Items 1, 5, 9, 13, 17, and 20 collapse into the sub-scale of Psychological; Items 2, 6, 10, 14, and 18 collapse into the sub-scale of Somatic; Items 3, 7, 11, 15, and 19 collapse into the sub-scale of Social, and; Items 4, 8, 12, and 16 measure the sub-scale of Economic. While the scores of the sub-scales are obtained by the sum of the answers given to the items belonging to the relevant sub-scale, the total C19P-SE score is obtained by the sum of the sub-subscale scores and ranges between 20 and 100. Higher scores indicate higher levels of phobia in terms of the sub-scales and overall COVID-19 phobia scale. Arpacı, Karataş, and Baloğlu calculated the Cronbach's alpha coefficient for the entire scale as 0.925 (Arpacı et al., 2020). For this study, the internal consistency coefficient (Cronbach's Alpha) for the whole scale was calculated as 0.895, and the results of the reliability analysis for the sub-scales are presented in Table 1.

FINDINGS

In this section, the findings of the study are explained with tables.

Table 1. Reliability analysis of sub-scales of the Coronavirus 19 Phobia (CP19-S) Scale

| Sub-scales | Items | Alpha (α) |
|---------------|-------------------------------|--------------------|
| Psychological | Items 1, 5, 9, 13, 17, and 20 | 0,873 |
| Somatic | Items 2, 6, 10,14, and 18 | 0,866 |
| Social | Items 3, 7, 11,15, and 19 | 0,836 |
| Economic | Items 4, 8,12, and 16 | 0,879 |
| Total Scale | Item 20 | 0,895 |

Data Analysis:

Table 2. Normality Analysis Distribution of Data

| N=403 | Psychological | Somatic | Social | Economic |
|----------|---------------|---------|--------|----------|
| Skewness | -0,245 | 1,050 | 0,145 | 0,845 |
| Kurtosis | -0,659 | 1,007 | -0,610 | 0,448 |

The normality analysis distribution of the data in Table 2 reveals that skewness and kurtosis values range between +2 and -2. If these values are in the range of (-2 to +2) according to some authors and (-3 to +3) according to some other authors, it is accepted that the collected data show a normal distribution (Kalaycı; 2010). Since the data showed a normal distribution, it was decided to use parametric hypothesis tests in the study. Percentage (%) and frequency (f) analysis were used to determine the distribution of demographic information of the participants, the t-test was used to compare the two groups, and the one-way analysis of variance (ANOVA) was used to compare the groups. The Gabriel Post hoc analysis was applied to determine from which groups the difference originated. The significance level of the study was accepted as $p < 0.05$.

Table 3. Frequency and Percentage Values Regarding the Demographic Values of the Participants

| | | f | % |
|---|-------------------------------|----------|----------|
| Gender | Male | 265 | 65,8 |
| | Female | 138 | 34,2 |
| Marital Status | Married | 107 | 26,6 |
| | Single | 296 | 73,4 |
| Department | Physical Education and Sports | 224 | 55,6 |
| | Coaching | 75 | 18,6 |
| | Sports Management | 73 | 18,1 |
| | Recreation | 31 | 7,7 |
| Age | Under 20 | 28 | 6,9 |
| | 20-24 | 122 | 30,3 |
| | 25-29 | 125 | 31,0 |
| | 30-34 | 80 | 19,9 |
| | 35 and over | 48 | 11,9 |
| Employment Status | I was appointed | 150 | 37,2 |
| | I work under contract | 43 | 10,7 |
| | I work in the private sector | 56 | 13,9 |
| | I work part-time | 18 | 4,5 |
| | I am unemployed | 136 | 33,7 |
| Have you caught the Coronavirus? | Yes | 87 | 21,6 |
| | No | 316 | 78,4 |

Table 3 reveals that according to the gender variable, 65.8% (n=265) of the participants are male and 34.2% (n=138) are female. Marital status statistics reveal that 26.6% (n=107) of the participants are married and 73.4% (n=296) of the participants are single. Statistics for the department reveal that 55.6% (n=224) of the participants are enrolled in Physical Education and Sports, 18.6% (n=75) Coaching, 18.1% (n=73) Sports Management, and % 7.7 (n=31) Recreation. 6.9% (n=28) of the participants are younger than 20 years old, 30.3% (n=122) 20-24 years old, 31% (n=125) 25-29 years old, 19.9% 30-34 (n=80), and 11.9% (n=48) 35 and over.

Table 4. Arithmetic Mean and Standard Deviation of the Sub-scales Constituting the Coronavirus 19 Phobia (CP19-SE) Scale

| Sub-scales | Psychological | Somatic | Social | Economic | Total |
|---------------------------|----------------------|----------------|---------------|-----------------|--------------|
| Arithmetic Mean | 19,010 | 9,935 | 13,563 | 8,558 | 50,067 |
| Standard Deviation | 5,887 | 4,284 | 4,911 | 3,586 | 16,538 |

Table 3 reveals that among the sub-scales of Coronavirus 19 Phobia of the participants, the arithmetic means and standard deviations are ($\bar{x}=19.010\pm 5.887$) for "Psychological", ($\bar{x}=13.563\pm 4.911$) for "Social", ($\bar{x}=9.935\pm 4.284$) for "Somatic", ($\bar{x}= 8,558 \pm 3,586$) for "Economic", and ($\bar{x}=50,067 \pm 16,538$) for "Total".

Table 5. Analysis of the Coronavirus-19 Phobia Scale Scores by Gender

| Sub-scales | Gender | n | \bar{x} | SD | t | p |
|---------------|--------|-----|-----------|--------|-------|---------------|
| Psychological | Female | 138 | 19,159 | 5,926 | 2,853 | 0,005* |
| | Male | 265 | 17,411 | 5,788 | | |
| Somatic | Female | 138 | 10,521 | 4,390 | 1,990 | 0,047* |
| | Male | 265 | 9,630 | 4,203 | | |
| Social | Female | 138 | 14,478 | 4,915 | 2,720 | 0,007* |
| | Male | 265 | 13,086 | 4,851 | | |
| Economic | Female | 138 | 8,855 | 3,444 | 1,119 | 0,231 |
| | Male | 265 | 8,403 | 3,655 | | |
| Total | Female | 138 | 53,014 | 16,181 | 2,600 | 0,010* |
| | Male | 265 | 48,532 | 16,543 | | |

*p<0,05

Table 5 reveals that, by gender, there is a statistically significant difference between Psychological (t=-2.853; p=0.005), Somatic (t=1.990; p=0.047), Social (t=2.720; p=0.007), and Total Coronavirus 19 Phobia (t=2600; p=0.010). Considering which group the difference originates from, one may notice that the arithmetic means of female participants are higher than the arithmetic means of male participants.

Table 6. Analysis of the Coronavirus-19 Phobia Scale Scores by Marital Status

| Sub-scales | Marital Status | n | \bar{x} | SD | t | p |
|---------------|----------------|-----|-----------|--------|--------|-------|
| Psychological | Married | 107 | 17,401 | 5,449 | -1,247 | 0,213 |
| | Single | 296 | 18,229 | 6,032 | | |
| Somatic | Married | 107 | 9,663 | 3,906 | -0,766 | 0,444 |
| | Single | 296 | 10,033 | 4,414 | | |
| Social | Married | 107 | 13,588 | 4,354 | 0,063 | 0,950 |
| | Single | 296 | 13,554 | 5,105 | | |
| Economic | Married | 107 | 8,345 | 3,384 | -0,715 | 0,475 |
| | Single | 296 | 8,635 | 3,659 | | |
| Total | Married | 107 | 49,000 | 14,794 | -0,778 | 0,437 |
| | Single | 296 | 50,452 | 17,132 | | |

p>0,05

Table 6 reveals that there is no statistically significant difference between marital status and the sub-scales of Coronavirus 19 Phobia (p>0.05).

Table 7. Analysis of the Coronavirus-19 Phobia Scale Scores by Coronavirus Contraction

| Sub-scales | Have you caught the Coronavirus? | n | \bar{x} | SD | t | p |
|---------------|----------------------------------|-----|-----------|--------|--------|-------|
| Psychological | Yes | 87 | 18,137 | 6,174 | 0,229 | 0,819 |
| | No | 316 | 17,974 | 5,816 | | |
| Somatic | Yes | 87 | 10,287 | 4,382 | 0,865 | 0,388 |
| | No | 316 | 9,838 | 4,258 | | |
| Social | Yes | 87 | 13,413 | 5,015 | -0,320 | 0,749 |
| | No | 316 | 13,604 | 4,890 | | |
| Economic | Yes | 87 | 8,069 | 3,426 | -1,439 | 0,151 |
| | No | 316 | 8,693 | 3,623 | | |
| Total | Yes | 87 | 49,908 | 16,234 | -0,101 | 0,920 |
| | No | 316 | 50,110 | 16,645 | | |

p>0,05

Table 7 reveals that there is no statistically significant difference between coronavirus contraction and the sub-scales of Coronavirus 19 Phobia (p>0.05).

Table 8. Analysis of the Coronavirus-19 Phobia Scale Scores by Age

| Sub-scales | Groups | n | \bar{x} | SD | F | P | Difference between groups |
|----------------------|-------------|-----|-----------|--------|-------|--------------|---------------------------|
| Psychological | Under 20 | 28 | 18,250 | 6,304 | 1,857 | 0,117 | |
| | 20-24 | 122 | 18,959 | 5,922 | | | |
| | 25-29 | 125 | 17,320 | 6,062 | | | |
| | 30-34 | 80 | 17,137 | 5,696 | | | |
| | 35 and over | 48 | 18,708 | 5,140 | | | |
| Somatic | Under 20 | 28 | 9,500 | 3,393 | 2,937 | 0,021 | 20-24 >25-29 |
| | 20-24 | 122 | 10,942 | 4,834 | | | |
| | 25-29 | 125 | 9,136 | 4,098 | | | |
| | 30-34 | 80 | 9,762 | 3,875 | | | |
| | 35 and over | 48 | 10,000 | 4,015 | | | |
| Social | Under 20 | 28 | 13,464 | 5,224 | 1,537 | 0,191 | |
| | 20-24 | 122 | 14,147 | 5,057 | | | |
| | 25-29 | 125 | 12,792 | 4,946 | | | |
| | 30-34 | 80 | 13,437 | 4,846 | | | |
| | 35 and over | 48 | 14,354 | 4,199 | | | |
| Economic | Under 20 | 28 | 8,214 | 2,362 | 3,158 | 0,014 | 20-24 >25-29 |
| | 20-24 | 122 | 9,475 | 3,946 | | | |
| | 25-29 | 125 | 8,000 | 3,306 | | | |
| | 30-34 | 80 | 8,137 | 3,877 | | | |
| | 35 and over | 48 | 8,583 | 3,037 | | | |
| Total | Under 20 | 28 | 49,428 | 15,521 | 2,586 | 0,037 | 20-24 >25-29 |
| | 20-24 | 122 | 53,524 | 17,312 | | | |
| | 25-29 | 125 | 47,475 | 16,519 | | | |
| | 30-34 | 80 | 51,645 | 16,677 | | | |
| | 35 and over | 48 | 50,067 | 13,512 | | | |

*p<0,05

Table 8 reveals that the age variable and somatic (F (4;398)=2.937; p<0.05), economic (F (4;398)=3.158; p<0.05), and total Coronavirus 19 Phobia F (4;398)=2.586; p<0.05) had a significant difference. As a result of the Gabriel Post hoc analysis performed to determine which groups the difference originated from, there was a difference between the participants aged 20-24 (\bar{x} =10,942±4,834) and those aged 25-29 and over (\bar{x} =9,136±4,098). In terms of the sub-scale of economic, there was a difference between the participants aged 20-24 (\bar{x} =9,475±3,946) and those aged 25-29 and over (\bar{x} =8,000±3,306). Finally, in terms of Coronavirus Phobia, there was a difference between the participants aged 20-24 (\bar{x} =53,524±17,312) and those aged 25-29 and over (\bar{x} =47,248±16,519).

Table 9. Analysis of the Coronavirus-19 Phobia Scale Scores by Department

| Sub-scales | Groups | n | \bar{x} | SD | F | P |
|------------|--------|---|-----------|----|---|---|
|------------|--------|---|-----------|----|---|---|

| | | | | | | |
|----------------------|-------------------------------|-----|--------|--------|-------|-------|
| Psychological | Physical Education and Sports | 224 | 17,678 | 5,591 | 0,566 | 0,638 |
| | Coaching | 75 | 18,573 | 5,787 | | |
| | Sports Management | 73 | 18,260 | 6,342 | | |
| | Recreation | 31 | 18,009 | 7,145 | | |
| | | | | | | |
| Somatic | Physical Education and Sports | 224 | 9,875 | 3,951 | 0,273 | 0,845 |
| | Coaching | 75 | 10,293 | 4,812 | | |
| | Sports Management | 73 | 9,917 | 4,892 | | |
| | Recreation | 31 | 9,548 | 3,845 | | |
| | | | | | | |
| Social | Physical Education and Sports | 224 | 13,165 | 4,637 | 1,129 | 0,337 |
| | Coaching | 75 | 13,986 | 3,845 | | |
| | Sports Management | 73 | 14,178 | 4,284 | | |
| | Recreation | 31 | 13,967 | 4,637 | | |
| | | | | | | |
| Economic | Physical Education and Sports | 224 | 8,343 | 3,217 | 0,705 | 0,549 |
| | Coaching | 75 | 8,986 | 3,818 | | |
| | Sports Management | 73 | 8,767 | 4,211 | | |
| | Recreation | 31 | 8,580 | 3,998 | | |
| | | | | | | |
| Total | Physical Education and Sports | 224 | 49,062 | 15,281 | 0,669 | 0,571 |
| | Coaching | 75 | 51,840 | 16,906 | | |
| | Sports Management | 73 | 51,123 | 19,021 | | |
| | Recreation | 31 | 50,548 | 18,369 | | |
| | | | | | | |

p>0,05

Table 9 reveals that no significant difference was found between the department variable and the sub-scales of Coronavirus 19 Phobia and the total Coronavirus 19 Phobia.

Table 10. Analysis of the Coronavirus-19 Phobia Scale Scores by Employment Status

| Sub-scales | Groups | n | \bar{x} | SD | F | P | Differences between groups |
|----------------------|------------------------------|-----|-----------|-------|-------|---------------|--------------------------------------|
| Psychological | I was appointed | 150 | 17,380 | 5,524 | 2,467 | 0,044* | I am unemployed was appointed |
| | I work under contract | 43 | 16,604 | 5,996 | | | |
| | I work in the private sector | 56 | 17,910 | 6,534 | | | |
| | I work part-time | 18 | 17,944 | 5,546 | | | |
| | I am unemployed | 136 | 19,198 | 5,881 | | | |
| | | | | | | | |
| Somatic | I was appointed | 150 | 9,220 | 3,771 | 2,416 | 0,048* | I am unemployed was appointed |
| | I work under contract | 43 | 9,767 | 4,638 | | | |
| | I work in the private sector | 56 | 9,946 | 4,366 | | | |
| | I work part-time | 18 | 9,888 | 4,812 | | | |
| | I am unemployed | 136 | 10,779 | 4,502 | | | |
| | | | | | | | |

| | | | | | | | |
|-----------------|------------------------------|-----|--------|--------|-------|---------------|----------------------------|
| Social | I was appointed | 150 | 13,040 | 4,513 | | | |
| | I work under contract | 43 | 12,930 | 4,992 | | | |
| | I work in the private sector | 56 | 13,410 | 5,218 | 1,938 | 0,103 | |
| | I work part-time | 18 | 12,888 | 6,008 | | | |
| | I am unemployed | 136 | 14,492 | 4,959 | | | |
| | | | | | | | |
| Economic | I was appointed | 150 | 7,793 | 3,177 | | | I am unemployed |
| | I work under contract | 43 | 8,674 | 3,846 | | | >I was appointed |
| | I work in the private sector | 56 | 8,767 | 3,643 | 3,480 | 0,008* | |
| | I work part-time | 18 | 8,166 | 3,729 | | | |
| | I am unemployed | 136 | 9,330 | 3,755 | | | |
| | | | | | | | |
| Total | I was appointed | 150 | 47,433 | 14,964 | | | I am unemployed |
| | I work under contract | 43 | 47,976 | 17,793 | | | >I was appointed |
| | I work in the private sector | 56 | 50,035 | 17,778 | 2,935 | 0,021* | |
| | I work part-time | 18 | 48,888 | 18,094 | | | |
| | I am unemployed | 136 | 53,801 | 16,597 | | | |
| | | | | | | | |

*p<0,05

Table 10 reveals that there was a significant difference between the employment status and psychological ($F(4;398)=2,467$; $p<0.05$), somatic ($F(4;398)=2,416$; $p<0.05$), economic ($F(4;398)=3,480$; $p<0.05$) and total Coronavirus 19 Phobia ($F(4;398)=2,935$; $p<0.05$). As a result of the Gabriel Post hoc analysis performed to determine which groups the difference originated from, there was a difference between unemployed participants ($\bar{x}=17,380\pm 5,524$) and appointed participants ($\bar{x}=19,198\pm 5,881$) in terms of the sub-scale of psychological and there was a difference between appointed participants ($\bar{x}=9,220\pm 3,771$) and unemployed participants ($\bar{x}=10,779\pm 4,502$) in terms of the sub-scale of somatic. There was also a difference between appointed participants ($\bar{x}=7,793\pm 3,177$) and unemployed participants ($\bar{x}=9,330\pm 3,755$) in terms of the sub-scale of economic. Finally, there was a difference between appointed participants ($\bar{x}=47,433\pm 14,964$) and unemployed participants ($\bar{x}=53,801\pm 16,597$) in terms of total Coronavirus 19 Phobia.

DISCUSSION and CONCLUSION

This study was designed to determine the fears of COVID-19 among individuals in the field of sports sciences. Although athletes are not seen in the risky group, it is known that athletes cannot be excluded from the negative consequences of the pandemic. For athletes, COVID-19 not only causes disruption of training and competition programs, but also can cause significant health problems (Chen et al., 2020; Zheng et al., 2020).

In this study, for the Coronavirus-19 phobia scale, the highest score was found in the psychological sub-scale with $\bar{x}=19.010\pm 5.887$, and the lowest score was found in the economic sub-scale with $\bar{x}=8.558 \pm 3,586$ (Table 4).

CP19-S mean scores of the participants in the study showed a statistically significant difference in terms of the gender variable. It was also determined that the arithmetic mean CP19-S score of the female participants was higher than the arithmetic mean of the male participants ($p<0.05$) (Table 5). The difference between the scores of Psychological, Somatic,

and Social sub-scales, and the total Coronavirus 19 Phobia score was significant. In parallel with the findings of this study, Güler and Yöndem (2021) found that female teachers had a significantly higher score than male teachers in the CP19-S score. Besides, Bakioğlu et al. (2021) reported that fear of COVID-19 was significantly higher in women. Similarly, according to the results of the studies conducted by Arpacıoğlu et al. (2021) and Gencer (2020), the scores of the Coronavirus-19 phobia scale showed a statistically significant difference in favour of female participants according to the gender variable. In other studies, Özdin and Bayrak Özdin (2020) reported that women were most affected psychologically by the COVID-19 pandemic while Atay et al. (2020) reported that women are more concerned about being infected with COVID-19 than men. Wang et al. (2020) reported that due to the pandemic, anxiety disorders were three times more common in women than in men. In addition, Andrade et al. (2020) and Haktanir et al. (2020) determined that women exhibited more intense fear than men. Contrary to this study, Er et al. (2021) reported that the difference in favour of male participants in the psychological sub-scale of the Coronavirus-19 phobia scale was statistically significant. According to the results of the studies conducted by Doğan and Düzel (2020) and Paksoy (2020), it was concluded that the scores of the Coronavirus-19 phobia scale showed a statistically significant difference in favour of male participants according to the gender variable. Duman (2020) reported that the score of the Coronavirus-19 phobia scale did not show a statistically significant difference in terms of the gender variable. Similarly, Oktay-Arslan et al. (2021) did not find any difference in the context of the gender variable in their study. Additionally, Ahorsu et al. (2020) found no difference in terms of the gender variable in their study. It can be inferred from the findings of this study that women have more anxiety about experiencing Coronavirus-19 phobia than men in the psychological, physiological, and sociological context.

The investigation into the situation between marital status and the sub-scales of Coronavirus 19 Phobia revealed that the difference was not statistically significant ($p>0.05$) (Table 6). Looking at the total Coronavirus 19 Phobia, single participants scored higher than married ones. Similar to the results of this study, Oktay-Arslan et al. (2021) reported that marital status did not have any effect on the level of corona phobia and Arpacı et al. (2020) evaluated the coronaphobia levels according to marital status in their study with similar results.

There was no statistically significant difference between coronavirus contraction and the sub-scales of Coronavirus 19 Phobia ($p>0.05$) (Table 7). Looking at the total Coronavirus 19 Phobia, it was observed that the score of the participants who caught the coronavirus was lower than the score of the participants who did not catch the coronavirus. Besides, the phobia level of the participants infected with coronavirus before in the psychological and somatic sub-scale was higher, while the level of coronavirus phobia was higher in the social and economic sub-scale for those who were not infected with the coronavirus. Contrary to the findings of this study, Er et al. (2021) reported that the scales scores of the coronavirus-19 phobia scale in terms of the psychological, psychosomatic, and social sub-scales showed a statistically significant difference in favour of the participants infected with COVID-19 according to the COVID-19 contraction variable. As the severity of anxiety increases in individuals, coronavirus phobia also increases (Delibaş, 2021). The coronavirus causes a state of fear by reducing the current level of positivity in individuals (Zhang and Ma, 2020). Asmundson and Taylor (2020) stated that the newly emerging COVID-19 phobia has a great impact on human psychology, emphasizing that there is an increase in the levels of COVID19 phobia due to psychological distress situations such as anxiety, panic, and stress caused by the pandemic in individuals. Similarly, Gencer (2020) reported that as the perception of threat caused by infectious diseases increases, people who experience panic and stress exhibit abnormal behaviors.

A significant difference was found between the age variable and the sub-scales of somatic and economic and total Coronavirus 19 Phobia ($p < 0.05$) (Table 8). Oktay-Arslan et al. (2021) found a significant difference according to the age variable. In addition, some examples in the literature demonstrated that individuals' COVID-19 phobia differed according to the age variable, in parallel with the finding of this study (Atılğan and Aksoy, 2021; Cihan and Durmaz, 2021; Lee et al., 2020). Contrary to the findings of this study, Gül (2021) reported that the COVID-19 phobia levels of individuals did not show a statistically significant difference according to age groups.

No significant difference was found between the department and the sub-scales of Coronavirus 19 Phobia and total Coronavirus 19 Phobia ($p > 0.05$) (Table 9). No similar study has been found in the literature.

A significant difference was found between the employment status and psychological, somatic, economic sub-scales and total Coronavirus 19 Phobia ($p < 0.05$) (Table 10). Evaluations such as the declaration of the pandemic and the disruption of routine life, the feeling of uncertainty, the fear of being infected, and the thought of living in an unsafe area within the scope of the measures taken, have shown that the pandemic has physiological effects as well as psychological effects (Arpacıoğlu et al., 2021). With the Covid-19 Pandemic reaching dangerous dimensions, states have taken various measures to protect the public. Employees could not go to their workplaces for a long time, as the most effective ones were lockdowns and social isolation. In addition, since companies were aware of the danger and/or due to economic obligations, practices such as unpaid leave, dismissal or remote work for their employees occurred (Tuna and Türkmendağ, 2020).

As a result of this research, it can be claimed that different variables such as gender, age, and employment status have an effect on the levels of Coronavirus-19 phobia and that individuals are affected psychologically, somatically, socially, and economically in the context of Coronavirus-19 phobia. When evaluated on the basis of marital status, Covid-19 status and the department, such issues did not have any effect in the case of CP19-SE. Contribution to the literature can be made by presenting studies on different sample groups and considering different enriched variables.

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